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Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491144003047

2016

OMB No 1545-0052

# **Return of Private Foundation**

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

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.

Open to Public

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number EVANSVILLE HISTORICAL FOUNDATION 41-1680980 Number and street (or P O box number if mail is not delivered to street address) PO BOX 337 B Telephone number (see instructions) (218) 948-2010 City or town, state or province, country, and ZIP or foreign postal code EVANSVILLE, MN 56326  $\boldsymbol{\mathsf{C}}\$  If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end J Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) \$ 2,044,262 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment Adjusted net for charitable (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach 32.175 schedule) Check ▶ ☐ If the foundation is **not** required to attach 2 11.800 11.800 3 Interest on savings and temporary cash investments Dividends and interest from securities 8,224 8,224 Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 3,564 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 29,079 33,607 11 **Total.** Add lines 1 through 11 84,842 57,195 13 Compensation of officers, directors, trustees, etc 7.001 1,050 5.951 14 Other employee salaries and wages 7,259 7,259 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 3,910 2,607 1,303 Accounting fees (attach schedule) Other professional fees (attach schedule) [چە 1,612 1,040 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion إرجه 15,705 19 20 9.640 9.640 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) اروه 24,775 8.213 16,562 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 69.902 11,979 41,755 25 Contributions, gifts, grants paid 19,650 19,650 26 Total expenses and disbursements. Add lines 24 and 25 89,552 11,979 61,405 27 Subtract line 26 from line 12 Excess of revenue over expenses and -4,710 disbursements 45 216 Net investment income (If negative, enter -0-) **Adjusted net income**(If negative, enter -0-)

90,000

15,377

623,330

133,100

312,427

31

31

1,775,262

1,775,262

1,775,293

1,775,293

**%** 

90,000

15.377

629,370

133,100

332,880

1,770,598

46

1,770,552

1,770,552

1,770,598

2

3

4

5

6

1,775,262

1,770,552

1,770,552 Form 990-PF (2016)

-4,710

90,000

36,255

641,914

373,344

332,878

2,044,262

	5
	6
	7
$\mathbf{z}$	8
Assets	9
As	10a

b

c

11

12

13

14

15

16

17 18

19

20

21

22

23

24

25

28

29

30

31

Part III

2

3

Liabilities

Balances

Fund 26

5

Assets 27

Net

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule) ▶ 232,895

Less accumulated depreciation (attach schedule) ▶

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

Foundations that follow SFAS 117, check here ▶

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)

Enter amount from Part I, line 27a

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

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe -

Other liabilities (describe -

Unrestricted

Temporarily restricted

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) . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

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) .

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

Analysis of Changes in Net Assets or Fund Balances

Page 3

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a GOLDMAN SACHS M/C V	ALUE-INST		Р	2015-09-28	2016-07-25
<b>b</b> INTERNATIONAL BUS M.	ACHINE CORP		Р	2011-08-03	2016-07-22
С					
d					
e					
(e) Gross sales price	( <b>f)</b> Depreciation allowed (or allowable)	(g) other basis ense of sale	Gain ò	<b>h)</b> or (loss) j) minus (g)	
a1	5,498	98 16,000			
<b>b</b> 2	5,000		25,000		
c					
d					
е					
Complete only for assets	s showing gain in column (h) and ov	i			(I)
<b>(i)</b> F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col(ı) (յ), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a					-502
b					
С					
d					
e					_
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F		2	3,564
3 Net short-term capital o	gain or (loss) as defined in sections	1222(5) and (6)			<u> </u>
·	rt I, line 8, column (c) (see instruct	ions) If (loss), enter -0	}	3	
Part V Qualification U	Jnder Section 4940(e) for R	educed Tax on Net	Investment In	come	
-	rivate foundations subject to the se				
(, e, epaiema, ace 2, acm esace p		ionon io io(a) tan on iio		,	
If section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributant of qualify under section 4940(e) Do		ın the base period	,	es 🔽 No
<b>1</b> Enter the appropriate an	nount in each column for each year,	, see instructions before	making any entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution rat (col (b) divided by c	
2015	94,792		2,009,163		0 047180
2014	75,521		1,962,948		0 038473
2013	73,338		1,754,722		0 041795
2012	72,166		1,682,329		0 042896
2011	103,429		1,530,933		0 067559
2 Total of line 1, column (	•		2		0 237903
_	for the 5-year base period—divide		, or by the 3		0 047581
	ndation has been in existence if less ncharitable-use assets for 2016 from		: : : : 4		2,011,561
5 Multiply line 4 by line 3		•	5	1	95,712
• • • • • •	ent income (1% of Part I, line 27b)		6	1	452
					96,164
	ons from Part XII, line 4 ,				97,567
	eater than line 7, check the box in P			ig a 1% tax rate Se	
				Fo	orm <b>990-PF</b> (2016)

5a	During the year did the foundation p	ay o	r incur any amount to							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?										
	(2) Influence the outcome of any sp	ecifi	c public election (see sect	tion 4955), or to carry		1es	<u> </u>	•		
	on, directly or indirectly, any vo	ter re	egistration drive?			☐ Yes	<b>V</b>	lo		
	(3) Provide a grant to an individual	for t	avel, study, or other sım	ılar purposes?		Yes		10		
	(4) Provide a grant to an organization	on ot	her than a charitable, etc	, organization described	1	1es	<u> </u>	•		
	ın section 4945(d)(4)(A)? (see instructions)									
(5) Provide for any purpose other than religious, charitable, scientific, literary, or										
	educational purposes, or for the	prev	ention of cruelty to childi	ren or anımals?		☐ Yes	<b>✓</b> N	ما		
b	If any answer is "Yes" to $5a(1)-(5)$ ,	dıd a	any of the transactions fa	al to qualify under the ex	ceptions des	cribed in	<u> </u>	•		
	Regulations section 53 4945 or in a	curre	ent notice regarding disas	ter assistance (see instru	uctions)?			51	<b>o</b>	
	Organizations relying on a current n	otice	regarding disaster assist	ance check here		▶	П			
С	If the answer is "Yes" to question 5a	a(4),	does the foundation clain	n exemption from the						
	tax because it maintained expenditu	ire re	sponsibility for the grant	<sup>?</sup>		☐ Yes		lo		
	If "Yes," attach the statement requir	red b	y Regulations section 53	4945-5(d)		res	ш '	•		
<b>6</b> a	Did the foundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premit	ıms on					
	a personal benefit contract?					□ v <sub>==</sub>	<b>✓</b> ,			
b	Did the foundation, during the year,	pay	premiums, directly or inc	lirectly, on a personal be	nefit contract	:? <b>tes</b>		6	,	No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, was	s the	foundation a party to a p	prohibited tax shelter trai	nsaction?	□ vas	<b>✓</b> ,	lo l		
b	If yes, did the foundation receive an	y pro	ceeds or have any net in	come attributable to the	transaction?		, <u>L</u>	7	<b>,</b>	
	Information About C	offic	ers, Directors, Trust	tees, Foundation Ma	nagers, H	ighly Pai	d Em	ployee	s,	
Pal	t VIII and Contractors									
1	List all officers, directors, trustee	es, fo	oundation managers ar	nd their compensation	(see instru	ctions).				
			Title, and average	(c) Compensation (If		(d)				
	(a) Name and address		hours per week	not paid, enter	Contribution				ense ac	•
		(1	<b>b)</b> devoted to position	-0-)	benefit plar comp	ensation	irred	d (e) other allowances		
See /	Addıtıonal Data Table				'					
		1								
2	Compensation of five highest-pai	id en	nplovees (other than t	l hose included on line 1	∟ L−see instrı	ıctions). I	If none	e, ente	· "NONE	."
						tributions t		•		
N.a	(a) me and address of each employee pa	ud	Title, and average hours per week	(c) Compensation		loyee bene			ense acc	
	more than \$50,000		(b) devoted to position	, , ,		and deferi npensatior		(e) oth	er allowa	inces
NON					(4) (6)	препзастог	<u>'</u>			
IVOIVI	<del>-</del>									
					+					
					+					
					+					
Tete	I number of other confessor and as	or 45	0.000							
TOTA	number of other employees paid over	=i þɔ	0,000			. •		- 0	00 05	(2016)

Page **6** 

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releving anizations and other beneficiaries served, conferences convened, research papers productions.	ced, etc	Expenses
1 MAINTENANCE AND OPERATION OF HISTORICAL SITE GRANTS TO NON-PI ORGANIZATIONS ESTIMATED NUMBER OF PEOPLE SERVED IN YEAR 2016		61,347
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	_
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
<b>1</b> N/A		
2		
All other program-related investments See instructions		
Total. Add lines 1 through 3		
		Form <b>990-PF</b> (2016)

1b

2

За 3b

4

5

36,162

97.567

97,115

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452

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

income Enter 1% of Part I, line 27b (see instructions).

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

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

b

2

3

4

5

2 Undistributed income, if any, a Enter amount for 2015 only. **b** Total for prior years

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

XII, line 4 > \$

indicated below:

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 d Applied to 2016 distributable amount. . . . .

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

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 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) . . .

same amount must be shown in column (a) )

Page 9

100.126

97,567

2,559

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## Part XIII Undistributed Income (see instructions) Corpus 1 Distributable amount for 2016 from Part XI, line 7

Undistributed income, if any, as of the end of 2016					
Enter amount for 2015	only				
Total for prior years	20				
Excess distributions carryover, if any, to 2016					
	1 0 ===0				

f Total of lines 3a through e. . . . . . .

2,559

(a)

2,559

(b)

Years prior to 2015

(c)

2015

ln/a

N/A

N/A

IN/A

EVANSVILLE SCHOOL DIST

EVANSVILLE, MN 56326

EVANSVILLE, MN 56326

EVANSVILLE, MN 56326

**b** Approved for future payment

CITY OF EVANSVILLE

**EVANSVILLE ARTS COALITION** 

PO BOX 123 123 2ND AVE

PO BOX 68 111 MAIN ST

P O BOX 265 106 STATE STREET EVANSVILLE, MN 56326 AMERICAN LEGION POST 188

PO BOX 413

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount	
a Paid during the year					

GOV

PC

GOV

501(C)(19)

3b

EQUIPMENT & ED PROGRAMS

**IACTIVITIES** 

CONTRIBUTION

YOUTH PROGRAM

ICONTRIBUTION

800 19,650

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Page **11** 

14,350

2,500

2,000

orm 990-PF (2016)  Part XVI-A Analysis of Income-Producing	Activities				Page <b>1</b> 2
nter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a					
b					
c					
d e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash					
Investments  4 Dividends and interest from securities			14	11,800 8,224	
5 Net rental income or (loss) from real estate			14	6,224	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			15	33,026	
<b>B</b> Gain or (loss) from sales of assets other than				<u> </u>	
inventory			18	3,564	
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory					
1 Other revenue					
a OIL WORKING INT-IL(INHERITED)	211110	24,051			
<b>b</b> OIL WORKING INT (INHERITED)	211110	7,635			
c LESS OPERATING EXPENSE	211110	-36,214			
d utah state tax refund			15	581	
e					
<ul><li>2 Subtotal Add columns (b), (d), and (e).</li><li>3 Total. Add line 12, columns (b), (d), and (e).</li></ul>		-4,528		57,195	52,667
See worksheet in line 13 instructions to verify calculation				3	32,007
Part XVI-B Relationship of Activities to the	e Accomplishn	nent of Exemp	pt Purposes		
Explain below how each activity for which the accomplishment of the foundation's exinstructions )					
		<u> </u>			
					_

. ,	,,
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
/II	Exempt Organizations
	Exempt Organizations

Part XVII	Information Re		ansfers To a	and Transaction	ns and Relatio	nships With Non	charitable		
	ganization directly or in Code (other than sectio						n 501	Yes	No
a Transfers	from the reporting foun	dation to a nor	- ncharitable ex	empt organization	of	_			
(1) Cash							.  1a(1)		No
<b>(2)</b> Other	rassets						. 1a(2)		No
<b>b</b> Other tran	sactions								
	of assets to a nonchar	•	-				. 1b(1)		No
(2) Purch	nases of assets from a n	oncharitable e	xempt organi	zation			. 1b(2)		No
(3) Renta	al of facilities, equipmer	nt, or other ass	sets				. 1b(3)		No
<b>(4)</b> Reim	bursement arrangemen	ts					. 1b(4)		No
	s or loan guarantees.						. 1b(5)		No
• •	mance of services or m	•	-				. 1b(6)		No
_	facilities, equipment, n		· ·						No
of the goo	wer to any of the above ds, other assets, or sernsaction or sharing arra  (b) Amount involved	vices given by ngement, shov	the reporting w in column (c	foundation If the f	oundation receive goods, other asse	d less than fair mark	et value ed	ngemen	ıts
(2) 2	(b) runounc involved	(c) Hame of the	onenancable exe	pt organization	(u) Beschiperent et	transfers, transactions,	and sharing arra	igeinen	-
									_
				+					
described	ndation directly or indire in section 501(c) of the omplete the following so	Code (other t	•	•	, ,		. 🗆 Yes	<b>✓</b> N	o
D II Tes, C	omplete the following so (a) Name of organization		1 (	<b>b)</b> Type of organizatio	n	(c) Description	of relationship		
							•		
of m	er penalties of perjury, ny knowledge and belief th preparer has any kno	, it is true, cor							
	*****			2017-05-23	*****		ay the IRS discus ith the preparer s		
7	Signature of officer or ti	rustee		Date	Title		see instr )? 🗹 Y		
	Print/Type preparer's	name F	Preparer's Sigi	nature	Date	Check if self- employed ▶ □	TIN P00747	504	
Paid Proparer	LARRY D NICHOLS				2017-05-24	p.0,00 P			
Preparer Use Only	Thin Shamer Both	HRING WINDE	RS & CO LLP			F	irm's EIN ▶37-	-12067	'17
JJC Jilly		01 LAFAYETTE	AVE						
	MATTOON, IL 619383925 Phone no (217) 235-0377								

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address (c) Compensation (If (d) Title, and average Expense account, not paid, enter hours per week Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN HANSON PRESIDENT 0 0 50 PO BOX 337 EVANSVILLE, MN 56326 DIRECTOR LYLE SANSTEAD 0 0 50 PO BOX 337 EVANSVILLE, MN 56326 MONTY CARLSON 0 0 VICE PRES

PO BOX 337 EVANSVILLE, MN 56326	0 50			
SUSANNE ANDERSON	DIRECTOR	0	0	0
PO BOX 337 EVANSVILLE, MN 56326	0 50			
EME QUINN	DIRECTOR	0	0	0
PO BOX 337	0 50			

SUSANNE ANDERSON	DIRECTOR	0	0	0
PO BOX 337 EVANSVILLE, MN 56326	0 50			
EME QUINN	DIRECTOR	0	0	0
PO BOX 337 EVANSVILLE, MN 56315	0 50			

EVANSVILLE, MIN 30320				
EME QUINN	DIRECTOR	0	0	0
PO BOX 337 EVANSVILLE, MN 56315	0 50			
WARREN ERICKSON	DIRECTOR	0	0	0
PO BOX 337	0 50			

PO BOX 337 EVANSVILLE, MN 56315	0 50			
WARREN ERICKSON	DIRECTOR	0	0	
PO BOX 337 EVANSVILLE, MN 56326	0 50			

WARREN ERICKSON	DIRECTOR	0	0	
PO BOX 337 EVANSVILLE, MN 56326	0 50			
VIRGINIA NELSON	SECRETARY	0	0	

PO BOX 337 EVANSVILLE, MN 56326	0 50			
VIRGINIA NELSON	SECRETARY	0	0	
PO BOX 337	0 50			

7,001

0

**TREASURER** 

10 00

EVANSVILLE, MN 56326

EVANSVILLE, MN 56326

PATRICIA NITZ

PO BOX 337

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -			DLN: 93491144003047	
TY 2016 Accounting Fees Schedule							
_							
	Name:	EVANSVI	LLE HISTO	RICAL F	OUNDATION		
	EIN:	41-16809	980				
Category	Amo	ount	Net Inve Inco		Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING AND OTHER FEES		3,910		2,607		1,303	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2016 Depreciation Schedule**

Name: EVANSVILLE HISTORICAL FOUNDATION

**EIN:** 41-1680980

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
ORIGINAL CENTER	1990-09-01	25,634	16,210	S/L	40 0000	641			
SCHOOL HOUSE	1990-12-01	30,338	18,987	S/L	40 0000	758			
JOHANSON HOUSE	1990-09-01	15,000	9,484	S/L	40 0000	375			
LOT	1990-09-01	4,500							
LOG CABIN	1990-10-01	3,300	2,087	S/L	40 0000	82			
OFFICE EQUIPMENT	1990-09-01	2,500	2,500	S/L	7 0000				
STOVE & EQUIPMENT	1991-08-01	135	135	S/L	7 0000				
LOG CABIN IMPROVEMENTS	1991-11-01	39,266	23,687	S/L	40 0000	982			
CHURCH	1993-01-01	40,326	22,334	S/L	40 0000	1,008			
PICTURES	1993-12-16	420	420	S/L	10 0000				
PICTURES	1993-11-29	498	498	S/L	10 0000				
COPIER	1995-06-05	1,422	1,422	S/L	10 0000				
TOWN HALL BUILDING	1995-01-01	13,780	7,022	S/L	40 0000	344			
HEATER	1996-03-06	118	118	S/L	7 0000				
VACUUM CLEANER	1998-04-21	150	150	S/L	7 0000				
SIDING - HOUSE	1998-10-01	1,518	664	S/L	40 0000	38			
FURNACE - (2)	1999-06-01	4,687	4,687	S/L	7 0000				
FUEL TANK	1999-10-01	459	459	S/L	7 0000				
FENCE	1999-07-01	831	831	S/L	7 0000				
CHURCH SIDING	2001-05-10	4,151	1,523	S/L	40 0000	103			

DLN: 93491144003047

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
SCHOOL FLOOR REPAIRS	2001-10-05	2,197	783	S/L	40 0000	55			
JOHANSON HOUSE IMPROVEMENT	2003-04-15	15,720	5,011	S/L	40 0000	393			
COMPUTER	2003-10-01	750	750	200DB	7 0000				
DESK	2003-10-01	430	430	200DB	7 0000				
PRINTER	2003-10-01	1,945	1,945	200DB	7 0000				
JOHNSON HOUSE (PARSONAGE)	2004-04-02	12,016	3,530	S/L	40 0000	300			
FURNACE	2006-12-09	7,492	4,537	S/L	15 0000	499			
TOWN HALL ADDITIONS	2006-07-01	22,451	5,332	S/L	40 0000	561			
TANGIBLE OIL EQUIPMENT - ILLINOIS	2006-07-01	1,792	1,792	S/L	7 0000				
BUILDING RENOVATIONS	2007-08-30	4,283	892	S/L	40 0000	107			
OFFICE EQUIPMENT	2007-06-22	3,900	3,900	S/L	5 0000				
OIL EQUIPMENT- IL	2008-07-01	2,570	2,570	S/L	7 0000				
STAGE/AMPHITHEATRE	2008-07-01	1,099	1,099	S/L	7 0000				
OIL EQUIPMENT- LA	2008-07-01	38,437	38,437	S/L	7 0000				
OIL EQUIPMENT-LA	2009-07-01	6,625	6,152	S/L	7 0000	473			
COPIER	2009-03-17	817	817	S/L	5 0000				
SIGN	2009-11-21	140	122	S/L	7 0000	18			
OIL EQUIPMENT	2010-12-31	1,102	1,102	S/L	7 0000				
BUILDING RENOVATIONS- ROOFING	2010-12-09	4,692	596	S/L	40 0000	118			
DECK	2011-06-30	12,361	5,562	S/L	10 0000	1,237			

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OIL EQUIPMENT	2011-06-30	1,278	822	S/L	7 0000	182			
ELMER HOUSE	2012-10-01	81,536	6,625	S/L	40 0000	2,038			
ELMER HOUSE - LAND	2012-10-01	10,000							
OIL EQUIPMENT - IL	2012-07-01	4,994	2,497	S/L	7 0000	714			
LAND IMPROVEMENTS	2012-10-16	20,601	3,262	S/L	20 0000	1,030			
OIL EQUIPMENT - IL	2013-07-01	835	298	S/L	7 0000	119			
COMPUTER/PRINTER	2013-08-29	1,047	489	S/L	5 0000	209			
PHOTO STAND	2013-05-13	1,819	970	S/L	5 0000	364			
AC/FURNACE	2013-09-27	5,734	323	S/L	40 0000	143			
REMODELING	2013-10-01	9,202	518	S/L	40 0000	230			
MAIN OFFICE - BATHROOM	2014-05-06	2,463	103	S/L	40 0000	61			
SECURITY SYSTEM	2014-05-13	21,619	1,802	S/L	20 0000	1,081			
ELMER HOUSE - REMODEL	2014-05-29	14,230	563	S/L	40 0000	356			
JOHANSON HOUSE - REMODEL	2014-06-10	1,988	79	S/L	40 0000	49			
OIL EQUIPMENT	2014-07-01	633	136	S/L	7 0000	90			
ELMER HOUSE - WINDOWS & SIDING	2015-09-01	11,451	95	S/L	40 0000	287			
ELMER HOUSE - FURNACE	2015-12-03	5,663	12	S/L	40 0000	141			
JOHANSON - FURNACE	2015-12-03	4,065	8	S/L	40 0000	102			
COMPUTER	2015-06-10	601	9	S/L	40 0000	15			
LANDSCAPING/SIGN	2016-11-01	36,162		S/L	15 0000	402			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491144003047					
TY 2016 Investments Corporate Bonds Schedule							
, ,, , , , , , , , , , , , , , , ,							

341,662

332,386

# Name: EVANSVILLE HISTORICAL FOUNDATION **EIN:** 41-1680980

SECURIAN TRUST CO. ENDOWMENT

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BREMER ACCOUNT	296,984	300,252

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491144003047			
TY 2016 Investments Corporate Stock Schedule						
Name:	EVANSVILLE HIST	ORICAL FOUNDATION				

<b>EIN:</b> 41-1680980		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
TEXTRON	11,150	19,424

CHEVRON

16,831

4,227

TY 2016 Investments - Other	Schedule
Name:	EVANSVILLE HISTORICAL FOUNDATION

DLN: 93491144003047

<b>EIN:</b> 41-1680980					
Category/ Item	Book Value	End of Year Fair Market Value			
OIL WELL INTERESTS	AT COST	133,100	373.344		

44 4 6 0 0 0 0 0

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TY 2016 Land, Etc. Schedule		

Name: EVANSVILLE HISTORICAL FOUNDATION ETN: 41 1600000

EIN: 41-1000900				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS AND EQUIPMENT	493,008	177,510	315,498	315,496
OIL TANGIBLE EQUIPMENT	58,267	55,385	2,882	2,882
LOT	14,500		14,500	14,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491144003047	
TY 2016 Other Expenses Schedule					
Name:	EVANSVILLE HIS	STORICAL FOUN	DATION		
EIN:	41-1680980				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					
SUPPLIES	1,485			1,485	

5,814

3,875

2,601

508

349

37

1,487

7,693

520

7,693

5,814

3,875

2,081

508

349

37 1,487

CONTRACT LABOR

**MISCELLANEOUS** 

OFFICE EXPENSE

MAINTENANCE

COMMISSIONS

**INSURANCE** 

DUES

**FEES** 

•		t and the second		
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
	Books			Purposes

Other Expenses Schedule

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	DLN: 93491144003047

### TY 2016 Other Income Schedule

Name: EVANSVILLE HISTORICAL FOUNDATION

**EIN:** 41-1680980

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OIL ROYALTIES	35,648	35,648	
LESS TAX AND OTHER	-2,622	-2,622	
OIL WORKING INT-IL(INHERITED)	24,051		
OIL WORKING INT (INHERITED)	7,635		
LESS OPERATING EXPENSE	-36,214		
UTAH STATE TAX REFUND	581	581	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491144003047		
TY 2016 Other Liabilities Schedule						
Name: EVANSVILLE HISTORICAL FOUNDATION						
<b>EIN:</b> 41-1680980						
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
PAYROLL LIABILITIES			31	46		

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data		DLI	N: 93491144003047			
TY 2016 Taxes Schedule							
Name: EVANSVILLE HISTORICAL FOUNDATION							
			MUNICIA				
	<b>EIN:</b> 41-1680980						
Category	Amount	Net Investment	Adjusted Net	Disbursements			
		Income	Income	for Charitable			
Purposes							
PAYROLL TAXES	1,091	109		982			
REAL ESTATE TAXES	521			58			

efile GRAPHIC print -	OO NOT PROCESS As Filed Data -			DLN: 93491144003047			
Schedule B (Form 990, 990-EZ,	Schedule of Co	ntributors		OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www irs gov/form990</u> .						
Name of the organizat EVANSVILLE HISTORICA			Employer ide	entification number			
			41-1680980				
Organization type (ch	eck one)						
Filers of:	Section:	Section:					
Form 990 or 990-EZ	Form 990 or 990-EZ 501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>n</b> o	ot treated as a private foundati	on				
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation							
					141	ation filing Form 990, 990-EZ, or 990-PF that receiv r property) from any one contributor Complete Part	
Special Rules							
under sections received from a	tion described in section 501(c)(3) filing Form 990 o 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedu ny one contributor, during the year, total contribution ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I a	le A (Form 990 or 990-EZ), Pa ns of the greater of <b>(1)</b> \$5,000 c	irt II, line 13, 1	l6a, or 16b, and that			
during the year,	tion described in section 501(c)(7), (8), or (10) filing total contributions of more than \$1,000 exclusively the prevention of cruelty to children or animals. Con	for religious, charitable, scientif					
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing contributions exclusively for religious, charitable, et cked, enter here the total contributions that were re complete any of the parts unless the <b>General Rule</b> , ble, etc., contributions totaling \$5,000 or more during the contributions totaling.	c , purposes, but no such contr ceived during the year for an e. applies to this organization be	ributions total exclusively reli ecause it rece	ed more than \$1,000 gious, charitable, etc , ived <i>nonexclusively</i>			
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the it <b>must</b> answer "No" on Part IV, line 2, of its Form 9 form 990PF, Part I, line 2, to certify that it does not it.	990, or check the box on line H	l of its				
For Paperwork Reduction for Form 990, 990-EZ, or 9		30613X Schedule	е В (Form 990,	990-EZ, or 990-PF) (2016)			

Schedule B (Form	1 990, 990-EZ, or 990-PF) (2016)		Page <b>2</b>
Name of organiza EVANSVILLE HISTO	ation DRICAL FOUNDATION	Employer identification 41-1680980	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALF THOMPSON TRUST FIRST MID-ILLINOIS BANK & TRUST		Person 🗸 Payroll 🖂
	PO BOX 529	\$ 32,100	Noncash
	MATTOON, IL61938		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		<u>s</u>	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
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions )

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
Name of organizatio EVANSVILLE HISTORIC		Employer ident	ification number
		41-16	580980
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organization EVANSVILLE HISTORICAL FOUNDATION			Employer identification number 41-1680980
than \$1, organiza the year	000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(b) Fullpose of gift	(c) ose or gift	(u) Description of now girt is field
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)