

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491132029617

2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury

Form 990-PF

Internal Revenue Service

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

1 Contributions, grifs, grants, etc , received (attach schedule) 2 Check ► ☑ if the foundation is not required to attach schedule) 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 5 Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 5 Gross sales price for all assets on time 6a 478,905 7 Capital gain net income (from Part IV, line 2) 19,658 8 Net short-term capital gain 9 Income modifications 10a Gross sales price for all assets on the 6a 478,905 10b Capital gain strictions 10a Gross sales price for all assets on the 6a 478,905 10b Capital gain strictions 10a Gross sales price for all assets on the 6a 478,905 10b Less Cost of goods sold 10 Capital gain strictions 10a Gross sales price for all all assets on the 6a 478,905 10b Less Cost of goods sold 10 Capital gain strictions 10a Gross sales price for all all assets on the 6a 478,905 10b Less Cost of goods sold 10 Capital gain strictions 10a Gross sales price for all all assets on the 6a 478,905 10b Less Cost of goods sold 10 Compensation of fifties, directors, trustees, etc 11 Other income (attach schedule) 11 Other employee salaries and wages 11 Scompensation of fifties, directors, trustees, etc 15 Pension plans, employee benefits 15 Pension plans, employee benefits 16 Legal fres (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 19 Depreciation (attach schedule) 10 Cocupancy 10 Cocupancy 10 Coupancy 10 Coupancy 11 Travel, conferences, and meetings 11 Travel, conferences, and meetings 11 Travel, conferences, and meetings 12 Contributions, grifts, grants paid 18 Contributions, grifts, grants pai	For	caler	ndar year 2016, or tax year beginning 01-01-20	016 , aı	nd ending 12-31-	2016	
Description					A Employer id	entification numbe	r
## Annual Contributions, giffs, grants, etc., received (attach sense on samples and reference or (less) from sequence to attach she be for serest from sequence to attach she be for seven sequence and season services and series for seven sequence to attach she be for seven sequence and services from sequence to attach she be for seven sequence and services from sequence and seque					39-6096022		
City of storm, state or province, country, and ZEP or foreign possisl code City shorts an application is analysis, check here City shorts and analysis, check here City shorts and analysis, check here City shorts an application is analysis, check here City shorts and analysis, check here City shorts analysis of Revenue and Experiment provided foundation City shorts analysis of Revenue and Experiment (city shorts) Control to State (city shorts) City shorts and analysis of Revenue and Experiment (city shorts) City shorts and shorts analysis of Revenue and Experiment (city shorts) City shorts are coloured (city shorts) City shorts and shorts and shorts analysis of Revenue and Experiment (city shorts) City shorts are coloured (city shorts) City				Room/suite	B Telephone nu	mber (see instruction	ns)
3 Check all that apply Initial return Initial return					(262) 632-7541	Ĺ	
Final return					C If exemption	application is pendin	g, check here
Contributions, office, granted assets and accounting the amounts of surface or suppression of the surface or suppression or suppression of the surface or suppression or	G Ch	neck al	l that apply \Box Initial return \Box Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check h	ere 🛴
Check type of organization			\square Final return \square Amended return				
Content page of organization Described Page Describ			Address change 🔲 Name change		·		· —
Far market value of all assets at end of lower (specify) Other	H Ch	eck ty	pe of organization \square Section 501(c)(3) exempt private	foundation			
## Part I (a) (b) Other (speech) Ot		Section	4947(a)(1) nonexempt charitable trust Other taxable				
of amounes in columns (b), (c), and (g) may not necessarily could the amounts an columns (b), (c), and (g) may not necessarily counts are more more many and the amounts an columns (b), (c), and (g) may not necessarily counts. 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ I fit the foundation is not required to attach sch B 3 Interest on savings and temporary cash investments 5 A Corporation (loss) 4 Dividends and interest from securities 5 Net rental income or (loss) 8 Net rental income or (loss) 9 Net rental income or (loss) 10 A Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 11 Other income (attach schedule) 12 Total, Add lines 1 through 11 13 Comensation of officers, directors, trustees, etc 15,000 17 (compensation of officers, di	of '	year <i>(f</i> .	rom Part II, col (c), \$ 3.088.982				
of amounes in columns (b), (c), and (g) may not necessarily could the amounts an columns (b), (c), and (g) may not necessarily counts are more more many and the amounts an columns (b), (c), and (g) may not necessarily counts. 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ I fit the foundation is not required to attach sch B 3 Interest on savings and temporary cash investments 5 A Corporation (loss) 4 Dividends and interest from securities 5 Net rental income or (loss) 8 Net rental income or (loss) 9 Net rental income or (loss) 10 A Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 10 Capital gain net income (from Part IV, line 2) 11 Other income (attach schedule) 12 Total, Add lines 1 through 11 13 Comensation of officers, directors, trustees, etc 15,000 17 (compensation of officers, di	Pa	rt I	Analysis of Revenue and Expenses (The total		<u> </u>		(d) Disbursements
1 Controlutions, gifts, grants, etc., received (attach schedule) 2 Check 1 Che			•	1 - 7	' '		for charitable
Check			equal the amounts in column (a) (see instructions))	books	income	income	(cash basis only)
Sch B		1					
1		2					
1000 1000		3		3	3		
1000 1000				86.780			
December 2000 December 200		-			11,111		
8 Net short-term capital gain			Net rental income or (loss)				
8 Net short-term capital gain	e He	6a	Net gain or (loss) from sale of assets not on line 10	19,658			
8 Net short-term capital gain	ven	ь	•				
9 Income modifications	ž		•		19,658		
10a Gross sales less returns and allowances		_	-				
b Less Cost of goods sold		_	ĺ				
11 Other income (attach schedule) 21 10 106,655 109,051							
12 Total. Add lines 1 through 11		С	Gross profit or (loss) (attach schedule)				
13 Compensation of officers, directors, trustees, etc 15,000 7,500 7,500 7,500 1		11	Other income (attach schedule)	214	. 0		
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 2 7,131 3,566 3,565 b Accounting fees (attach schedule) 2 1,750 875 875 c Other professional fees (attach schedule) 2 15,304 15,304 15,304 17 Interest 18 Taxes (attach schedule) (see instructions) 2 2,718 482 0 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 23 3,856 0 3,856 24 Total operating and administrative expenses. Add lines 13 through 23		12	Total. Add lines 1 through 11	106,655	109,051		
15 Pension plans, employee benefits 16a Legal fees (attach schedule)		13	Compensation of officers, directors, trustees, etc	15,000	7,500		7,500
16a Legal fees (attach schedule) 1,7131 3,566 3,565 b Accounting fees (attach schedule) 2,7131 1,750 875 875 875 c Other professional fees (attach schedule) 2,7131 1,750 875 875 c Other professional fees (attach schedule) 2,7131 1,750 875 875 c Other professional fees (attach schedule) 2,7131 1,750 875 875 c Other professional fees (attach schedule) 2,7131 1,750 875 875 d Other professional fees (attach schedule) 2,7131 1,750 875 d Other expenses (attach schedule) 2,7131 1,750 875 d Other expenses (attach schedule) 2,7131 1,750 d Other expenses (attach schedule) 2,7131 1,750 d Other expenses (attach schedule) 2,7131 1,750 d Other expenses (attach schedule) 2,7131 d		14	Other employee salaries and wages				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	Ş	15	Pension plans, employee benefits				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	120	16a	Legal fees (attach schedule)	7,131	3,566		3,565
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	<u>ş</u>	ь	Accounting fees (attach schedule)	1,750	875		875
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	iii ev	с	Other professional fees (attach schedule)	15,304	15,304		0
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	Ĕ	17	Interest				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	stra	18	Taxes (attach schedule) (see instructions)	2,718	482		0
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	Ξ	19	Depreciation (attach schedule) and depletion				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	틀	20	Occupancy				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	Α	21	Travel, conferences, and meetings	1,519	0		1,519
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	Ē	22	Printing and publications				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	bi	23	Other expenses (attach schedule)	3,856	0		3,856
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	ratı	24	Total operating and administrative expenses.				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	<u>D</u>		Add lines 13 through 23	47,278	27,727		17,315
25 183,628 27,727 153,665 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	O	25	Contributions, gifts, grants paid	136,350			136,350
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		26	•	183,628	27,727		153,665
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		27	Subtract line 26 from line 12				
b Net investment income (If negative, enter -0-) c Adjusted net income(If negative, enter -0-)		a		-76,973			
c Adjusted net income(ıf negative, enter -0-)		b			81.324		
			· -				
	For			1	Cat No 11289	L 〈 For	m 990-PF (2016)

163,568

1,528,288

160,698

2,542,865

2,542,865

2,542,865

2,542,865

0

18,939

618,678

58,766

1,577,646

584,601

100,097

19,374

2,465,892

2,465,892

2,465,892

2,465,892

1

2

3

4

5

6

2,542,865

2,465,892

2,465,892

Form 990-PF (2016)

-76,973

0

57,671

2,202,987

585,671

98,232

19,013

3,088,982

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶ _____

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Less accumulated depreciation (attach schedule) ▶ Investments—mortgage loans

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Less allowance for doubtful accounts ▶ Inventories for sale or use

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe -

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

	5
	6
	7
Ş	8
Assets	9
As	10a
	h

b

c

11

12

13

14

15

16

17 18

19 20

21

22 23

24

25

28

29

31

Part III

2 3

Liabilities

Balances

Fund 26

5

Assets 27

Net 30

List and describe 2-story brick war	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)				
1 a PUBLIC SECURITIES - SH							
b PUBLIC SECURITIES - LO	ONG TERM						
c CAPITAL GAINS DIVIDEN	IDS		P				
d							
e							
	(f)		(g)	(h)		
(e) Gross sales price	Depreciation allowed		other basis		r (loss)		
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) mınus (g)		
a 4	5,425		50,000		-4,575		
b 43	3,292		409,247		24,045		
c	188				188		
d							
e							
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	1	I)		
· · · · · ·	(i)	<u> </u>	(k)		h) gain minus		
(i)	Adjusted basis		of col (ı)	col (k), but not	less than -0-) or		
F M V as of 12/31/69	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))		
a					-4,575		
b					24,045		
С					188		
d							
e							
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F	'	2	19,658		
	gain or (loss) as defined in sections I rt I, line 8, column (c) (see instruction		· }	3			
Part V Qualification I	Jnder Section 4940(e) for Re	duced Tax on Net	Investment Inc	come			
-	rivate foundations subject to the sec						
tion optional use by domestic p	Trace roundations subject to the sec	ction is ro(a) tax on he	e invesement meem	<i>C</i> /			
if section 4940(d)(2) applies, le	eave this part blank						
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		in the base period?	Y .	es 🔽 No		
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entries	3			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution ration (col (b) divided by column (column)			
2015	151,317		3,093,754	,	0 048910		
2014	149,980		3,163,705		0 047406		
2013	148,425		3,044,159		0 048757		
2012	136,760		2,950,437		0 046352		
2011	138,807		2,911,553		0 047675		
2 Total of line 1, column (d)		2		0 239100		
3 Average distribution ration number of years the four	or by the 3		0 047820				
4 Enter the net value of no	ncharitable-use assets for 2016 from	4		3,043,113			
5 Multiply line 4 by line 3		145,522					
6 Enter 1% of net investment income (1% of Part I, line 27b)							
7 Add lines 5 and 6			7		146,335		
	8 Enter qualifying distributions from Part XII, line 4 ,						
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions							

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No 6 b In No If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No 7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? No 1b If yes, did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address four first point and Contractors 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 Title, and average hours per week (b) devoted to position of the paid of the		If "Yes," attach the statement require	ed b	y Regulations section 53	4945–5(d) 📆				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on								
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		a personal benefit contract?				· 🗆 🗆 🗸	N-		
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ves No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ves No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ves No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ves No b If yes, did the foundation process or have any net income attributable to the transaction? ves No b If yes, did the foundation process or have any net income attributable to the transaction? ves No b If yes, did the foundation process or have any net income attributable to the transaction? ves No b If yes, did the foundation process. Ves No b If yes, did the foundation process or have any net income attributable to the transaction? ves If yes, did the foundation process. Ves No b If yes, did the foundation process or have any net income attributable to the transaction? ves If yes, did the foundation process. Ves If yes, did the foundation process. Ves If yes, did the foundation process or have any net income attributable to the transaction? ves If yes If yes, did the foundation process. Ves If yes, did the foundation process or have any net income attributable to the transaction? ves If yes If yes, did the foundation process. Ves If yes, did the foundation process of the process o	b		pay	premiums, directly or ind	irectly, on a personal be	nefit contract?	No 6	ь	No
Title, and average hours provided to position of five highest-paid employees (other than those included on line 1—see instructions). Cantributions to achieve any proceeds or have any net income attributable to the transaction?		If "Yes" to 6b, file Form 8870		. , ,					
I List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) devoted to position (a) Name and address (b) devoted to position (c) Compensation (see instructions). (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred (e) other allowances (b) devoted to position (d) Contributions to employee benefit plans and deferred (e) other allowances (f) devoted to position (e) other allowances (f) Compensation (g) Compensation (g) Compensation (h) Compensation (g) Compensation (g) Compensation (g) Compensation (h) Comp	7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter trai	nsaction?	N.		
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) devoted to position 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (a) Title, and average hours per week (b) devoted to position (b) devoted to position (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) other allowances (f) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred plans and deferred compensation (g) Compensation (g) Contributions to employee benefit plans and deferred plans and defe	b	If yes, did the foundation receive any	y pro	ceeds or have any net in	come attributable to the	transaction?	NO 7	ь	
Title, and average hours per week (b) devoted to position See Additional Data Table 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) devoted to position Title, and average hours per week (b) devoted to position (c) Compensation (If not paid, enter compensation (d) Contributions to employee benefit plans and deferred compensation (e) other allowances Expense account, employee benefit plans and deferred compensation (e) other allowances (b) devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) other allowances (f) Contributions to employee benefit plans and deferred compensation (hours per week (b) devoted to position plans and deferred compensation (c) Compensation (d) Compensation (e) other allowances (e) other allowances	Pai	3 33. 7 A A A A B	ffic	ers, Directors, Trust	ees, Foundation Ma	nnagers, Highly Paid En	nploye	es,	
(a) Name and address International park and average hours per week (b) devoted to position International paid, enter Contributions to employee benefit plans and deferred compensation International paid, enter Contributions to employee benefit plans and deferred International paid, enter Interna	1	List all officers, directors, trustee	s, fo	oundation managers an	d their compensation	(see instructions).			
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation Expense account, (e) other allowances (b) devoted to position NONE		(a) Name and address	(1	hours per week	not paid, enter	Contributions to employee benefit plans and deferred			
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances	See /	Additional Data Table							
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances									
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances									
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances									
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances									
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances									
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances									
Name and address of each employee paid more than \$50,000 NONE Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) compensation Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances Contributions to employee benefit plans and deferred (d) other allowances		Compensation of five highest-pair	d en	nplovees (other than th	nose included on line 1	 L—see instructions). If no	 ne, ente	r "NONE	."
more than \$50,000 (b) devoted to position (d) compensation (e) other allowances NONE Total number of other employees paid over \$50,000.	N=	(a)		Title, and average		Contributions to employee benefit			
Total number of other employees paid over \$50,000	INC		ıu		(c) compensation		(e) oth	er allowa	inces
	NON								
	Tota	I number of other employees paid ove	r \$5	0,000					0
76 DD 11 (2020)						•	Form 9	990-PF	(2016)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	ucea, etc	
1		
2		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments (see	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation during t	ne tax year on lines 1 and 2	Amount
1		
2		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		▶ 0
<u> </u>		Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3b

4

5

153,665

153.665

152.852

Form 990-PF (2016)

813

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Page 9

151.343

17.981

133,362

Form **990-PF** (2016)

•	
XIII	

Form	990-PF	(201	6)
Pa	rt XIII		Und

b Total for prior years

XII, line 4 ▶ \$

indicated below:

a From 2011. **b** From 2012. c From 2013. . . **d** From 2014. e From 2015.

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). d Applied to 2016 distributable amount.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must

same amount must be shown in column (a))

90-PF (20	016)
XIII	Undistributed Income (see instructions)

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

 - Excess distributions carryover, if any, to 2016

(a)

Corpus

0

(b)

Years prior to 2015

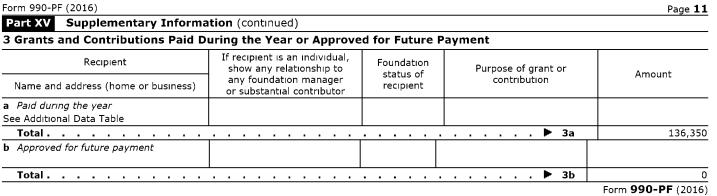
(c)

2015

135,684

135,684

See Additional Data Table



	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
_	and contracts from government agencies rship dues and assessments.					
3 Intere	st on savings and temporary cash					
	ments			14	86,780	
	tal income or (loss) from real estate				00,7.00	
	financed property					
	ebt-financed property					
	nvestment income			14	214	
	or (loss) from sales of assets other than			17	214	
	ory			18	19,658	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	revenue a					
b						
			0		106,655	(
3 Total.	Add line 12, columns (b), (d), and (e)			13		106,655
	heet in line 13 instructions to verify calculation Relationship of Activities to the		ment of Exem	nt Burnosos		
		c accompnion		pt Purposes		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions)	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		
Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	ıncome ıs reporte	d in column (e) of	f Part XVI-A contribut		

Part XVII	Exempt Organiz		msicis IU (and mansactio	iis aiiu Kelatio	nsinps with Noncila	IRabic		
	ganization directly or ind Code (other than section					n described in section 50 organizations?	1	Yes	No
a Transfers f	rom the reporting found	dation to a non	ncharitable ex	empt organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
b Other trans	sactions								
(1) Sales	of assets to a noncharit	able exempt o	organization.				1b(1)		No
	ases of assets from a no						1b(2)		No
	l of facilities, equipment	•					1b(3)		No
	oursement arrangement						1b(4)		No
```							1b(5)		No
` .			_				1b(6)		No
_	facilities, equipment, m		•				1c		No
						ways show the fair marked to less than fair market v			
	saction or sharing arran								
	<b></b>		1		(1) 5				
(a) Line No	(b) Amount involved	(c) Name of no	ncharitable exe	mpt organization	(a) Description of	transfers, transactions, and	maring arra	ngemen	ts
	idation directly or indire	•	•	•			_		
described i	n section 501(c) of the	Code (other th	nan section 50	O1(c)(3)) or in sect	ion 527?		∐ Yes	<b>✓</b> N	0
<b>b</b> If "Yes," co	emplete the following sc				•				
	(a) Name of organization	<u>1</u>	(1	<b>b)</b> Type of organization	on	(c) Description of re	ationship		
Unde	er penalties of perjury, I	declare that I	have examin	ed this return, incl	luding accompanyi	ng schedules and statem	ents, and	to the	best
	y knowledge and belief, h preparer has any knov		ect, and com	plete Declaration	of preparer (other	than taxpayer) is based	on all info	rmatior	n of
Jigii	n preparer nas any knov «****	wiedge		1	\ *****	May th	e IRS discu	cc thic r	oturn
Here	· * * * * * * · · · · · · · · · · · · ·			2017-05-09			ie 1K3 discu: ie preparer		
<b>                                     </b>	Signature of officer or tr	ustee		Date	Title	(see ır	str )? 🗹 🕻	res 🗆 N	lo
	Print/Type preparer's	name   P	reparer's Sigi	nature	Date	Check if self-			
						employed ▶ □	P00188	3889	
Paid	KIMBERLY ANDERS	ON			2017-05-04				
Preparer		TONI ADDOCUTE	. FN 115						
Use Only	Firm's name ► CLIFT	ONLARSONAL	LEN LLP			Firm'	s EIN ▶41	-07467	'49
OSC OIIIY	Firm's address ▶ 222	2 MAIN ST SUI	TE 200						
		CINE W7 ==:				Phon	e no (262	) 637-9	9351
	RAG	CINE, WI 534	U3			11011	(_3_	,	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (c) Compensation (If (a) Name and address Title, and average (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation KELLY BUCHHOLTZ DIRECTOR 2.000 0 1 00 840 LAKE AVENUE RACINE, WI 53403 JOHN ERSKINE JR 2,000 VICE PRESIDENT 1.00 840 LAKE AVENUE RACINE, WI 53403 HAROLD K CHRISTENSEN PRESIDENT 2,000 1 00 840 LAKE AVENUE RACINE, WI 53403

840 LAKE AVENUE RACINE, WI 53403	1 00			
MARY TURNER	DIRECTOR	2,000	0	0
840 LAKE AVENUE RACINE, WI 53403	1 00			
CAROL J CHRISTENSEN	DIRECTOR	2,000	0	0

3,000

2,000

0

0

**TREASURER** 

SECRETARY

1 00

1 00

JANET GRESCHNER

840 LAKE AVENUE RACINE, WI 53403 STEPHEN SMITH

840 LAKE AVENUE RACINE, WI 53403 a The name, address, and telephone number of the person to whom applications should be addressed

STEPHEN J SMITH
840 LAKE AVENUE
RACINE, WI 53403
(262) 632-7541

b The form in which applications should be submitted and information and materials they should include

NO SPECIAL FORM BUT ALL APPLICATIONS MUST BE SUBMITTED IN WRITING

c Any submission deadlines
NO PARTICULAR DEADLINES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 NO PARTICULAR RESTRICTIONS, ALTHOUGH GRANTS ARE NORMALLY MADE ONLY TO CHARITABLE ORGANIZATIONS IN RACINE, WI OR ABBOTSFORD, WI AREAS

orr	n 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
а	The name, address, and telephone number of the person to whom applications should be addressed
	HAROLD K CHRISTENSEN 840 LAKE AVENUE RACINE, WI 53403 (715) 223-6345
b	The form in which applications should be submitted and information and materials they should include
	NO SPECIAL FORM BUT ALL APPLICATION MUST BE SUBMITTED IN WRITING
С	Any submission deadlines
	NO PARTICULAR DEADLINES
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
	NO PARTICULAR RESTRICTIONS, ALTHOUGH GRANTS ARE NORMALLY MADE ONLY TO CHARITARLE ORGANIZATIONS IN RACINE, WLOR

ABBOTSFORD, WI AREAS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PC ABBOTSFORD BOY SCOUTS GENERAL SUPPORT 1,000 PO BOX 400 ABBOTSFORD, WI 54405 NONE PC ABBOTSFORD BROWNIES PO BOX 400 GENERAL SUPPORT 1.000 ABBOTSFORD, WI 54405 ABBOTSFORD CUB SCOUTS NONE PC GENERAL SUPPORT 1,000 PO BOX 400 ABBOTSFORD, WI 54405 ABBOTSFORD GIRL SCOUTS NONE PC GENERAL SUPPORT 1,000 PO BOX 400 ABBOTSFORD, WI 54405 NONE PC 4,000 ABBOTSFORD HS EDUCATION GENERAL SUPPORT **FOUNDATION** PO BOX 70 ABBOTSFORD, WI 54405 NONE PC **BOOKS** ABBOTSFORD PUBLIC LIBRARY 2,600 203 FIRST STREET ABBOTSFORD, WI 54405 NONE PC GENERAL SUPPORT ADULT LITERACY OF CLARK COUNTY 1,500 N7309 STERLING AVENUE NEILLSVILLE, WI 54456 NONE PC BETHANY APARTMENTS GENERAL SUPPORT 3.000 806 WISCONSIN AVENUE RACINE, WI 53403 CAMP FOREST SPRINGS NONE PC **SCHOLARSHIPS** 500 N8890 FOREST LANE WESTBORO, WI 54490 NONE PC CHRIST LUTHERAN CHURCH GENERAL SUPPORT 3,000 308 W LINDEN STREET ABBOTSFORD, WI 54405 NONE PC BUILDING PROJECT AND PARKS CITY OF ABBOTSFORD PO BOX 589 10,000 ABBOTSFORD, WI 54405 NONE PC COLBY PUBLIC LIBRARY GENERAL SUPPORT 2,500 211 W SPENCE STREET COLBY, WI 54421 COLBY-ABBOTSFORD POLICE NONE PC SUPPORT K-9 UNIT 2,000 **DEPARTMENT** 112 W SPRUCE STREET ABBOTSFORD, WI 54405 COMMUNITY UNITED PANTRY NONE PC GENERAL SUPPORT 2,000 W414 OAK ROAD COLBY, WI 54421 HALO INC (HOMELESS ASSISTANCE NONE PC OPERATING EXPENSES 6,000 LEADERSHIP ORG)

136,350

2000 DEKOVEN AVENUE RACINE, WI 53403

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount	
, ,	or substantial contributor	<b></b>		·	
a Paid during the year		<u> </u>		<b></b> '	
HOLY COMMUNION LUTHERAN CHURCH 2000 W 6TH STREET RACINE, WI 53405	NONE	PC	GENERAL SUPPORT/FOOD PANTRY/GRANT FOR CAPITAL FUND APPEAL	23,000	
INTERFAITH VOLUNTEER CAREGIVERS OF CLARK COUNTY INC 213 HILL STREET NEILLSVILLE, WI 54456	NONE	PC	GENERAL SUPPORT	1,000	
JANE CREMER FOUNDATION INC 5005 CRYSTAL SPG RACINE, WI 53406	NONE	PC	GETTING CANCER INFORMATION TO WOMEN IN RACINE	500	
MARSHFIELD CLINIC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449	NONE	PC	PROSTATE CANCER	1,000	
RACINE ARTS MUSEUM 441 MAIN ST RACINE, WI 53403	NONE	PC	GENERAL SUPPORT	900	
RACINE CHRISTIAN SCHOOL 912 VIRGINIA STREET RACINE, WI 53405	NONE	PC	GENERAL SUPPORT	1,000	
RACINE HABITAT FOR HUMANITY 1501 VILLA STREET RACINE, WI 53403	NONE	PC	KRUE36987 - 04/15/17 08 40AM WORKSHEET PRIVATE FOUNDATION	6,000	
RACINE LITERACY COUNCIL 734 LAKE AVENUE RACINE, WI 53403	NONE	PC	GENERAL SUPPORT	3,000	
RACINE LUTHERAN HIGH SCHOOL 251 LUEDTKE AVENUE RACINE, WI 53405	NONE	PC	GENERAL SUPPORT	3,000	
RACINE MUSIC TEACHERS ASSOCIATION 3524 WRIGHT AVE RACINE, WI 53405	NONE	NC	PIANO COMPETITION	750	
RACINE SYMPHONY ORCHESTRA ASSOCIATION INC PO BOX 1874 RACINE, WI 53401	NONE	PC	GENERAL SUPPORT	2,000	
RACINE THEATRE GUILD 2519 NORTHWESTERN AVE RACINE, WI 53404	NONE	PC	GENERAL SUPPORT	600	
RACINE YMCA 725 LAKE AVENUE RACINE, WI 53403	NONE	PC	YOUTH PROGRAM	2,500	
RIVER BEND NATURE CENTER 3600 N GREEN BAY ROAD RACINE, WI 53404	NONE	PC	GENERAL SUPPORT	3,000	
RONALD MCDONALD HOUSING - MARSHFIELD 803 W NORTH ST MARSHFIELD, WI 54449	NONE	PC	IN HONOR OF D SCHELLING	3,000	

Total .

136,350

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future P	ayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ST BERNANRD'S CATHOLIC CHURCH 101 W CEDAR STREET ABBOTSFORD, WI 54405	NONE	PC	GENERAL SUPPORT	1,000
ST CATHERINE'S HIGH SCHOOL 1200 PARK AVENUE RACINE, WI 53403	NONE	PC	GENERAL SUPPORT/TOWARDS LEARNING RESOURCE CENTER OPERATIONS	4,000
ST MARY'S CATHOLIC SCHOOL 209 S 2ND STREET COLBY, WI 54421	NONE	PC	GENERAL SUPPORT	3,000
ST MONICA'S SENIOR CITIZENS HOME 3920 N GREEN BAY ROAD RACINE, WI 53404	NONE	PC	GENERAL SUPPORT	26,500
ST PAUL'S LUTHERAN CHURCH 1131 N MERIDIAN STREET CURTISS, WI 54422	NONE	PC	GENERAL SUPPORT	1,000
STILLWATERS CANCER SUPPORT SERVICES 2607 N GRANDVIEW BLVD 110 WAUKESHA, WI 53188	NONE	PC	GENERAL SUPPORT	6,000
TOYS FOR TOTS 18251 QUANTICO GTWY DR TRIANGLE, VA 22172	NONE	PC	GENERAL SUPPORT	1,500
ZION LUTHERAN CHURCH 301 N 2ND STREET COLBY, WI 54421	NONE	PC	GENERAL SUPPORT	1,000

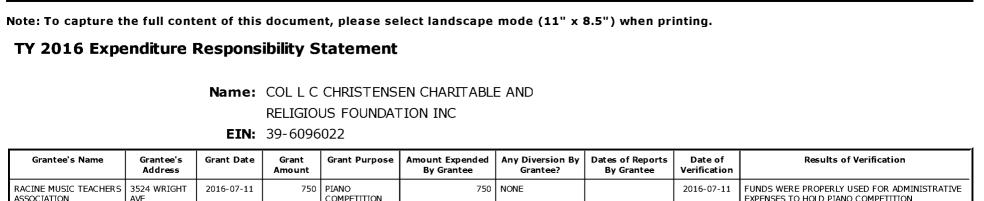
Total . 3a 136,350

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DI	N: 93491132029617		
TY 2016 Accounting Fees Schedule							
	Name: (	COL L C CHRI	STENSEN CHA	RITABLE AND			
	F	RELIGIOUS FO	OUNDATION IN	NC			
	<b>EIN:</b> 39-6096022						
Category	Amou	unt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

875

1,750

ACCOUNTING FEES



DLN: 93491132029617

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

RACINE, WI 53405

erile GRAPHIC print - DO NOT PROCESS	AS Filed Data -	DLN: 93491132029617

### **TY 2016 Investments Corporate Bonds Schedule**

Name: COL L C CHRISTENSEN CHARITABLE AND

RELIGIOUS FOUNDATION INC

<b>EIN:</b> 39-6096022				
Name of Bond	End of Year Book Value	End of Year Fair Market Value		
JANUS FLEXIBLE BOND FUND	141,750	139,109		
VERIZON COMMUNICATIONS NOTES CALLABLE	51,927	52,249		
MCDONALD'S CORP BONDS CALLABLE	30,092	30,252		
HEWLETT-PACKARD CO NOTES	50,680	52,329		
BURLINGTN NORTH SANTA FE NOTES	51,405	52,368		
YUM BRANDS INC NOTE CALL MAKE WHOLE	51,378	51,063		
AUTOZONE INC NOTE	52,113	52,475		
CVS HEALTH CORP SR NT	51,220	52,683		
KOHLS CORP NOTE CALL	52,931	51,886		
DIRECTV HLDGS	51,105	51,257		

## **TY 2016 Investments Corporate Stock Schedule**

Name: COL L C CHRISTENSEN CHARITABLE AND

RELIGIOUS FOUNDATION INC

**EIN:** 39-6096022

Name of Stock	End of Year Book Value	End of Year Fair Market Value	
JANUS FLEXIBLE BOND FUND	2,906	2,852	
INVESCO LTD COM	0	0	
AT&T INC	49,998	85,060	
ABBVIE INC COM	19,435	55,920	
AUTOMATIC DATA PROCESSING	46,952	102,780	
BRISTOL MYERS SQUIBB CO	34,151	87,660	
CHEVRON CORPORATION	27,360	94,160	
DOMINION RESOURCES INC	17,186	53,613	
GENUINE PARTS CO	37,000	57,324	
ILLINOIS TOOL WORKS INC	22,054	62,944	
INTEL CORP	51,409	81,608	
ISHARES TR INTRM GOV	243,485	241,670	
JOHNSON & JOHNSON	29,560	57,605	
MCDONALDS CORP	43,314	68,163	
MICROSOFT CORP	24,229	46,605	
NESTLE S A SPONSORED ADR	0	0	
NOVARTIS A G SPONSORED ADR	0	0	
PNC FINL SVCS GROUP	31,350	46,784	
PEPSICO INC	38,358	73,241	
VERIZON COMMUNICATIONS COM	50,503	80,070	
WALGREENS BOOTS ALLIANCE COM	27,619	62,070	
APPLE INC	32,179	52,698	
COCA COLA CO	0	0	
PROCTER & GAMBLE CO	46,112	50,027	
UNION PACIFIC CORP	30,347	31,104	
WELLS FARGO & CO NEW	57,876	68,171	
ISHARES CORE U.S. AGGREGATE BOND ETF	88,576	86,448	
AMGEN INC	31,965	28,950	
CHECK POINT SOFTWARE TECHNOLOGIES	32,199	33,362	
MEDTRONIC PLC	30,423	28,065	

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BOEING	30,669	33,160
CISCO SYS INC COM	28,303	30,220
HOME DEPOT INC	34,248	40,224
NEXTERA ENERGY INC	36,815	40,377
VISA INC	35,180	39,010
TRAVELERS COS INC	30,995	36,726
BERKSHIRE HATHAWAY INC	31,688	35,856
DUKE ENERGY CORP	29,138	30,505
EXXON MOBIL CORP	22,230	24,460
GENERAL ELECTRIC CO	30,656	31,663
ISHARES CORE S&P 500 ETF	89,907	92,921
PHILIP MORRIS INTL INC COM	31,271	28,911

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491132029617
TY 2016 Investments Governments			
Name:	COL L C CHRIS	STENSEN CHARITABLE AND	
	RELIGIOUS FO	DUNDATION INC	
EIN:	39-6096022		
US Government Securities - End of Year Book Value:		58,766	
US Government Securities - End of Year Fair Market Value:		57,671	
State & Local Government Securities - End of Year Book Value:		0	
State & Local Government Securities - End of Year Fair Market Value:		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491132029617
TY 2016 Investments - Other	Schedule		
11 2010 Investments Other	Screduc		
Name:	COL L C CHRISTE	NSEN CHARITABLE AND	
	RELIGIOUS FOUNI	DATION INC	

<b>EIN:</b> 39-6096022				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
JANUS FLEXIBLE BOND FUND	AT COST	19,374	19,013	

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLI	N: 93491132029617
TY 2016 Legal Fees Schedu	le	_		
_				
	RELIGIOUS	RISTENSEN CHARI FOUNDATION INC		
E1	I <b>N:</b> 39-6096022			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	7,131	3,566		3,565

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DL	N: 93491132029617		
TY 2016 Other Expenses Schedule						
Name:	COL L C CHRIST	TENSEN CHARITA	ABLE AND			
	RELIGIOUS FOU	JNDATION INC				
ETNI.	20 6006022					
EIN:	39-6096022					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INSURANCE	2,597	0		2,597		
MISCELLANEOUS	1,259	0		1,259		

eme ditarnic print - Do Not Fito	CLSS ASTITED Data -	DLN: 75471132027017				
TY 2016 Other Income Schedule						
Na	me: COLLC CHRISTENSEN CHAR	ITABLE AND				

RELIGIOUS FOUNDATION INC

ofile CPAPHIC print - DO NOT PPOCESS | As Filed Data -

Ot

	EIN:	39-6096022		
ther Income Schedule				

DIN: 03401132020617

Description

NON-DIVIDEND DISTRIBUTIONS

Revenue And

**Expenses Per Books** 

214

Net Investment Income

Adjusted Net Income

214

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491132029617	
TY 2016 Other Professional Fees Schedule					
Name: COL L C CHRISTENSEN CHARITABLE AND RELIGIOUS FOUNDATION INC EIN: 39-6096022					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT EXPENSE	15,304	15,304		0	

efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	-	DLI	N: 93491132029617
TY 2016 Taxes Schedule					
Name: COL L C CHRISTENSEN CHARITABLE AND RELIGIOUS FOUNDATION INC					
<b>EIN:</b> 39-6096022					
Category	А	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES		482	482		0
FEDERAL TAXES		2,236	0		0