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# Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending B Check if applicable C Name of organization D Employer identification number ENVISION GREATER FOND DU LAC Address change FOUNDATION, INC. X Name change 39-1777015 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 920-921-9500 207 NORTH MAIN STREET 588,861 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended FOND DU LAC, WI 54935 H(a) Is this a group return Applica-tion pending F Name and address of principal officer. CECILIA HARRY \_\_Yes X No for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3) 527 501(c) ( If "No," attach a list. (see instructions) J Website: ► WWW.FDLAC.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation 7 Trust Other > Year of formation: 1994 M State of legal domicile: WI Association Part I Summary 1 Briefly describe the organization's mission or most significant activities PROMOTING COMMERCE, DEVELOPING PARTNERSHIPS, CREATING OPPORTUNITIES, BUILDING COMMUNITY. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 200 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, line RECEIVED **Prior Year Current Year** 369,695. 305,372. RS-OSC 8 Contributions and grants (Part VIII, line 1h) 10 Investment income (Part VIII, line 2g)

11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 180,841.176,739. NOV 27 2017 1,941. 2,056. 22,837. 20,816. 507,004. 573,293. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1.000. 2,000. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 31,323. . 1 **b** Total fundraising expenses (Part IX, column (D), line 25) 651,820 677,286. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 679,286. 652,820. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -145,816. -105,993. 19 Revenue less expenses. Subtract line 18 from line 12 5 Beginning of Current Year End of Year 1,095,969. 957,510. 20 Total assets (Part X, line 16) 216,631. 21 Total liabilities (Part X, line 26) 249,097. 846,872. 740,879.Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/14/2017 Signature of officer Sign CECILIA HARRY, PRESIDENT & CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 11/14/17 self employed Paid AMANDA VANNATTA AMANDA VANNATTA P00948755 39-0758449 Firm's name WIPFLI LLP Preparer Firm's EIN Firm's address PO BOX 8700 Use Only Phone no. 608.274.1980 MADISON, WI 53708-8700 X Yes

Form 990 (2016)

May the IRS discuss this return with the preparer shown above? (see instructions)

For	m	990	(201)	6)	

FOUNDATION, INC.

Pa	rt/III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission PROMOTING COMMERCE. DEVELOPING PARTNERSHIPS. CREATING OPPORTUNITIES.
	BUILDING COMMUNITY.
	ENVISION GREATER FOND DU LAC FOUNDATION, INC. HAS BEEN FIGHTING FOR
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$345,229 . including grants of \$ 2,000 . ) (Revenue \$123,550 .
	SCHOOL TO WORK PROGRAM: FOND DU LAC WORKS IS THE FIRST COORDINATED
	COMMUNITY EFFORT TO ADDRESS THE SKILLED WORKER SHORTAGE. PROFESSIONAL
	RESEARCH OF THE FOND DU LAC AREA WORKFORCE CONSISTENTLY DEMONSTRATES A
	SHIFT IN DEMOGRAPHICS WHICH PLACES THE ENTIRE COMMUNITY IN AN IMMEDIATE
	AND CRITICAL SITUATION; THERE WILL SIMPLY NOT BE ENOUGH COMPETITIVELY
	SKILLED WORKERS TO FILL AVAILABLE JOBS IN THE FUTURE WITHOUT AGGRESSIVE
	SOLUTIONS BEING DEVELOPED AND IMPLEMENTED NOW. TO DATE, MANY
	VOLUNTEERS HAVE COME TOGETHER TO WORK ON DEVELOPMENT OF INITIATIVES
	WHICH SUPPORT THREE MAIN FOCUS AREAS OF: WORKFORCE RECRUITMENT,
	RETENTION OF EXISTING WORKFORCE AND DEVELOPMENT OF TALENT THROUGH
	EDUCATION AND TRAINING.
	ADOCATION AND INMINING:
4b	(Code) (Expenses \$
	AG AMBASSADOR PROGRAM: THE FOND DU LAC AREA AGRICULTURAL AMBASSADOR
	PROGRAM WAS DEVELOPED OUT OF A NEED TO EDUCATE AND INFORM ADULTS AND
	YOUTH ABOUT THE PRODUCTION AND NUTRITIONAL VALUE OF AGRICULTURAL
	PRODUCTS PRODUCED IN OUR COMMUNITY OR STATE, AS WELL AS THE IMPACT
	AGRICULTURE HAS ON OUR DAILY LIVES. THE AGRICULTURE AMBASSADOR
	PRESENTS VARIOUS EDUCATIONAL PROGRAMS IN SCHOOLS FREE OF CHARGE.
	TOPICS INCLUDE: HEALTH AND NUTRITION, CONSUMER BUYING HABITS, FOOD
	SAFETY, ECONOMICS, AGRICULTURAL CAREERS AND AGRICULTURAL PRODUCTION.
	z-ii z z z z z z z z z z z z z z z z z z
4c	(Code) (Expenses \$ 81,564. including grants of \$ 0.) (Revenue \$
	FOND DU LAC WORKS: THE FOND DU LAC WORKS PROGRAM WAS DEVELOPED TO
	PROMOTE THE FOND DU LAC AREA AS A GREAT PLACE TO LIVE AND WORK FOR
	RECENT COLLEGE GRADUATES, YOUNG PROFESSIONALS AND THE SKILLED WORKFORCE
	BY HIGHLIGHTING THE COMMUNITY ASSETS AND ATTRACTIVE WORK LIFE BALANCE.
	FDL WORKS KEEPS THE INDIVIDUALS LIVING AND WORKING IN FOND DU LAC
	EMPLOYED, ENGAGED AND PASSIONATE ABOUT THE OPPORTUNITIES AVAILABLE,
	FOCUSING ON THE REQUIREMENTS AND NEEDS OF NEW COLLEGE GRADUATES, YOUNG
	AND SEASONED PROFESSIONALS, AND OUR SOON-TO-BE RETIRING WORKFORCE. THE
	PROGRAM WORKS TO INCREASE AWARENESS AMONG STUDENTS, PARENTS AND
	EDUCATORS AT ALL DIVISIONAL AGE LEVELS OF THE OPPORTUNITIES AVAILABLE
	IN THE FOND DU LAC AREA, COLLABORATING WITH K-12 INSTITUTIONS TO
	ENHANCE CURRICULUM WHICH BETTER PREPARES AND GUIDES YOUTH INTO CAREER
40	Other program services (Describe in Schedule O) (Expenses \$ 95,521. including grants of \$ 0.) (Revenue \$ 57,291.)
<u> </u>	FAE BAB
<u>4e</u>	Total program service expenses 595,717.

Form 990 (2016) FOUNDATION, INC.
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	Ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			•
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		Ø, i	
	as applicable	· Jame		200
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	لــــا	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u>L_</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19_		Х
		_	990	(2016)

Form 990 (2016) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

	(continued)			
	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		'	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	<u>25</u> b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	A100-1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-	
	instructions for applicable filing thresholds, conditions, and exceptions).		186	<u> </u>
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		'	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
_	Schedule N, Part II	32_		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		]	77
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_	37	
	Part V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<b> </b>	ļ
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	_38_	Λ	

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ENVISION GREATER FOND DU LAC

Form 990 (2016)

Part.V

FOUNDATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance

	Queck in occidence of contains a response of note to any line in this Fact v			المسار
		\ [ \sigma \text{Sigma} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5		
b		48 3		
С		1 1	148	
_	(gambling) winnings to prize winners?	1c	4% %	) «
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_			30. 3	1 1/4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- Car.	à. 1%
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	3 A	
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1.880	X
5a		5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b	}	<u> </u>
C		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60	)	x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	<del>                                     </del>	
D	were not tax deductible?	6b	{	ł
7	Organizations that may receive deductible contributions under section 170(c).	OB	138	A %
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		778	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c				<u> </u>
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	5. 418.3	44.	1 1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	L	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1 3	
	sponsoring organization have excess business holdings at any time during the year?	8		<u></u>
9	Sponsoring organizations maintaining donor advised funds.	ø.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	L	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	28.99	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	412		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1 3	*
	amounts due or received from them )	1 2 2	k 18	Ä,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	┨Ѯ҉	3	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	<del>  ~</del>	<i>2</i> >
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	, -
	Note. See the instructions for additional information the organization must report on Schedule O	\$5	1	ř.
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	>	1	,
	organization is licensed to issue qualified health plans  Enter the amount of recognes as head			*
	Enter the amount of reserves on hand  Did the argonization reserves any narrowest for indeed temping converse the tay year?	144-	<del> </del>	X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yos " has it filed a Form 720 to report these payments? If "Has " around an analysis of Cabarda O	14a 14b	<del> </del>	<del>  **</del>
_0	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.		990	(2016)
		1 (11)	,	(2010)

Form 990 (2016) FOUNDATION, INC. 3

[Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below

-	For each yes response to lines 2 through 7b below, and for a	No re	spons	е					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			[32]					
800	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
_			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 15								
	If there are material differences in voting rights among members of the governing body, or if the governing			<b>X</b> V 1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
	b Enter the number of voting members included in line 1a, above, who are independent  1b 15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X					
_	officer, director, trustee, or key employee?	2							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х					
	of officers, directors, or trustees, or key employees to a management company or other person?	3	х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-							
<i>1</i> a	more members of the governing body?	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_ <u>'a</u>							
•	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		W.						
		8a	X	<u> </u>					
	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
-	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	THIS CONTROL STORY IN A MANUAL MACOUNT OF THE PROPERTY OF THE		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		445	, % `\$					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			'					
	ın Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	<u>X</u>						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u> </u>	3, ,\$}					
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b	v ;@~						
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		33.57	X					
<b>L</b>	taxable entity during the year?	16a	5/3 -						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b	.29. 4	<u> </u>					
Sect	tion C. Disclosure	IOD							
	List the states with which a copy of this Form 990 is required to be filed <b>WI</b>								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable							
	for public inspection. Indicate how you made these available. Check all that apply	AIIADIC							
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al						
-	statements available to the public during the tax year		-						
20	State the name, address, and telephone number of the person who possesses the organization's books and records.								
	CECILIA HARRY - 920-921-9500								
	207 NORTH MAIN CORPERT FOND DILLAC WI 54935								

FOUNDATION, INC.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if neither the organization n	1	orga I	nıza			npen	sate			(5)
(A)	(B)		(C) Position			ì		(D)	(E)	(F)
Name and Title	Average hours per		(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	die	ļ	ļ	ļ	B		organization	(W-2/1099-MISC)	from the
	related	tee o	nstee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	00 a				and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	<b>.</b>		organizations
/1) POWER PARAMETER	line)	Ĕ.	Ĕ	ē	s	<u>∓</u> 5	요		<del></del>	
(1) BONNIE BAERWALD	0.30	,,			}				0	_
BOARD MEMBER	0.30	X	-	_	<u> </u>			0.	0.	0.
(2) PATRICK BROESKE	0.30		ļ		ĺ				0	
BOARD MEMBER	0.30	X	_	<u> </u>	}			0.	0.	0.
(3) STEPHAN CLOUTIER	0.30									
BOARD MEMBER	0.30	X	<u> </u>	_	<u> </u>	ļ		0.	0.	0.
(4) MARK DIEDERICHS	0.30		ľ	ĺ						
BOARD MEMBER	0.30	X	<u> </u>	<u> </u>				0.	0.	0.
(5) LISA HALBACH	0.30									
BOARD MEMBER	0.30	X	L					0.	0.	0.
(6) STEVE JENKINS	0.30		1		ĺ				_	_
BOARD MEMBER	0.30	X	<u> </u>	<u> </u>	<u> </u>			0.	0.	0.
(7) PETER MANOWSKE	0.30									
BOARD MEMBER	0.30	X	L	<u> </u>				0.	0.	0.
(8) SAM MCCLONE	0.30				l					
BOARD MEMBER	0.30	X	L	_	L			0.	0.	0.
(9) CARIMA MENDEZ	0.30									H.
BOARD MEMBER	0.30	X		<u> </u>				0.	0.	0.
(10) RICK PARKS	0.30			ļ						
BOARD MEMBER	0.30	X						0.	0.	0.
(11) BRIAN TWOHIG	0.30				Γ					
BOARD MEMBER	0.30	X		ł	ĺ			0.	0.	0.
(12) MELISSA WORTHINGTON	0.30									
BOARD MEMBER	40.00	X	{		Ì			0.	104,689.	7,604.
(13) THOMAS SCHNEIDER	0.30									
CHAIRMAN OF THE BOARD	0.30	Х		Х		1		0.	0.	0.
(14) HOLLY BRENNER	0.30									
CHAIRMAN - ELECT	0.30	Х		X				0.	0.	0.
(15) TODD HUEMPFNER	0.30					$\Box$				
TREASURER	0.30	Х		Х		}		0.	0.	0.
(16) JOSEPH REITEMEIER	0.30				1					
PRESIDENT/CEO, BOARD SEC(THRU APRIL)	40.00	1	ĺ	х		1		0.	51,171.	21,800.
(17) TOM HERRE	0.30					$\vdash$				
INTERIM PRESIDENT (BEG MAY)	40.00	1	}	Х		1		0.	100,282.	1,710.

39-1777015

Form 990 (2016) FOUNDATION		_							77015	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	es, a	and I	High	est C	Compensated Employee	s (continued)	<del>- ,</del>	
· (A)	(B)			( <b>C</b> ) Positi			(D)	(E)		(F)
Name and title	Average hours per		not che	eck mo	ore tha		Reportable compensation	Reportable compensation	1	mated ount of
	week		unless er and				from	from related	ŀ	ther
	(list any	director		-			the	organizations	1	ensation
	hours for related	or dir	8		ated		organization	(W-2/1099-MIS		m the
	organizations	rustee	1 trust		a legen		(W-2/1099-MISC)		_	nization related
	below	Individual trustee or	institutional trustee	_ l	Key employee Highest compensated	9 ja				izations
	line)	Indiv	Insti	Officer	E G	Former		ļ		
							1			
		_		-		-	ļ — — — — — — — — — — — — — — — — — — —	 		
	<u> </u>		]			]	]			
		}	-	+	+-	+-				
				- }						
	<del>                                     </del>		-	$\dashv$	+	+-				
	<del></del>			İ						
			$\perp \downarrow$	$\perp$	$\perp$					
			1	- }	-					
	ļ	<u> </u>	$\vdash$		_	+-				
	<del></del>	-	<del>                                     </del>	+	+	+				
	<del> </del>		1	- }	1					
				十		1	<del> </del>			
1b Sub-total							0.	256,14		,114.
c Total from continuation sheets to Part VI	, Section A						0.		0.	0.
d Total (add lines 1b and 1c)	<del> </del>					<u> </u>	0.	256,14	2. 31	,114.
2 Total number of individuals (including but no	of limited to the	ose	listed	abo	ve) w	ho re	eceived more than \$100,	000 of reportable		0
compensation from the organization	<del></del>						<del></del>			res No
3 Did the organization list any former officer,	director, or tru	istee	kev	emo	olove	e or	highest compensated er	mplovee on		
line 1a? If "Yes," complete Schedule J for si			,,		,-	-,	g		3	X
4 For any individual listed on line 1a, is the su		е со	mper	satio	on ar	d oth	her compensation from t	he organization		<b>%</b> \$3.
and related organizations greater than \$150	,000? If "Yes,	" coi	mplet	e Sc	hedu	le J	for such individual		4	X
5 Did any person listed on line 1a receive or a							ed organization or individ	dual for services	<u> </u>	<u> </u>
rendered to the organization? If "Yes." com	plete Schedule	e⊿ fc	or suc	h pe	erson		<del></del>		5	X
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mannantad ind				+		hat recoved more than ¢	2100 000 of comp.	anastian fran	
<ol> <li>Complete this table for your five highest con the organization. Report compensation for the</li> </ol>									ensation from	ı
(A)	ne carendar ye	, <u>a. c</u>	ridirig	******	101 1	VICI III	(B)	T	(C)	
Name and business	address	NC	NE			_	Description of s	ervices	Compens	
								i		
							<del></del>			
								ļ		
						-		<del></del>		
2 Total number of independent contractors (in		ot lim	nted	to th	_	sted	above) who received mo	ore than		\$
\$100,000 of compensation from the organiz	ation >				_0_					

Page 9.

Check if Schedule O contains a response or note to any line in this Part VIII									
10 10 10 10 10 10 10 10 10 10 10 10 10 1	. (,)				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	4,930. 242,979. 121,786.	369,695.				
Program Service Revenue		SCHOOL TO WORK REGISTRATIONS		Business Code 611710 900099					
Prog	•	All other program service reversable. Add lines 2a-2f		<b>&gt;</b>	180,841.	* * * *			
	4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties		<b>&gt;</b>	1,941.			1,941.	
	c	Less rental expenses	(ı) Real	(II) Personal					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other					
Other Revenue	b	Gross income from fundraising including \$ 4,95 contributions reported on line. Part IV, line 18 Less direct expenses Net income or (loss) from fundraising including \$ 1,95 contributions.	30 of 1c) See a	17,198. 10,323.	6,875.			6,875.	
	9 a b	Gross income from gaming act Part IV, line 19 Less direct expenses Net income or (loss) from gami	tivities See a b	11,330. 5,245.	6,085.				
	10 a b	Gross sales of inventory, less reand allowances Less cost of goods sold Net income or (loss) from sales	eturns a b		0,003.			6,085.	
	11 a b	Miscellaneous Revenue	:	Business Code		25 3 4	}	,	
532009	d e 12	All other revenue  Total. Add lines 11a-11d  Total revenue See instructions.		900099	7,856. 7,856. 573,293.	180,841.	0.	7,856. 22,757. Form <b>990</b> (2016)	

Form 990 (2016) FOUNDATION, INC.
Part,IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX	npiete column (A).	X
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		į		
	and domestic governments. See Part IV, line 21		<del></del>		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified	'			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u></u>			
7	Other salaries and wages	<del></del>			<del></del>
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)	<del> </del>			<del></del>
9	Other employee benefits	<del> </del>	<del></del>	<u></u>	<del></del>
10	Payroll taxes	<del></del>	<del></del>		
11	Fees for services (non-employees)		•	-	
а	Management				<del></del>
b	Legal	<del></del>	<del></del>		
C	Accounting	<del></del>		ļ. —	
d	, 0				
e	Professional fundraising services. See Part IV, line 17	<del> </del>			
f	Investment management fees	<del></del>			
9	Other (If line 11g amount exceeds 10% of line 25,	121 677	420 052	1 925	
	column (A) amount, list line 11g expenses on Sch O.)	434,677. 15,075.	429,852.	4,825.	
12	Advertising and promotion	141,460.	15,075. 96,461.	13,676.	31,323.
13	Office expenses	141,400.	30,401.	13,070.	31,323.
14	Information technology				<del></del>
15	Royalties				<del></del>
16	Occupancy	29,540.		29,540.	<del></del>
17	Travel	49,340.	<del></del>	29,340.	<del></del>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	11,847.	11,847.		<del></del>
19	Conferences, conventions, and meetings Interest	11,04/.	11,04/.		
20	Payments to affiliates	<u> </u>		<del></del>	
21 22	Depreciation, depletion, and amortization	14,651.	14,651.	<del> </del>	
23	Insurance	14,031.	14,031.	<del></del>	<del> </del>
23 24	Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	LEADERSHIP TEAMS	11,360.	11,360.	*** * ** ** ** ** ** ** ** ** ** ** **	13. 34. 44. 49. 4 4 4 14 24 24 24 24 24 24 24 24 24 24 24 24 24
	DUES & SUBSCRIPTIONS	4,205.	11,300.	4,205.	
C		1,200.		1,200.	
ď					
	All other expenses	14,471.	14,471.		
25	Total functional expenses. Add lines 1 through 24e	679,286.	595,717.	52,246.	31,323.
<u></u> 26	Joint costs Complete this line only if the organization	0.3,200	333,7274		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here figures SOP 98-2 (ASC 958-720)				

ENVISION GREATER FOND DU LAC 39-1777015 FOUNDATION, INC. Form 990 (2016) Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1 745,863. 842,035. Savings and temporary cash investments 2 2 172,055. 173,555. 3 Pledges and grants receivable, net 3 9,712. Accounts receivable, net 45,416. 3.71 15.31 4 2 Loans and other receivables from current and former officers, directors

	5	Loans and other receivables from current and fo	rmer officers, directors,		Ď	
	1	trustees, key employees, and highest compensa		¥		
	}	Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under		. 1	
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)(9) voluntáry			
ţ		employees' beneficiary organizations (see instr)	! 	6	<u> </u>	
Assets	7	Notes and loans receivable, net		7_		
ĕ	8	Inventories for sale or use		_8_		
	9	Prepaid expenses and deferred charges		1,344.	9_	10,484.
	10a	Land, buildings, and equipment cost or other	1 1			
	1	basis Complete Part VI of Schedule D	10a 46,550.		4	
	b	Less accumulated depreciation	10b 27,154.	33,619.	10c	19,396.
	11	Investments · publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		12		
1	13	Investments - program-related See Part IV, line 1	11		13	
1	14	Intangible assets		 	14	
	15	Other assets See Part IV, line 11		 	15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3 <u>4)</u>	1,095,969.	16	957,510.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		156,038.	19	113,388.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
i i		key employees, highest compensated employee	s, and disqualified persons		, M	
Lrabilities		Complete Part II of Schedule L	-		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
ļ	25	Other liabilities (including federal income tax, pay	yables to related third			
		parties, and other liabilities not included on lines				
		Schedule D	93,059.	25	103,243.	
	26	Total liabilities. Add lines 17 through 25		249,097.	26	216,631.
		Organizations that follow SFAS 117 (ASC 958)	), check here $lacktriangle$ $lacktriangle$ $lacktriangle$ $lacktriangle$ $lacktriangle$ $lacktriangle$			

30 32 740,879. 33

669,316.

177,556.

846,872.

095,969.

27

28

29

31

34

957,510. Form **990** (2016)

568,823.

172,056.

Net Assets or Fund Balances

27

28

29

31

32

33

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Forn	1990 (2016) FOUNDATION, INC.	_ 39-	-1 <u>777</u> 015	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	573,	293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	679,	286.
3	Revenue less expenses. Subtract line 2 from line 1	3	-105,	993.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	846,	872.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	740,	<u>,879.</u>
Pa	TXII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y,	es No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	163
b	Were the organization's financial statements audited by an independent accountant?		2b 2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			X V
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?			X .
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	lit .	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit 🚾 🗓	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 99	90 (2016)

# **SCHEDULE A**

Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** (Form 990 or 990-EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

ENVISION GREATER FOND DU LAC

Employer identification number

Inspection

OMB No 1545-0047

FOUNDATION. 39-1777015 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing documen organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

\$ ×3,00

INC.

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, 39-1777015 Page 2

	(Complete only if you checked fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I or	of the organization			
Se	ction A. Public Support	,		<u> </u>			<del></del> -
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(4) 2012	(5) 2010	(0) 2011	(4) 20 10	(4) = 3 / 3	
·	membership fees received (Do not						
	include any "unusual grants ")	142,276.	438,851.	436,132.	305,372.	369,695.	1692326.
2	Tax revenues levied for the organ-			/	,		
	ization's benefit and either paid to	ļ	ĺ				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ļ	
	the organization without charge						
4	Total. Add lines 1 through 3	142,276.	438,851.	436,132.	305,372.	369,695.	1692326.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						100 400
_	column (f)			7 (1)			199,409.
	Public support. Subtract line 5 from line 4 ction B. Total Support					<u> </u>	1492917.
		(1) 0010	110010	( ) 0044	(1) 0015	(-) 0016	(f) Total
	Indar year (or fiscal year beginning in)	(a) 2012 142,276.	(b) 2013 438,851.	(c) 2014 436,132.	(d) 2015 305,372.	(e) 2016 369,695.	(f) Total 1692326.
	Gross income from interest,	142,270.	430,031.	430,132.	303,372.	303,033.	1032320.
0	dividends, payments received on	i					
	securities loans, rents, royalties				i i		
	and income from similar sources	1,139.	896.	2,030.	2,056.	1,941.	8,062.
9	Net income from unrelated business						<u> </u>
	activities, whether or not the						
	business is regularly carried on				ĺ		_
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				XXXXX (1) and		1700388.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	808,133.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
<del>~ -</del>	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publi					<del> </del>	07 00
	Public support percentage for 2016 (I		•	olumn (f))		14	87.80 %
	Public support percentage from 2015	•	•			15	88.89 %
16a	33 1/3% support test - 2016. If the				14 is 33 1/3% or m	iore, check this box	
	stop here. The organization qualifies		-		luna 45 tr 00 4 /00/	avanara abasi o	<b>▶</b> X
b	33 1/3% support test - 2015. If the c				line 15 is 33 1/3%	or more, cneck thi	S DOX
47-	and stop here. The organization qual	•			12 160 0-164	and line 14 is 100/	or more
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					it villow the organ	nzation _
	meets the "facts-and-circumstances"  10% -facts-and-circumstances test	•	•		=	17a and line 15 ie :	<b>-</b> - ∟
<b>L</b>							
b	more, and if the organization meets the						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC.

[Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	elow, please comp	olete Part II )			<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	(4) 2012	(6) 2010	(6) 2014	(4) 2010	10/2010	
membership fees received (Do not				1		
include any "unusual grants.")	1	1		Í		
2 Gross receipts from admissions,	<del></del>	<del> </del>	<del></del> -	<del> </del>	<del>                                     </del>	<del> </del>
merchandise sold or services per-						
formed, or facilities furnished in	ļ			1		
any activity that is related to the	ļ	<b>!</b>				
organization's tax-exempt purpose	<del></del>			<del> </del>	<del> </del>	
3 Gross receipts from activities that	(	ļ				
are not an unrelated trade or bus-				Ì		
iness under section 513	ļ			ļ <u></u>	<del> </del>	
4 Tax revenues levied for the organ-		1				
ization's benefit and either paid to	1	<u>'</u>		1		
or expended on its behalf		ļ <u> </u>			<del></del>	
5 The value of services or facilities				Ĭ		
furnished by a governmental unit to	†			ł		
the organization without charge				<u> </u>		
6 Total. Add lines 1 through 5						L
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	ł					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that		1				
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1	1		ĺ	}	
c Add lines 7a and 7b				<del> </del>	<u> </u>	
8 Public support. (Subtract line 7c from line 6)	3:3 3 3	18 18 18		W W M.		
Section B. Total Support	<u> </u>	1 V8 4. V+0 1.8	** : 2%	9886 32.4 1.23.5	1,861 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	l lu/2012	10/2010	(0) 2014	(4) 2010	(0/2010	(1) 10(4.
10a Gross income from interest,				<u> </u>		
dividends, payments received on						
securities loans, rents, royalties and income from similar sources	1	}		}		
b Unrelated business taxable income	<del></del>			<del> </del>	<del>                                     </del>	
(less section 511 taxes) from businesses		Ì		)		
acquired after June 30, 1975				[		
· · ·	<u> </u>			<del> </del>	<u> </u>	<del></del>
c Add lines 10a and 10b			<del></del>	-	<del> </del>	
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is		]				
regularly carried on				ļ <u></u>		<u> </u>
12 Other income Do not include gain or loss from the sale of capital		i .				
assets (Explain in Part VI)						
13 Total support. (Add lines 9 10c 11, and 12)		L		<u> </u>		<u></u>
14 First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ition,
check this box and stop here			<u> </u>			▶□
Section C. Computation of Publi	c Support Per	centage			<del></del>	
15 Public support percentage for 2016 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves	tment Income	e Percentage			· · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	%
18 Investment income percentage from :	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	
more than 33 1/3%, check this box ar	=					ightharpoons
b 33 1/3% support tests - 2015. If the	•	-	•			nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						▶□

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Build the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Voc	NI-
<del>-{</del> +	Yes ३	No
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<u> </u>	1348	
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3b	.®⊀:	X%;
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		<u> 39-177701</u>	) Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		•	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	18,4		
	below, the governing body of a supported organization?	11a		<u> </u>
þ	A family member of a person described in (a) above?	11b		<u> </u>
Coo	The state of the s	11c		<u> </u>
<u>Sec</u>	tion B. Type I Supporting Organizations			· · · ·
		S & & 1	Yes	No >>×
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1,75
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		. 1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			7
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 12	<u>())</u> ,	<del>                                     </del>
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	22.63	3,3	1.12%
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	30% % .	0.885
Sec	tion C. Type II Supporting Organizations	<u> </u>		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	<b>(,</b> )	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			į.
	or management of the supporting organization was vested in the same persons that controlled or managed		١,	<b>1</b>
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		- 4	, :3
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ă · ·	k
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	to the second	Ċ.	<u>,1.</u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	M M (2)	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		12.88	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	. X &23	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			18.6
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>	· 8/4/4	53
500	supported organizations played in this regard.	3	_	<u>L</u>
	tion E. Type III Functionally Integrated Supporting Organizations	<del></del>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ructions).		
a b	The organization satisfied the Activities Test. Complete line 2. below.			
С	The organization is the parent of each of its supported organizations. Complete line 3 below.	. (++		
2	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below	(see instructions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	****	163	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1 3 4
	that these activities constituted substantially all of its activities.	2a	3/4	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	\(\frac{20}{\chi_2}\)	J. 72	1.87
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	l ,		, m, d, d,
	reasons for the organization's position that its supported organization(s) would have engaged in these	, . <del>.</del>	,	1, 3
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		•	
	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC.			39-1777015 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ın Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	-		
Sect	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3_		
_4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	-		
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	**		
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		i	
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		`
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		4 🗱
4	Enter greater of line 2 or line 3	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			· · · · · · · · · · · · · · · · · · ·
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

39-1777015 Page 7 Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) (i) Underdistributions Distributable **Excess Distributions** Amount for 2016 Pre-2016 Section E - Distribution Allocations (see instructions) Ath: Distributable amount for 2016 from Section C, line 6 4804 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 -330 wyne. 10 :40 74124 c From 2013 d From 2014 e From 2015 f Total of lines 3a through e 1112 ~ CA46 g Applied to underdistributions of prior years W.XI: h Applied to 2016 distributable amount 300ks. 984 i Carryover from 2011 not applied (see instructions) Walio Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. a Applied to underdistributions of prior years å., s b Applied to 2016 distributable amount 3 **3 4 4** 6 c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 31 and 4c 8 Breakdown of line 7. 440 . **(2)** 71. XXX 71% b Excess from 2013 c Excess from 2014 3./**./**(3.) n Xi d Excess from 2015

IN:

2.

Schedule A (Form 990 or 990-EZ) 2016

... ....

e\_Excess from 2016

Schedule A	(Form 990 or 990 EZ) 2016 FOUNDATION, INC. 39-1777015 Page 8
¡Part VII]	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	(ese mendenens)
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-	

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

6 Open to Public Inspection

OMB No 1545-0047

Name of the organization

ENVISION GREATER FOND DU LAC FOUNDATION, INC.

Employer identification number 39-1777015

Pа	rtil Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	rriting that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's e	-	Yes No
6	Did the organization inform all grantees, donors, and donor ad		used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the pen		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva-	tion easements during the year
	Dags and a second		E-1/41/70/61
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
Pai	conservation easements    Conservation easements   Conservation easements	Art. Historical Treasures, or Ot	her Similar Assets.
₹ <i>₹</i> /~-;	Complete if the organization answered "Yes" on Form		oa. / loodiel
1a	If the organization elected, as permitted under SFAS 116 (ASC		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	
-	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

	rt III Organizations Maintaining Co		t Histor	rical Tro	OCUPOC O	Otho	r Simil	39-1/			age Z
	<u>, , , , , , , , , , , , , , , , , , , </u>										
3	Using the organization's acquisition, accession	on, and other record	s, check a	iny of the f	ollowing that	are a si	gnificant	t use of its c	ollection i	tems	
	(check all that apply)										
a	Public exhibition	d			hange progra	ams					
b		е	• 📙 0	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co		-		-			ose in Part	XIII		
5	During the year, did the organization solicit or					er sımılar	assets	_	٦		1
ID-	to be sold to raise funds rather than to be ma								Yes		No
Ŗa	rtilV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the c	organizatioi	n answered '	"Yes" on	Form 9	90, Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custodia		lany for co	otributions	or other acc	eets not	ıncludec				
ıa	on Form 990, Part X?	an or other intermed	liary for co	minuulions	o or other as:	sers nor	iiicidaec	'	Yes		No
h	If "Yes," explain the arrangement in Part XIII a	and complete the fel	llowing tob	alo.				L	_] res		, 140
D	ii 163, explain the altangement in Part Alira	and complete the for	nowing tac	n <del>e</del>				T -	Amount		
С	Beginning balance							+	Amount		
	Additions during the year						1c				
e	Distributions during the year						1e				
f	Ending balance						1f			_	
	Did the organization include an amount on Fo	orm 990 Part X line	21 for as	CLUM OL CH	etodial acco	unt liabil			Yes		No
	If "Yes," explain the arrangement in Part XIII						iity -	<u> </u>	63		) ]
	Endowment Funds. Complete if						10.				
<u> </u>	<u> </u>	(a) Current year		or year	(c) Two yea			e years back	(e) Four	vears l	 back
1a	Beginning of year balance	tuj ourrent jour	(9) (1)	oi year	( <b>0</b> ) 1110 <u>100</u>	15 Buok	<u>  (u)                                      </u>	o youro buon	(6) 1 55	youro .	<u>Juon</u>
b	Contributions						_				
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities				<del></del>						
Ŭ	and programs										
f	Administrative expenses		<u> </u>								
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1a	column (a)	held as						
a	Board designated or quasi-endowment	one your one bulance	%	00,011111 (0),	, 110.0 00						
b	Permanent endowment		<b>—</b> ′°								
	Temporarily restricted endowment ▶										
·	The percentages on lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the posses		ation that a	are held an	d administer	ed for th	ne organ	ization			
	by	50.01. 07 ti 10 019a25	acion triac c	210 11010 411		00.0	.c o.ga		Į.	Yes	No
	(i) unrelated organizations								3a(i)	-	
	(ii) related organizations								3a(iı)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	ed on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the	·							( 32 )		
Par	t.VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 990	), Part IV, I	line 11a Se	ee Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumula	ated	(d) Book	value	
	,,	basis (investr		basis (		. ,	preciation		, =		
1a	Land					188	3.488 : - 2	# No.			
b	Buildings						N - 18				
	Leasehold improvements										
	Equipment							"			
	Other			4	6,550.		27,	154.	19	, 39	<u> 6.</u>
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X. column						19	, 39	96.

Schedule D	(Form 990	2016
Schedule D	(FOIIII 990	12010

FOUNDATION.	INC
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Part VIII Investments - Other Securities.	Fa 000 Dart N/	London Con Form 000	Dod V has 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives		(0,		
(2) Closely-held equity interests			<del></del>	<del></del>
(3) Other				<del></del>
(A)		<del></del>		<del></del>
(B)			<del></del>	<del></del>
(C)				
(D)				
(E)				
			<del></del>	
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	n Form 990, Part IV	, line 11c See Form 990,	Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		X1. 431. 1X	18. 18. <u>1</u> 8. 1	
Part IX Other Assets.				
Complete if the organization answered "Yes" o		, line 11d See Form 990.	, Part X, line 15	
	Description			(b) Book value
(1)				
(2)				
(3)				<del> </del>
				ļ
(5)	<del></del>			<del> </del>
				<del> </del>
(7)				<del> </del>
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X. Other Liabilities.	15.)			<u> </u>
Complete if the organization answered "Yes" of	un Form 000 Port IV	line 11e or 11f See For	m DOO Dort V line Of	<b>.</b>
(a) December of behalf	m Form 990, Fait IV	(b) Book value	11 990, Part A, lifle 23	
(a) Description of liability     (1) Federal income taxes		(b) Book value		
(2) DUE TO ENVISION GREATER FO	ND DII			
(3) LAC, INC.	ND DO	93,243.		
(4) OTHER LIABILITIES	<del></del>	10,000	4	
(5)		10,000		
(6)				
(7)			1 / 1 (	
(8)		<del> </del>	┧ ′ 、 ′	
(9)			1.7	1 115
Total. (Column (b) must equal Form 990. Part X, col. (B) line	25.)	103,243.		* **
Legiunii (b) must equal FUIII 330. Fait A, CUI. (B) line	644		<u> </u>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

ENVISION GREATER FOND DU LAC 39-1777015 Page 4 FOUNDATION, INC. Schedule D (Form 990) 2016 Rart XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 588,861. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 588,861. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b -15,568. b Other (Describe in Part XIII ) 4h -15,568. c Add lines 4a and 4b 4c 573,293. Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Part-XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 694,854. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 15,568. d Other (Describe in Part XIII ) 2d 15,568. Add lines 2a through 2d 2e 679,286. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: AS REQUIRED BY UNCERTAIN TAX POSITION GUIDANCE, THE ORGANIZATIONS

RECOGNIZE THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER

DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT

SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE

MORE LIKELY THAN NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE CONSOLIDATED

FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50%

LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT

TAX AUTHORITY. THE ORGANIZATIONS APPLIED THE UNCERTAIN TAX POSITION

GUIDANCE TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS

REMAINED OPEN AND HAS DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX

BENEFITS.

Schedule D (Form 990) 2016 FOUNDATION, INC.	39-1777015 Page 5
Part XIII   Supplemental Information (continued)	
•	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-10,323.
DIRECT GAMING EXPENSES	_5 245
TOTAL TO SCHEDULE D, PART XI, LINE 4B	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	10 202
DIDDOM GANTNO DEPONDED	F 245
MOMAI MO COURDINE D. DADM VII. I INC. 2D.	15 560
TOTAL TO SCHEDOLE D, PART XII, DINE 2D	15,500.
	<del></del>
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#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection Properties of the Inspection of the In

OMB No 1545-0047

Open to Public // Inspection

	N GREATER FOND DU I ION, INC.	AC				Employer ide	ntification number
	Complete if the organization answer	red "Y	es" on	Form 990, Part IV, I	ne 1		
Indicate whether the organization rais     a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual ( art VII) or entity in connection with prividuals or entitles (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern using e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-			<del></del>	
· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·				· -		
Total			<b>•</b>				
<ol><li>List all states in which the organizatio or licensing.</li></ol>	n is registered or licensed to solicit c	ontribi	utions	or has been notified	it is e	exempt from re	gistration
· · · · · · · · · · · · · · · · · · ·				<del> </del>			
			<del></del>				

# ENVISION GREATER FOND DU LAC FOUNDATION, INC.

Schedule G (Form 990 or 990-EZ) 2016 FOUNDATION,

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE SILENT (add col (a) through EMPTY BOWLS AUCTION col (c)) (total number) (event type) (event type) 18,703. 8,390. 10,313. 1 Gross receipts 1,505. 1,505. 2 Less Contributions 8,808. 8,390. 17,198. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Rent/facility costs 7 Food and beverages 8 Entertainment 10,313. 10. 10,323 9 Other direct expenses 10,323. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 6,875 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? 」Yes b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain

39-1777015 Page 2

Sch	edule G (Form 990 or 990 EZ) 2016 FOUNDATION, INC.	<u>39-1777015</u>	Page 3 ·
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in.		
а	The organization's facility	13a	%
	An outside facility	13b	<del></del>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	<del></del>	
17	The the hame and address of the person who prepares the organization's gaining special events books and record	3	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt	
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
_	The state and addition of the time party		
	Name		
	Address >	·	
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
	organization's own exempt activities during the tax year > \$		
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and F	Part III. lines 9, 9b, 10b	15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, III 100 0, 00, 100	, 100,
	130, 10, and 170, as applicable. Also provide any additional information. See instructions		
	<del></del>		
	<del></del>		
		<del></del>	

Schedule G (Form 990 or 990 FZ)	ENVISION GREATER FOND DU LAC FOUNDATION, INC.	39-1777015 Page 4
Schedule G (Form 990 or 990 EZ) Part IV Supplemental Infor	mation ( )	33 177, 313 Tage 4
- artif cappionicital infor	Thation (continued)	
•		
•		
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 6 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ENVISION GREATER FOND DU LAC FOUNDATION, INC.

Employer identification number 39-1777015

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ECONOMIC VIABILITY OF OUR BUSINESS COMMUNITY SINCE 1912. NO OTHER
ENTITY REPRESENTS NEARLY 900 BUSINESSES, EQUAL IN VALUE TO \$1 BILLION
OF PAYROLL, IN THE FOND DU LAC AREA.
WE ARE EMPOWERED BY
THE NEARLY 900 MEMBERS OF OUR ORGANIZATION TO PROMOTE THE FREE
ENTERPRISE SYSTEM.
WE FUNCTION THROUGH
A 16-MEMBER BOARD OF DIRECTORS AND A 13 PERSON STAFF.
WE ARE DEPENDENT UPON
COMMITTED VOLUNTEERS TO ASSIST IN THE EXECUTION OF OUR MISSION THROUGH
SERVICE ON A VARIETY OF COMMITTEES.
WE SERVE THE BUSINESS COMMUNITY OF THE FOND DU LAC AREA.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PATHWAYS THAT FIT THE NEEDS OF OUR FUTURE BUSINESS COMMUNITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LEADERSHIP FOND DU LAC PROGRAM
EXPENSES \$ 47,305. INCLUDING GRANTS OF \$ 0. REVENUE \$ 39,415.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Ves" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2016

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

ENVISION GREATER FOND DU LAC

Name of the organization

Department of the Treasury Internal Revenue Service

FOUNDATION, INC

Open to Public

Employer identification number 39 - 1777015

Schedule R (Form 990) 2016 (g) Section 512(b)(13) S. × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets N/A status (if section Public charity 501(c)(3)) <u>e</u> Total income Exempt Code ਉ section 501(C)(6) ন্ত Legal domicile (state or Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) WISCONSIN PROMOTING COMMERCE IN THE Primary activity Primary activity FOND DU LAC AREA 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 39-0284470, 207 NORTH MAIN STREET, FOND DU Name, address, and EiN (if applicable) ENVISION GREATER FOND DU LAC, INC. Name, address, and EIN of related organization of disregarded entity 54935 M Part Part 🗠 LAC,

FOUNDATION, Schedule R (Form 990) 2016

39-1777015 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year ₹ General or P managing partner? Yes 3 Code V-UBI amount in box 720 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Part IV

(a)	(q)	(၁)	(p)	(ə)			(H)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Sha -	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	2 PG 33
		country)		(legal)		doodlo		Yes	No
						,			;
								-	ļ
								-	1
							1		
			,						
		-							
632162 09-06-16						Sche	Schedule R (Form 990) 2016	2 (066 1	2016

ENVISION GREATER FOND DU LAC FOUNDATION, INC.

Schedule R (Form 990) 2016 FOUNDATION, INC.			39-1777015	7015 Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	red "Yes" on Form (	390, Part IV, line 34, 35b, or 36		•
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	-	-		Yes No
<ul> <li>During the tax year, did the organization engage in any or the following transactions with one or more related organizations listed in Parts II-IV?</li> <li>a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> </ul>	vith one or more rela	ted organizations listed in Parts	V.N.:	Ta X
b Gift, grant, or capital contribution to related organization(s)				
c Gift, grant, or capital contribution from related organization(s)				1c X
$oldsymbol{d}$ Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				4. X
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				¥
1 Performance of services or membership or fundraising solicitations for related organization(s)	ation(s)			= X
m Performance of services or membership or fundraising solicitations by related organization(s)	ation(s)			tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			1n X
o Sharing of paid employees with related organization(s)				10 X
p Reimbursement paid to related organization(s) for expenses				1p X
				19 X
r Other transfer of cash or property to related organization(s)				<u>*</u>
				lst  X
	must complete this	line, including covered relations	hips and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
141				
632163 09-06-16			Schedule	Schedule R (Form 990) 2016

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39-1777015

FOUNDATION, INC.

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income particle (related, unrelated,	9 partners sec 501(c)(3)	Share of	Share of	Dispropor- tionate	Code V-UBI	General or managing	Percentage
Same D		country)	excluded from tax under sections 512-514)	Yes No	rotal	end-or-year assets	allocations?	of Schedule K-1 (Form 1065)	yes NO	ownership
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Part VII	(Form 990) 2016 Supplemental Infor	mation.		,	
<u> </u>			uestions on Schedule R See instructions		
. ———	Flovide additional inform	ation for responses to qu	destions of Schedule A. See instructions		
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