

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

2016

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A ☐ Check box if address changed		Print or Type	Name of organization (☐ Check box if name changed and see instructions.) THE JOHN E. KUENZL FOUNDATION, INC.		D Employer identification number (Employees' trust, see instructions) 39-1998578
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)			Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2886		E Unrelated business activity codes (See instructions.) 525990
			City or town, state or province, country, and ZIP or foreign postal code OSHKOSH, WI 54903-2886		
C Book value of all assets at end of year 39,691,724.			F Group exemption number (See instructions.) G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust		

H Describe the organization's primary unrelated business activity. ▶ **INVESTMENTS**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

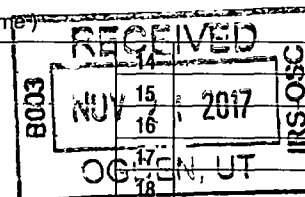
J The books are in care of ▶ **GERALD STADTMUELLER** Telephone number ▶ **920-231-5890**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	62,427.	62,427.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) STATEMENT 15	12	17,408.	17,408.
13	Total. Combine lines 3 through 12	13	79,835.	79,835.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			4,200.
20	Charitable contributions (See instructions for limitation rules) STATEMENT 18 SEE STATEMENT 16			7,000.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) SEE STATEMENT 17	28		4,634.
29	Total deductions. Add lines 14 through 28	29		15,834.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		64,001.
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		64,001.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		63,001.



Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
0.			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 8 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 28
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2016)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

2016

Name THE JOHN E. KUENZL FOUNDATION, INC.		Employer identification number 39-1998578
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1 Taxable income or (loss) before net operating loss deduction	1	63,001.
2 Adjustments and preferences:		
a Depreciation of post-1986 property	2a	
b Amortization of certified pollution control facilities	2b	
c Amortization of mining exploration and development costs	2c	
d Amortization of circulation expenditures (personal holding companies only)	2d	
e Adjusted gain or loss	2e	
f Long-term contracts	2f	
g Merchant marine capital construction funds	2g	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i Tax shelter farm activities (personal service corporations only)	2i	
j Passive activities (closely held corporations and personal service corporations only)	2j	
k Loss limitations	2k	
l Depletion	2l	
m Tax-exempt interest income from specified private activity bonds	2m	
n Intangible drilling costs	2n	
o Other adjustments and preferences	* 2o	
3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	63,001.
4 Adjusted current earnings (ACE) adjustment:		
a ACE from line 10 of the ACE worksheet in the instructions	4a	63,001.
b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.
c Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e ACE adjustment.	4e	0.
• If line 4b is zero or more, enter the amount from line 4c		
• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	63,001.
6 Alternative tax net operating loss deduction. See instructions	6	
7 Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	63,001.
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0.
b Multiply line 8a by 25% (0.25)	8b	0.
c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000.
9 Subtract line 8c from line 7. If zero or less, enter -0-	9	23,001.
10 Multiply line 9 by 20% (0.20)	10	4,600.
11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12 Tentative minimum tax. Subtract line 11 from line 10	12	4,600.
13 Regular tax liability before applying all credits except the foreign tax credit	13	10,750.
14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

* SEE ALSO

STATEMENT 21

FORM 990-T	OTHER INCOME	STATEMENT 15
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DESCRIPTION	AMOUNT
STATE INCOME TAX REFUND	17,408.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	17,408.

FORM 990-T	CONTRIBUTIONS	STATEMENT 16
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
AMERICAN RED CROSS OF EASTERN WI	N/A	10,000.
BOYS AND GIRLS CLUB OF OSHKOSH	N/A	100,000.
DAY BY DAY WARMING SHELTER	N/A	20,000.
FRIENDS OF WISCONSIN PUBLIC TELEVISION	N/A	25,000.
GROWING OSHKOSH	N/A	20,000.
JASPER PICKETT FOUNDATION	N/A	1,000.
LIVING HEALTHY COMMUNITY CLINIC	N/A	15,000.
NEENAH HIGH SCHOOL BOOSTER CLUB	N/A	6,500.
OCCUPAWS GUIDE DOG ASSOCIATION	N/A	2,500.
OSHKOSH AREA COMMUNITY FOUNDATION	N/A	170,000.
OSHKOSH AREA HUMANE SOCIETY	N/A	15,000.
OSHKOSH AREA UNITED WAY	N/A	105,000.
OSHKOSH COMMUNITY FOOD PANTRY	N/A	110,000.
OSHKOSH COMMUNITY YMCA	N/A	385,000.
GRAND OPERA HOUSE FOUNDATION	N/A	50,000.
PAINE ART CENTER AND ARBORETUM	N/A	501,400.
SALVATION ARMY	N/A	10,000.
TRI-COUNTY COMMUNITY DENTAL CLINIC	N/A	5,000.
WINNEBAGO COUNTY HISTORICAL SOCIETY	N/A	5,000.
WINNEBAGO LITERACY COUNCIL	N/A	5,000.
OSHKOSH CELEBRATION OF LIGHTS	N/A	3,000.
SOLUTIONS RECOVERY CLUB	N/A	2,000.
OSHKOSH CHAMBER OF COMMERCE FOUNDATION	N/A	25,000.
GO-EDC	N/A	65,000.
ENDEAVOR FD	N/A	1,500.
COMMUNITY FOR HOPE	N/A	10,000.
EMMELINE COOK BEAUTIFICATION FUND	N/A	30,000.

GREATER OSHKOSH HEALTHY	N/A	
NEIGHBORS		50,000.
VAN DYNE FD	N/A	2,500.
NESHKORO	N/A	2,500.
OXFORD FD	N/A	2,500.
TOWN OF STOCKTON FD	N/A	1,000.
UW OSHKOSH ASSISTIVE	N/A	
TECHNICIAN		35,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,791,400.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 17
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DESCRIPTION	AMOUNT
ACCOUNTING FEES	4,634.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	4,634.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
CENTURY INVESTMENT FUND V	-2,621.	0.	-2,621.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-2,621.	0.	-2,621.

FORM 990-T	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 20
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S CORPORATION NAME	GROSS INCOME	LOSSES	DEDUCTIONS	NET INCOME OR (LOSS)
JEK REAL ESTATE CORPORATION	65,048.	0.	0.	65,048.
TO FORM 990-T, LINE 5	65,048.	0.	0.	65,048.