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

OMB No 1545-0052

For	calendar year 2016 or tax year beginning		, and ending					
	me of foundation			A Employer identification	number			
DR. WM. F. AND SANDRA L. SCHNEIDER								
FAMILY FOUNDATION, INC. 39-1869772								
	mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	600			
_	1424 OAK RIDGE CIRCLE			(920)336-5				
-	ty or town, state or province, country, and ZIP or foreign po DE PERE, WI 54115	ostal code		C If exemption application is p	ending, check here			
		Lasted action of a fe		B 4 5	abad baa			
6	Check all that apply: Initial return Final return	Amended return	ormer public charity	D 1. Foreign organizations	s, cneck nere			
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,			
H (Check type of organization: X Section 501(c)(3) ex			1				
ï	_	Other taxable private founda	ation	E If private foundation sta under section 507(b)(1)	_			
I Fa	air market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a				
		her (specify)		under section 507(b)(1)	_			
	▶\$ 1,071,730. (Part I, colui		basis)		(-),			
Pa	art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
	necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)			
	1 Contributions, gifts, grants, etc., received	61,295.		N/A				
	2 Check fifthe foundation is not required to attach Sch B							
	3 Interest on savings and temporary cash investments				i i			
	4 Dividends and interest from securities	25,072.	25,072.		STATEMENT 1			
	5a Gross rents		·*					
	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	* ,;		*, -			
ne	6a Net gain or (loss) from sale of assets not on line 10 ☐ Gross sales price for all	* ,			TOPINED			
Revenue	b assets on line 6a 7 Capital gain net income (from Part IV, line 2)	<u> </u>	0.		RECEIVED			
Be	8 Net short-term capital gain	, , , ,		35				
	9 Income modifications		18	12	MAY 1,5 2017			
	10a and allowances	ů,			., ., .,			
	b Less Cost of goods sold	11 18 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***		OGDEN. UT			
	c Gross profit or (loss)		¥					
	11 Other income				, , ,			
	12 Total. Add lines 1 through 11	86,367.	25,072.					
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.			
	14 Other employee salaries and wages							
g	15 Pension plans, employee benefits							
enses	16a Legal fees h Accounting fees STMT 2	875.	0.		875.			
		0/5.		<u> </u>	0/3.			
ė	c Other professional fees 17 Interest			 				
ativ	18 Taxes STMT 3	339.	0.		0.			
istr	19 Depreciation and depletion							
Ë	20 Occupancy							
Ad	21 Travel, conferences, and meetings							
gue	22=Printing and publications							
ng	23 Other expenses							
Operating and Administrative Exp	24寸Total operating and administrative							
Deel	expenses. Add lines 13 through 23	1,214.	0.		875.			
J	25 Contributions, girts, grants paid	36,650.		<u> </u>	36,650.			
	26\(\begin{align*} 26\(al	27 064	^		27 525			
	Add lines 24 and 25	37,864.	0.		37,525.			
	27.1 Subtract line 26 from line 12: 28. Excess of revenue over expenses and disbursements	48,503.			1			
	The street investment income (if negative, enter -0-)	40,303.	25,072.		,			
	Adjusted net income (if negative, enter -0-)		23,072	N/A	<u> </u>			
		1		,				

Form **990-PF** (2016)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

DR. WM. F. AND SANDRA L. SCHNEIDER Form 990-PF (2016) FAMILY FOUNDATION, INC. 39-1869772 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 210. 8,918 8,918. 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock STMT 4 418,201 457,996. 1,062,812. c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis I Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the ınstructions. Also, see page 1, item I) 418,411 466,914 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund Foundations that do not follow SFAS 117, check here ightharpoons Xand complete lines 27 through 31. Assets or 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0. 418,411. 29 Retained earnings, accumulated income, endowment, or other funds 466,914. Net 30 Total net assets or fund balances 418,411. 466,914. 31 Total liabilities and net assets/fund balances 418,411. 466,914 Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	11	418,411.
2 Enter amount from Part I, line 27a	2	48,503.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	466,914.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	466,914.

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)] ` P ·	low ac - Purci - Dona	hase	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>			 .		<u> </u>					
<u>b</u> <u>N</u>	ONE				<u> </u>					
<u>c</u>			<u> </u>		 					
d		·	<u> </u>		ļ					
<u>e</u>	(6) De		(-) (٠.,			(1-)	0 (1	<u></u>
(e) Gross sales price		epreciation allowed (or allowable)		st or other basis expense of sale					Gain or (loss us (f) minus (
<u>a</u>	<u> </u>						· · ·			
<u>b</u>	+		ļ							
<u>c</u>										
<u>d</u>			ļ		_					
Complete only for accets show	4000 0010 10 00	olumn (h) and owned hu	the foundation	00 10/01/00	-				0.1.00	
Complete only for assets show) ()	I) Gains (I (k) hut	Col. (h) gain not less tha	minus n -0-1 or
(i) F.M.V. as of 12/31/69		Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losse	s (from col. ((h))
<u>a</u>	<u> </u>									
<u>b</u>			ļ							
С	<u> </u>					_				
<u>d</u>			 							<u>-</u> -
e			<u> </u>						_	
2 Capital gain net income or (net	capital loss)	If gain, also ente			}[2				
3 Net short-term capital gain or (loss) as define	ed in sections 1222(5) a	nd (6):		Í					
If gain, also enter in Part I, line		, ,	(0).		λl					
If (loss), enter -0- in Part I, line	8				Ŋ	3				
Part V Qualification	Hadar Ca									
	Under Se	ection 4940(e) for	r Reduced	Tax on Net	Inv	estn	ent In	come		
(For optional use by domestic priva						_	ent In	come		
,	ate foundation	is subject to the section				_	ent In	come		
If section 4940(d)(2) applies, leave	ate foundation e this part blar	ns subject to the section	4940(a) tax on	net investment ir	icome.	_	ent In	come		
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Was the foundation liable for the silf "Yes," the foundation does not qualif "Yes," the foundation does not qualif "Yes," the foundation does not qualif in Enter the appropriate amount in (a) Base period years Calendar year (or tax year begin 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in exis Enter the net value of noncharit Multiply line 4 by line 3	ate foundation e this part blar ection 4942 ta ualify under se in each column aning in) ne 5-year base stence if less th table-use asse	ax on the distributable arection 4940(e). Do not confor each year; see the long to the form of the distributable arection 4940(e). Do not confor each year; see the long to the form each year; see the long to the form of th	mount of any year omplete this parameteristributions before 22,815.20,330.24,433.	net investment in ear in the base pe rt. fore making any e Net value of no	riod? entries. (c)	.) 74 67 56 37	use assets 5 , 882 3 , 765 5 , 022 5 , 815	2. 5. 7. 2	(col. (b) div	(d) pution ratio rided by col. (c)) . 030588 . 030174 . 040813 . 065013 . 050312 . 216900 . 043380 803,798 34,869
If section 4940(d)(2) applies, leave Was the foundation liable for the si If "Yes," the foundation does not qualified the section of the sect	ate foundation e this part blar ection 4942 ta ualify under se in each column aning in) ne 5-year base stence if less th table-use asse	ax on the distributable arection 4940(e). Do not confor each year; see the long to the form of the distributable arection 4940(e). Do not confor each year; see the long to the form each year; see the long to the form of th	mount of any year omplete this parameteristributions before 22,815.20,330.24,433.	net investment in ear in the base pe rt. fore making any e Net value of no	riod? entries. (c)	.) 74 67 56 37	use assets 5 , 882 3 , 765 5 , 022 5 , 815	2 · · · · · · · · · · · · · · · · · · ·	Distrit (col. (b) div	(d) Putton ratio (rided by col. (c))
If section 4940(d)(2) applies, leaved Was the foundation liable for the section 4940(d)(2) applies, leaved Was the foundation liable for the section of the	ate foundation e this part blar ection 4942 ta ualify under se in each column aning in) ne 5-year base stence if less th table-use asse	ax on the distributable arection 4940(e). Do not confor each year; see the long to the form of the distributable arection 4940(e). Do not confor each year; see the long to the form each year; see the long to the form of th	mount of any year omplete this parameteristributions before 22,815.20,330.24,433.	net investment in ear in the base pe rt. fore making any e Net value of no	riod? entries. (c)	.) 74 67 56 37	use assets 5 , 882 3 , 765 5 , 022 5 , 815	2	Distrit (col. (b) div	(d) Putton ratio (rided by col. (c))
If section 4940(d)(2) applies, leaved Was the foundation liable for the so If "Yes," the foundation does not qualified the solution of the solution (a) Base period years Calendar year (or tax year begins) 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the	ate foundation the this part blar ection 4942 ta ualify under se in each column thining in) the 5-year base thence if less the table-use asse	ax on the distributable arection 4940(e). Do not confor each year; see the least of the section 4940(e). Do not confor each year; see the least of the section 4940(e). Do not confor each year; see the least of the section 4940(e). Do not confor each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of the section 4940(e). Do not conform each year; see the least of t	mount of any year omplete this parameteristributions before 22,815.20,330.24,433.	net investment in ear in the base pe rt. fore making any e Net value of no	riod? entries. (c)	.) 74 67 56 37	use assets 5 , 882 3 , 765 5 , 022 5 , 815	2 · · · · · · · · · · · · · · · · · · ·	Distrit (col. (b) div	(d) oution ratio vided by col. (c))

DR. WM. F. AND SANDRA L. SCHNEIDER

_	n 990-PF (2016) FAMILY FOUNDATION, INC.		<u>-1869</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ir	<u>ıstru</u>	ıctio	ns)
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ 📖 and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	l _	1.			
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	<u>L</u> 1			2	51.
	of Part I, line 27b					
c	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3	1		2	51.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	†			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	\vdash		2	51.
6	Credits/Payments:	Ť	†			
-	a 2016 estimated tax payments and 2015 overpayment credited to 2016	ĺ				
	Exempt foreign organizations - tax withheld at source	1	1			
	Tax paid with application for extension of time to file (Form 8868)	1				
	Backup withholding erroneously withheld 6d	┪				
	Total credits and payments. Add lines 6a through 6d					0.
,	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	+			
0	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	┼		2	51.
40	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u> </u>	┼			<u> </u>
10		10	+			
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ art VII-A Statements Regarding Activities	11	ــــــــــــــــــــــــــــــــــــــ			
					Voc	No
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	3 IN	·		162	
	any political campaign?	١.٥	}	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	-	ļ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed o	r	- 1	,	,
	distributed by the foundation in connection with the activities		I			
	Did the foundation file Form 1120-POL for this year?		ļ	1c		X
C	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		- 1	,	` `	, ;
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	<u>.</u>	1	-	,	1 . :
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			. ,	,	. 3
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities			33	,	1 1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or	İ	* , &		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		Į	_3_		X
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
t	olf "Yes," has it filed a tax return on Form 990-T for this year?	N	I A\I	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		X
	If "Yes," attach the statement required by General Instruction T			1	,	4
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		Į.	,		
	By language in the governing instrument, or		İ			,
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law			Vist Year own	
	remain in the governing instrument?			_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	/	ſ	7	Х	
			Γ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ļ			,
	WI					1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					,
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal	endar	İ			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		j	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		t	10		X
			For	<u>aar</u>)_DF	(2016)

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•	ч	_	×	n	ч	•	•	,

Page 5

Pa	art VII-A Statements Regarding Activities (continued)			age
		7	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			-
	If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	لينا		
14	The books are in care of ► WILLIAM F. SCHNEIDER Telephone no. ► (920)	336	-56	03
	Located at ► 4424 OAK CIRCLE, DE PERE, WI ZIP+4 ►5	4115		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			-
	foreign country			
Pa	ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?]]		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 !		
_	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
D	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	.		~
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
0	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			,÷
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
	Fo	orm 990)-PF ((2016)

DR. WM. F. AND SANDRA L. SCHNEIDER FAMILY FOUNDATION. INC.

Form 990-PF (2016) FAMILY FOUNDATION, INC.	4700 May Da	Dogwined (t .	39-1009/	14	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4/20 May be	nequired (contin	uea)		
5a During the year did the foundation pay or incur any amount to:	- 4045(-)\0		es X No		1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,		ES LALINO		1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or illul		es X No		
any voter registration drive?	n		es X No		Į.
(3) Provide a grant to an individual for travel, study, or other similar purposes'		L 16	S LALINO		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		es X No		
4945(d)(4)(A)? (see instructions)			ES LAL NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		. ভি.	ĺ	
the prevention of cruelty to children or animals?			es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	NT / 7	<u>-</u> .	-
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	—
Organizations relying on a current notice regarding disaster assistance check h					İ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			r		
expenditure responsibility for the grant?		N/A L Y	es L No		
If "Yes," attach the statement required by Regulations section 53 4945	, ,				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		T	1	
a personal benefit contract?		Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	X
If "Yes" to 6b, file Form 8870			(10)		1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	⊥
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation in	anagers, Higni	y		
List all officers, directors, trustees, foundation managers and their	compensation.				
		(c) Compensation	(d) Contributions to	(e) E)	oense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred	accour	opense nt, other vances
	to position	enter -o-)	compensation	411044	ances
SEE STATEMENT 5		0.	0.		0.
DIII DIII J		 	<u>`</u>		
		 			
	<u> </u>	 	 		
			,		
			1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."	L <u>-</u>	-	
	(b) Title, and average	<u> </u>	(d) Contributions to	(e) E	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accour	nt, other vances
NONE			Compensation		
			1		
		 			
			 -		
Total number of other employees paid over \$50,000		<u> </u>	<u> </u>		0
	 -		Form	990-PI	
					1-2.3/

Form **990-PF** (2016)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	808,402.
b	Average of monthly cash balances	1b	7,637.
C	Fair market value of all other assets	1c	· -
d	Total (add lines 1a, b, and c)	1d	816,039.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	816,039.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,241.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	803,798.
6	Minimum investment return. Enter 5% of line 5	6	40,190.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	40,190.
2a	Tax on investment income for 2016 from Part VI, line 5 251.		· . <u>-</u> .
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	251.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	39,939.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	39,939.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	39,939.
<u> </u>	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		25 505
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	37,525.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1.5	
a	Suitability test (prior IRS approval required)	3a	
. b	Cash distribution test (attach the required schedule)	3b	27 505
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	37,525.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	251.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,274.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	

Part XIII Undistributed Income (see instructions)

	<u>_</u>			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				39,939.
2 Undistributed income, if any, as of the end of 2016		· · · · · · · · · · · · · · · · · · ·		33,333.
a Enter amount for 2015 only			12,071.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2016:	-			
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 37,525.				
a Applied to 2015, but not more than line 2a		•	12,071.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				25,454.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;	,			,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract	6			
line 4b from line 2b	2.	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.	· · · · · · · · · · · · · · · · · · ·	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			•	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2017				1/ /05
7 Amounts treated as distributions out of		·	-	14,485.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014	İ			
d Excess from 2015				
e Excess from 2016				
				F 000 DE (0040)

the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

p .	The	form in which	h applications :	should be su	bmitted and	d information and	d materials they should include
-----	-----	---------------	------------------	--------------	-------------	-------------------	---------------------------------

c Any submission deadlines:

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

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Consideration	
a Paid during the year		Į.		
AMERICAN LUNG ASSOCIATION 13100 W LISBON RD # 700 BROOKFIELD , WI 53005	NONE	PUBLIC CHARITY	GENERAL SUPPORT	5-
				
ASPIRO 1673 DOUSMAN ST. GREEN BAY, WI 54303	NONE	PUBLIC CHARITY	GENERAL SUPPORT	500
,				
BEN'S FUND - FEAT OF WASHINGTON 14434 NE 8TH ST	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
BELLEVUE, WA 98007				1,000
BROWN CO HISTORICAL SOCIETY 1008 S MONROE AVE	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
GREEN BAY, WI 54301		-		50
CATHOLIC FOUNDATION BISHOP'S APPEAL 1825 RIVERSIDE DR.	NONE	PUBLIC CHARITY	RELIGIOUS - GENERAL SUPPORT	
GREEN BAY, WI 54301 Total SEE COI	TINUATION SHEE	IT(S)	<u> </u>	5,450 36,650
b Approved for future payment	THOMESON SIDE	14 (57	₽ 3a	30,030
NONE				
Total		L	▶ 3b	

Part XVI-A	Analys	is of Incon	ne-Producing	a Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
Zipo grad zinadna amada amada amada mziadaa	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business	Amount	sion	Amount	function income
a	-			<u> </u>	
		 -			
·	ļ		-		
			 		
f				 -	
g Fees and contracts from government agencies	-		 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			 		
investments			ļ		
4 Dividends and interest from securities			14	25,072.	
5 Net rental income or (loss) from real estate:	<u> </u>				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal			 		
property			i		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			İ		
9 Net income or (loss) from special events	_		 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b		<u> </u>			
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	, j. , _{jet}	0.		25,072.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	25,072.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incore the foundation's exempt purposes (other than be	ne is reported	in column (e) of Part XVI-A	contril	outed importantly to the accord	nplishment of
and reduced and document purposed (early than t	- providing 15	The for cash purposes;			
			-	 	
	·				
		· ·			
					
	·				
					
				-	
				-	

623621 11-23-16

Part XVII	Information Re Exempt Organ		sfers To	and Transact	ions ar	nd Relations	hips With Nor	ncharitabl		190 10
1 Did the or	ganization directly or indi	rectly engage in any	of the following	ng with any other o	ganization	n described in sect	on 501(c) of		Yes	No
the Code	(other than section 501(c)(3) organizations) o	or in section 52	27, relating to politi	cal organiz	zations?				
a Transfers	from the reporting found	ation to a noncharita	ible exempt or	ganization of:						
(1) Cash								1a(1)	1	X
(2) Other	r assets			_				1a(2)		X
b Other tran	isactions;									
(1) Sales	of assets to a noncharita	ible exempt organiza	tion					16(1)		X
(2) Purci	hases of assets from a no	ncharitable exempt o	organization					1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets						1b(3)		X
(4) Reim	bursement arrangements	;						1b(4)		Х
(5) Loan	s or loan guarantees							1b(5)		X
(6) Perfo	ormance of services or me	embership or fundrai	ısıng solıcıtatıc	ons				1b(6)		X
c Sharing o	f facilities, equipment, ma	uling lists, other asse	ets, or paid em	ployees				1c		X
or service	wer to any of the above is s given by the reporting f	oundation. If the fou	ndation receiv	ed less than fair ma					sets,	
	d) the value of the goods,									
(a)Line no	(b) Amount involved	(c) Name of		e exempt organizat	on	(d) Description	of transfers, transaction	ns, and sharing a	rrangeme	nts
			N/A							
		 _								
						ļ				
						 				
		ļ								
						ļ				
			·			 				
		 								
		 				<u> </u>				
		 				 				
						 	_			
						 				
On In the four	adation directly or indirec	the officeted with or	roloted to ano	or more toy ever		-4				
	ndation directly or indirec				ot organiza	ations described		□ Vaa	T] No
	501(c) of the Code (othe	• •)(3)) or in seci	11011 527 7				Yes	LA	סאו ר
D II Tes, Co	omplete the following sch (a) Name of org			(b) Type of organ	uzation		(c) Description of re	lationshin		
	N/A			(b) Type of organ	nzanon		(O) Description of te			
						 -				——
										
										
Under	penalties of perjury, I declare	that I have examined thi	is return, includir	ng accompanying sche	dules and s	statements, and to the	best of my knowledge			
Here	elief, it is true, correct, and co	FJohn	eparer (other tha	7 MAY		PRESI		May the IRS return with the shown below	ne prepar v (see ins	er
Sigr	nature of officer or trustee		I Danage of the	Date		Title	Obook 1 3 1	DTIN		
	Print/Type preparer's n	ame	Preparer's s	ignature		Date		PTIN		
Do:-I							self- employed	501011		
Paid	JILL M. BC		hirr w	BOYLE,	CP C	04/27/17	<u>_</u>	P01246		
Preparer Use Only	Firm's name ►SIK	TCH LLP					Firm's EIN ► 3	6-31680	81	
USE UTILY	Firm's addross > 1.3	AAA DIGITA	DC TAN	ים מודחיי	200		ļ			
	Firm's address > 13	COOKFIELD,			300		Phone no. (26	62)754-	. Q // N	Λ
	1	<u>,</u> ,					LI HOHE HU. \ 21	54,154	7 = 0	9

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Name of the organization

DR. WM. F. AND SANDRA L. SCHNEIDER FAMILY FOUNDATION, INC.

Employer identification number

39-1869772

Organization type (check of	ne):
Fílers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, enter h purpose Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

DR. WM. F. AND SANDRA L. SCHNEIDER

Employer identification number

FAMIL	Y FOUNDATION, INC.	39	-1869772
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. WM. F. AND SANDRA L. SCHNEIDER 4424 OAK RIDGE CIRCLE DEPERE, WI 54115	\$ 21,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DR. WM. F. AND SANDRA L. SCHNEIDER 4424 OAK RIDGE CIRCLE DEPERE, WI 54115	\$ 39,795.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash Complete Part II for

623452 10-18-16

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

Name of organization

DR. WM. F. AND SANDRA L. SCHNEIDER

FAMILY FOUNDATION, INC.

39-1869772

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	350 SHS TRAVELERS CONS INC		
		\$ 39,795.	12/12/16
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
$-\Big $			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
}			

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY GENERAL SUPPORT DE PERE HISTORICAL SOCIETY NONE 403 N BROADWAY S DE PERE, WI 54115 50. DE PERE FOOD PANTRY NONE PUBLIC CHARITY GENERAL SUPPORT 1700 LOST DAUPHIN RD DE PERE, WI 54115 1,000. NONE ECUMINICAL PARTNERSHIP -HOUSING PUBLIC CHARITY RELIGIOUS - GENERAL 330 SOUTH BROADWAY SUPPORT GREEN BAY, WI 54301 100. NONE ENCOMPASS EARLY EDUCATION AND CARE PUBLIC CHARITY EDUCATIONAL - GENERAL FOUNDATION INC. SUPPORT 1300 BELLEVUE ST GREEN BAY, WI 54302 100. EOUESTRIAN ORDER OF THE HOLY NONE PUBLIC CHARITY RELIGIOUS - GENERAL SUPPORT SEPULCHRE 202 ANNAPOLIS DR. VERNON HILLS, IL 60061 1,200. FOUNDATION FOR CHILDREN IN NEED NONE PUBLIC CHARITY GENERAL SUPPORT 1417 E. MINER ST. ARLINGTON HEIGHTS, IL 60004 275. FREEDOM HOUSE MINISTRIES NONE PUBLIC CHARITY GENERAL SUPPORT 2997 SAINT ANTHONY DRIVE GREEN BAY, WI 54311 2,000. GOLDEN HOUSE NONE PUBLIC CHARITY GENERAL SUPPORT 1120 UNIVERSITY AVE. GREEN BAY, WI 54302 2,000. GRACE CATHOLIC EDUCATION NONE PUBLIC CHARITY RELIGIOUS - GENERAL 1087 KELLOGG ST SUPPORT 2,000. GREEN BAY, WI 54303 GREEN BAY BOTANICAL GARDEN NONE PUBLIC CHARITY GENERAL SUPPORT 2600 LARSEN RD GREEN BAY, WI 54303 150. 29,600. Total from continuation sheets

3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
HERITAGE HILL FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
2640 S. WEBSTER AVE.				
GREEN BAY, WI 54301		 		32
YOUGH OF HOLD	VOVE			
HOUSE OF HOPE 1660 CHRISTINA ST.	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
GREEN BAY, WI 54303		1		2,00
,		 		
MARQUETTE UNIVERSITY	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
1250 W WISCONSIN AVE				
MILWAUKEE, WI 53233	_	ļ		1,00
MEDICAL COLLEGE OF WISCONSIN	NONE	PUBLIC CHARITY	EDUCATIONAL - GENERAL	
744 S. WEBSTER AVE.	İ		SUPPORT	1.0
GREEN BAY, WI 54305	-	 	 	10
NEVILLE PUBLIC MUSEUM	NONE	DIIRI.TC CHARITY	GENERAL SUPPORT	
210 MUSEUM PL, GREEN BAY			Janailla Bollowi	
GREEN BAY, WI 54303		ļ		20
NEW COMMUNITY SHELTER	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
301 MATHER ST				
GREEN BAY, WI 54303	- 	 		1,00
PAUL'S PANTRY	NONE	DIIBI.TO CHARTTY	GENERAL SUPPORT	
1529 LEO FRIGO WAY	NONE	TOBBIC CHARTIT	BENEKAL BOFFORT	
GREEN BAY, WI 54302				2,00
SCHOOL SISTERS OF NOTRE DAME	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
13105 WATERTOWN PLANK RD		1		
ELM GROVE, WI 53122		 	 	60
SPECIAL OLYMPICS	NONE	PUBLIC CHARTTY	GENERAL SUPPORT	
2310 CROSSROADS DR #1000	[DOLLOW!	
MADISON, WI 53718		ļ		10
ST. JOHN'S HOMELESS SHELTER	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
413 S. JOHN ST. GREEN BAY, WI 54301				5,10
Total from continuation sheets			 	

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	
ST. MARY CATHOLIC COMMUNITY	NONE	DIIDI TO CUADITY	RELIGIOUS - GENERAL	
1805 SPORTSMAN DR.	NONE	FORDIC CHARTIT	SUPPORT	
DE PERE, WI 54115			l l	6,3
NITY HOSPICE	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
366 OAK RIDGE CIR				
DE PERE, WI 54115		 		1,00
CO NIDUDOM IDOUTMO	VOVE	DUDI 70 CUAD 700		
JSA MIDWEST JESUITS 3400 W. WISCONSIN AVENUE	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
AILWAUKEE, WI 53208-3841				5(
WI RIGHT TO LIFE	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
5317 N 118TH CT				
MILWAUKEE, WI 53225		 		50
		<u> </u>		
		<u> </u>		-
		 		
		 		
Total from continuation sheets		<u></u>	<u> </u>	

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECU	RITIES	ST	'ATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVE MENT INC	EST-		
WELLS FARGO INVESTMENTS	25,072.		0.	25,072	25,0	72.		
TO PART I, LINE 4	25,072.		0 ·	25,072	25,0	72.		
FORM 990-PF		ACCOUNTI	NG I	FEES		ST	'ATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTE NET INCO		(D) CHARITA PURPOS	
PROFESSIONAL FEES		875.		0.			8	75.
TO FORM 990-PF, PG	1, LN 16B	875.	_	0.		·	8	75.
FORM 990-PF		TAX	ES			ST	'ATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NT INCOME	(C) ADJUSTI NET INCO		(D) CHARITA PURPOS	
2015 990-PF TAX EXT PAYMENT	ENSION	339.		0.	-	 .		0.
TO FORM 990-PF, PG	1, LN 18	339.	· —	0.				0.
FORM 990-PF		CORPORAT	E SI	POCK		ST	'ATEMENT	4
DESCRIPTION	,			ВС	OOK VALUE	FA	IR MARKE	т
1,207 SHARES INTEL 6,174 SHARES JP MOR 730 SHARES AT&T INC 3,793 SHARES JP MOR 1,000 SHS AT&T INC. 1,000 SHS AT&T INC.	GAN CHASE &				20,518. 198,303. 21,170. 109,440. 34,150. 34,620.		43,7 532,7 31,0 327,3 42,5 42,5	54. 47. 26. 30.

DR. WM. F. AND SANDRA L. SCHNE	EIDER FAMIL		3	9-1869772		
350 SHS TRAVELERS		39,79	-5.	5. 42,847.		
TOTAL TO FORM 990-PF, PART II, I	ZINE 10B	E 10B 457,996				
	ST OF OFFICERS,		STAT	EMENT 5		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE		
DR. WILLIAM F. SCHNEIDER 4424 OAK RIDGE CIRCLE DE PERE, WI 54115	PRESIDENT/TRE 1.00	ASURER 0.	0.	0.		
SANDRA L. SCHNEIDER 4424 OAK RIDGE CIRCLE DE PERE, WI 54115	VICE PRESIDEN 1.00	T/SECRETARY 0.	0.	0.		
WILLIAM J. SCHNEIDER 573 MONTROSE LANE ST PAUL, MN 55116	DIRECTOR 1.00	0.	0.	0.		
KATHLEEN SCHNEIDER DENIS 4515 OAK RIDGE CIRCLE DE PERE, WI 54115	DIRECTOR 1.00	0.	0.	0.		
BETH ANN SCHNEIDER EHLERS 3601 W. CAPITAL DRIVE APPLETON, WI 54914	DIRECTOR 1.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.		
FORM 990-PF PAR	RT XV - LINE 1A	-	STAT	EMENT 6		

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

DR. WILLIAM F. SCHNEIDER SANDRA L. SCHNEIDER