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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

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

For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number ABIDING SERVANT FOUNDATION, 46-2810151 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 9885 BAKER LAKE RD 715-550-0777 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 54548 MINOCQUA, WI G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization; E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here **▶**\$ 41 , 737 . (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 20,950. N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net inco Net short-term capit gain OCT 25 2017 Income modifica 10a Gross sales less re and allowances b Less Cost of good c Gross profit or (less) 11 Other income 0 20,950 12 Total Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 1 950. 0. 950 **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 950 0. 950. expenses. Add lines 13 through 23 40,500. 40,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0. 41,450 41,450. Add lines 24 and 25 27 Subtract line 26 from line 12: -20,500. 2 Excess of revenue over expenses and disbursements Ō. b Net investment income (if negative, enter -0-) N/A

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c Adjusted net income (if negative, enter -0-)

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Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

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

| 11 | 165, the loundation does not quality under | Section 4340(c). Do not complete this par | · L. | | |
|----|---|---|--|---|---|
| 1 | Enter the appropriate amount in each colu | mn for each year; see the instructions before | ore making any entries. | | |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | | (d) Distribution ratio (col. (b) divided by col. (c)) |
| | 2015 | 106,001. | 19,173. | | 5.528660 |
| | 2014 | 39,861. | 20,509. | | 1.943586 |
| _ | 2013 | 12,762. | 5,240. | | 2.435496 |
| | 2012 | | | | |
| | 2011 | | | | |
| 2 | Total of line 1, column (d) | | | 2 | 9.907742 |
| 3 | Average distribution ratio for the 5-year ba the foundation has been in existence if less | 3 | 3.302581 | | |
| 4 | Enter the net value of noncharitable-use as | 4_ | 55,948. | | |
| 5 | Multiply line 4 by line 3 | | | 5 | 184,773. |
| | | | | 1 | |

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.

184,773.

41,450.

0.

7 Add lines 5 and 6

See the Part VI instructions.

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

| | 1990-PF (2016) ABIDING SERVANT FOUNDATION, INC. | <u>46</u> | <u>-281(</u> | 151 | | Page 4 |
|-----------|---|--------------|--------------|---------------|-------|------------|
| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 | - see ii | ารtru | ction | s) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | İ | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | | | 0. |
| | of Part I, line 27b | | | | | |
| _0 | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | <u> </u> | | | 0. |
| 3 | Add lines 1 and 2 | 3 | † | | - | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | ö. |
| 6 | Credits/Payments: | ļ. " | : | - | | |
| - | 2016 estimated tax payments and 2015 overpayment credited to 2016 | | × . | | * | |
| | Exempt foreign organizations - tax withheld at source 6b | 1 | * | _ | × | ** |
| | Tax paid with application for extension of time to file (Form 8868) 6c | ┪ | | × | | |
| | Backup withholding erroneously withheld 6d | - ; | | 12 | , | |
| 7 | | + | | | _ | |
| | · · · · · · · · · · · · · · · · · · · | 7 | ╁ | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | + | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | —— |
| III De | Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ► Int VII-A Statements Regarding Activities | 11 | | | | |
| | | | | | V | L N L = |
| 18 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervent | e in | | <u> </u> | Yes | |
| | any political campaign? | | | 1a | | X |
| D | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition | • | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish | ed or | | | | |
| | distributed by the foundation in connection with the activities. | | | | , | |
| | Did the foundation file Form 1120-POL for this year? | | | 1c | | Х |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0. | _ | | `. | | _ |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. ► \$O. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | Х |
| _ | If "Yes," attach a detailed description of the activities. | | | ļ | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | r | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | _ | _ , _ | 4a | | <u>X</u> _ |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | L | 1/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | 1 | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | , | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | | | |
| | remain in the governing instrument? | | | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | , | | 7 | Х | |
| | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | KY | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | ndar | | | T | , |
| | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | MTE | | 10 | Х | |
| | | | For | m 99 0 | -PF | 2016) |

| Pa | irt VII-A Statements Regarding Activities (continued) | | | |
|----|--|----------------|------|---------------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | <u> </u> |
| | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | <u> </u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | _X | |
| | Website address ► N/A The books are in care of ► MARTIN SMITH Telephone no. ► 715-55 | 0 0 | 777 | |
| 14 | The books are in care of ► MARTIN SMITH Located at ► 9885 BAKER LAKE RD, MINOCQUA, WI ZIP+4 ► 54 | | 111 | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | 340 | | $\overline{}$ |
| 15 | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | ш |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| | foreign country | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? Yes X No 13) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | κ, | | |
| | (6) | , | | |
| | (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | | 4 | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | , | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | لـــِــا |
| | before the first day of the tax year beginning in 2016? | 1c_ | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | , | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No | , | | |
| | 33,000 = 3,000 | * | , | |
| ŀ | If "Yes," list the years,,,, | `` | , | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) | 2b | | |
| C | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | × |
| | > | | | |
| 38 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| t | b if "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | 3b | | |
| 4. | Form 4720, to determine if the foundation had excess business holdings in 2016) a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | x |
| 46 | b Did the foundation invest during the year any amount in a mariner that would jeopardize its charitable purposes. b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 10 | | |
| ' | had not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4b | | X |
| | Fo | rm 99 0 |)-PF | (2016) |

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|--|---|--|---|----------------------------|
| Part VII-B Statements Regarding Activities for Which Fo | orm 4720 May Be R | equired _{(contini} | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | ··· | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | Ye | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); or | to carry on, directly or indire | | | |
| any voter registration drive? | | | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | Ye | s X No | |
| . (4) Provide a grant to an organization other than a charitable, etc., organization | described in section | , | | |
| 4945(d)(4)(A)? (see instructions) | | ·- - | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | |
| the prevention of cruelty to children or animals? | | · · · · · · · · · · · · · · · · · · · | s X No | .* |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc | | n Regulations | ,,,, L | |
| section 53.4945 or in a current notice regarding disaster assistance (see instruc | | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check he | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | |
| expenditure responsibility for the grant? | | 1/A 16 | s L No | |
| If "Yes," attach the statement required by Regulations section 53.4945-6a Did the foundation, during the year, receive any funds, directly or indirectly, to provide the foundation of the statement of the section of the statement of the statement of the section 53.4945-6a. | | | | |
| | Jay premiums on | □ v _e | s X No | |
| a personal benefit contract?b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | erconal honefit contract? | L 16 | | 5b X |
| | ersonal benefit contract. | | - - | 7 2 |
| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | □ Ye | s X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b |
| Part VIII Information About Officers, Directors, Truste | es, Foundation Mar | nagers, Highly | 12 | |
| Paid Employees, and Contractors | | | | |
| 1 List all officers, directors, trustees, foundation managers and their of | | | | |
| /-> Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deterred compensation | (e) Expense account, other |
| (a) Name and address | to position | enter -0-) | compensation | allowances |
| | PRESIDENT | | | |
| 9885 BAKER LAKE RD | 1 00 | | | • |
| MINOCQUA, WI 54548 | 1.00 SECRETARY | 0. | 0. | 0. |
| 111111111111111111111111111111111111111 | SECRETARY | | | |
| 9885 BAKER LAKE RD | 1.00 | 0. | 0. | 0. |
| MINOCQUA, WI 54548 | DIRECTOR | ļ · · | <u> </u> | |
| GORDON MAGEE 2253 AIR PARK RD | DIRECTOR | | | |
| | 1.00 | 0. | 0. | 0. |
| RHINELANDER, WI 54501 | 1.00 | | | |
| | 1 | | | |
| | 1 | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | |
| () Now and address of each ampleues paid mare than \$50,000 | (b) Title, and average | (a) Componention | (d) Contributions to employee benefit plans | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | allowances |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| * | 1 | | | |
| | | | | |
| | 4 | | | |
| | | | | |
| | - | | | |
| | I ., | <u> </u> | | |
| Total number of other employees paid over \$50,000 | | | | 0 |

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|---|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued) | oundation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If no | ne, 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 rele | vant statistical information such as the | Evnance |
| number of organizations and other beneficiaries served, conferences convened, research particularly served. | apers produced, etc. | Expenses |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | 7.41./ |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the t | ax year on lines 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | · |
| Total. Add lines 1 through 3 | | 0. |

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| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | idations, s | ee instructions.) |
|----|---|----------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| · | A second to the | 1a | 0. |
| b | | 1b | |
| _ | Fair market value of all other assets | 1c | |
| d | | 1d | 56,800. |
| e | | | |
| · | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 56,800. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 852. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 55,948. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,797. |
| _ | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | d certain | |
| | foreign organizations check here and do not complete this part.) | - • | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 2,797. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | | |
| C | | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 2,797. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,797. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 2,797. |
| P | art XII Qualifying Distributions (see instructions) | , | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | <u> </u> | 41 450 |
| а | - F | 1a | 41,450. |
| | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | | 3a | |
| b | · · · · · · · · · · · · · · · · · · · | 3b | 41 450 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 41,450. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | _ | • |
| | income. Enter 1% of Part I, line 27b | 5 | 0. 41,450. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years. | ualifies for t | ne section |

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|---|--|---|---|---|
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | 2,797. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | |
| a Enter amount for 2015 only | | | 0. | ٠, |
| b Total for prior years: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | * | , , |
| , , | « ^ <u></u> y | 0. | , , | ٧., |
| 3 Excess distributions carryover, if any, to 2016: | | , | ,` | * |
| a From 2011 | | , , , | , , | * * * |
| b From 2012 | <i>`</i> , , , , , , , , , , , , , , , , , , , | , , | , | , |
| c From 2013 12,621. | , , , | , , , , | * _ * _ | · |
| d From 2014 38,836. | ` | | | , i |
| e From 2015 105,042. | | • | | , , |
| f Total of lines 3a through e | 156,499. | | | ` ` ` ` |
| 4 Qualifying distributions for 2016 from | , | | | |
| Part XII, line 4: ►\$ 41,450. | | , | | , |
| a Applied to 2015, but not more than line 2a | | ` × | 0. | |
| b Applied to undistributed income of prior | * . | | , | |
| years (Election required - see instructions) | s ' , s | 0. | , , , , , , , , , , , , , , , , , , , | |
| c Treated as distributions out of corpus | | * , | | |
| (Election required - see instructions) | 0. | | <u> </u> | , |
| d Applied to 2016 distributable amount | * y | * * * | * | 2,797. |
| e Remaining amount distributed out of corpus | 38,653. | , , | , , | , * |
| 5 Excess distributions carryover applied to 2016 | 0. | * | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | , | , , | | |
| 6 Enter the net total of each column as | 1 | , | , , | |
| indicated below: | L | , | * | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 195,152. | , | · · | |
| b Prior years' undistributed income. Subtract | 3 | | , | , |
| line 4b from line 2b | <u></u> | 0. | | |
| c Enter the amount of prior years' | } | | , | , |
| undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | <u> </u> | 0. | * | <u> </u> |
| d Subtract line 6c from line 6b. Taxable | , , , | | * | × |
| amount - see instructions | | 0. | , | · · · · · · · · · · · · · · · · · · · |
| e Undistributed income for 2015. Subtract line | · , · , | ` • | | 1 |
| 4a from line 2a. Taxable amount - see instr. | | · · · · · · · · · · · · · · · · · · · | 0. | |
| f Undistributed income for 2016. Subtract | h , h | , , | · | |
| lines 4d and 5 from line 1. This amount must | | (' ' ' | ٧ | _ |
| be distributed in 2017 | <u> </u> | Ĺ | | 0. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2011 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2017. | 105 150 | | | |
| Subtract lines 7 and 8 from line 6a | 195,152. | | | ļ |
| 10 Analysis of line 9: | | | | |
| a Excess from 2012 | | | | * |
| b Excess from 2013 12,621. | - | | * | |
| c Excess from 2014 38,836. | { | | | |
| d Excess from 2015 105,042. | 1 | } | | |
| e Excess from 2016 38,653. | <u> </u> | L | <u> </u> | Form 990-PF (2016) |

| Form 990-PF (2016) ABIDING | SERVANT FO | DUNDATION, I | NC. | 46-28 | 310151 Page 10 |
|--|--|-------------------------------|-------------------------------|---|---------------------------|
| Part XIV Private Operating F | oundations (see | nstructions and Part VI | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter th | at it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2016, enter the date o | f the ruling | ▶ | | |
| b Check box to indicate whether the found | dation is a private opera | ting foundation described | in section | 4942(J)(3) or 4 | 942(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| investment return from Part X for | | | 1 | j | |
| each year listed | <u></u> | <u> </u> | <u> </u> | | <u> </u> |
| b 85% of line 2a | <u></u> | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | į | Į | ł | | |
| used directly for active conduct of | | { | ł | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | ı | | | | |
| for active conduct of exempt activities. Subtract line 2d from line 2c | 1 | | | j | |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: | ł | } | } | } | |
| a "Assets" alternative test - enter:(1) Value of all assets | 1 | | | <u> </u> | |
| • • | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | } | 1 | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | } | | | |
| c "Support" alternative test - enter: | <u> </u> | | | | |
| (1) Total support other than gross | <u> </u> | } | İ | | |
| investment income (interest, | ľ | | | | |
| dividends, rents, payments on securities loans (section | | } | | | į |
| 512(a)(5)), or royalties) | } | | | | 1 |
| (2) Support from general public | | | T | | |
| and 5 or more exempt organizations as provided in | | | | | 1 |
| section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from |) | } | | } | |
| an exempt organization | | | <u> </u> | · | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | | | if the foundation | had \$5,000 or moi | re in assets |
| at any time during t | | ructions.j | | | |
| 1 Information Regarding Foundatio | | - than 00/ of the total and | b d. a a a a a a a d b db a a | form dak an hadana ila da | |
| a List any managers of the foundation wh year (but only if they have contributed n | | | ributions received by the | toundation before the clos | e of any tax |
| SEE STATEMENT 3 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (// // | | | |
| b List any managers of the foundation wh | o own 10% or more of t | he stock of a corporation | or an equally large porti | on of the ownership of a pa | urtnership or |
| other entity) of which the foundation has | | | (| | |
| NONE | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift, Loar | n, Scholarship, etc., Pr | ograms: | | |
| Check here if the foundation of the foundation makes gifts, grants, etc. | | | | not accept unsolicited requi omplete items 2a, b, c, and | |
| a The name, address, and telephone numl | | | , | | |
| | | | | | |
| SEE STATEMENT 4 | | | | | |
| b The form in which applications should b | e submitted and inform | ation and materials they si | hould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on award | s, such as by geographi | cal areas, charitable fields, | kinds of institutions, or | other factors: | |
| | | | | | |
| 623601 11-23-16 | | | | | Form 990-PF (2016) |

46-2810151

Page 11

Form **990-PF** (2016)

ABIDING SERVANT FOUNDATION,

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|--|-----------------|-----------------------------|---------------|---------------------------------|-------------------|
| | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | sion | Amount | function income |
| • | | | | | |
| -a | | | - | | |
| b | | | | | |
| c | | <u> </u> | | <u> </u> | |
| d | | | - | | |
| e | | | <u> </u> | | |
| f | | | | | |
| g Fees and contracts from government agencies | ļ | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | } |
| investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | , , | | 8 | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| | | | | | |
| than inventory | ļ | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | <u> </u> | |
| 11 Other revenue: | 1 | | | | |
| a | | | | | |
| b | ļ | | | <u> </u> | |
| c | | | <u> </u> | | |
| d | | | <u> </u> | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | 1 | 0. | ` | 0. | <u> </u> |
| | <u> </u> | | | | |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| | | | | 13 | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | the Acco | emplishment of Exe | empt | | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | the Acco | emplishment of Exe | empt | | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 D | d the or | ganization directly or indi | rectly engage in any o | of the followin | g with any other organization | on described in section | on 501(c) of | | Yes | No |
|---|-------------|-----------------------------------|----------------------------|---------------------|--|--------------------------|--|----------------------|----------|-------|
| the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | | | |
| a Ti | ransfers | from the reporting founda | ation to a noncharitab | le exempt org | janization of: | | | | | |
| - (1 |) Cash | | | | | | | 1a(1) | | X |
| (2 |) Other | assets | | | | | | 1a(2) | | X |
| b 0 | ther tran | sactions: | | | | | | | | |
| | | of assets to a noncharital | | | | | | 1b(1) | | X |
| (2 | 2) Purch | nases of assets from a nor | ncharitable exempt or | ganization | | | | 1b(2) | | X |
| (3 |) Renta | il of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| (4 | l) Reiml | bursement arrangements | | | | | | 1b(4) | | X |
| (5 |) Loans | s or loan guarantees | | | | | | 1b(5) | | Х |
| • | - | rmance of services or me | | | | | | 1b(6) | i | X |
| | - | f facilities, equipment, ma | | | | | | 1c | | X |
| | | | | | | | arket value of the goods, oth | | ets, | |
| | | | | | ed less than fair market valu | ie in any transaction | or sharing arrangement, sho | w in | | |
| | | the value of the goods, | | | | 1 (4) | | | | |
| (a) Line | no | (b) Amount involved | (c) Name of | | exempt organization | (0) Description | of transfers, transactions, and sha | ring arra | ngement | .s |
| | _}_ | _ | | N/A | | | | | | |
| | | | - | | | | | | | |
| | | | | | | + | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | <u> </u> | | | | —————————————————————————————————————— | | | |
| | ─ | | | | | | | | | —— |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | _ | | | | |
| | _ | | | | | | | | | |
| 2a IS | the four | ndation directly or indirect | tly affiliated with, or r | elated to, one | or more tax-exempt organi | zations described | | | | |
| | | 501(c) of the Code (other | | | | | | Yes | X | No |
| | | omplete the following sche | | ,, | | | | | | |
| | | (a) Name of org | | | (b) Type of organization | (| c) Description of relationship |) | | |
| | | N/A | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | _ | |
| | | penalties of perjury, I declare t | hat I have examined this r | eturn, including | accompanying schedules and st taxpayer) is based on all informa | atements, and to the bes | May th | ne IRS di | scuss th | is |
| Sign | ' I 🕟 | alled the contect, alle cont | There Decreases of brep | arei (Olliei tilali | | | return shown | with the below (s | preparer | |
| Here | * <u> </u> | 110000 | | | 112-16-17 | PRESID | ENT | Yes | | No |
| | Sign | nature of officer or trustee | | | Date | Title | | _ | | |
| | | Print/Type preparer's na | ıme | Preparer's si | ignature | Date | Check if PTIN | | | |
| . | | | | | | | self- employed | | | |
| Paid | | | | MARY A | . COATES, C | 07/14/17 | P00: | | | |
| Prep | | Firm's name ►WIP | FLI LLP | | | | Firm's EIN ► 39-075 | 5844 | 19 | |
| use | Only | <u> </u> | | | | | | | | |
| | | Firm's address ► PO | | - 4 4 0 0 | 0010 | | | | | |
| | | MA WA | USAU, WI | 54402- | 8010 | | Phone no. 715.845 | | | |
| | | | | | | | Forr | n 990 | -PF () | 2016) |

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2016

Name of the organization

Employer identification number

| | AB | IDING SERVANT FOUNDATION, INC. | 46-2810151 | | | |
|--------------|--|---|---|--|--|--|
| Organizat | tion type (check or | ıe): | | | | |
| Filers of: | | Section: | | | | |
| Form 990 | or 990-EZ | 501(c)() (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 990- | PF | X 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 501(c)(3) taxable private foundation | | | | |
| - | - | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special | Rule. See instructions | | | |
| General R | tule | | | | | |
| | | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota one contributor. Complete Parts I and II. See instructions for determining a contribu | - · · · · · · · · · · · · · · · · · · · | | | |
| Special R | ules | | | | | |
| s a | ections 509(a)(1) a iny one contributor | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supported 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the arr line 1 Complete Parts I and II. | 6a, or 16b, and that received from | | | |
| у | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III. | | | | | |
| y is p | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | |
| but it mus | t answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it se filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | • | | | |

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

Employer identification number

| ABIDING | SERVANT | FOUNDATION, | INC. |
|---------|---------|-------------|------|
| | | | |

46-2810151

| Part I | Contributors (See instructions) Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|---|----------------------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| <u>- 1</u> | MARTIN & KATHRYN SMITH 9885 BAKER LAKE RD MINOCQUA, WI 54548 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| ; ; | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization

Employer identification number

ABIDING SERVANT FOUNDATION, INC.

46-2810151

| Part II | Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed | | | | |
|--------------------------------|--|--|----------------------|--|--|
| . (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 | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | \$ | | | |

Name of organization Employer identification number ABIDING SERVANT FOUNDATION, INC.

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) | \$ Use duplicate copies of Part III if additional space is needed. (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 (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 (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 (a) No. from Part i (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF | ACCOUNTING FEES | | STATEMENT 1 | |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 950. | 0. | | 950. |
| TO FORM 990-PF, PG 1, LN 16B | 950. | 0. | | 950. |
| | | | | |
| FORM 990-PF LIST OF | SUBSTANTIA PART VII-A, | L CONTRIBUTORS LINE 10 | 5 . | STATEMENT 2 |
| NAME OF CONTRIBUTOR | ADDR | ESS | | |
| MARTIN SMITH | 9885 | BAKER LAKE RI |) | |

MINOCQUA, WI 54548

| FORM 990-PF | PART XV - LINE 1A | STATEMENT 3 |
|-------------|-----------------------------|-------------|
| | LIST OF FOUNDATION MANAGERS | |

NAME OF MANAGER

MARTIN SMITH KATHRYN SMITH

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 4

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARTIN SMITH 9885 BAKER LAKE RD MINOCQUA, WI 54548

TELEPHONE NUMBER

715-550-0777

FORM AND CONTENT OF APPLICATIONS

APPLICANT WILL BE REQUIRED TO COMPLETE AN APPLICATION THAT IS UNDER DEVELOPMENT.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

CONTRIBUTIONS ARE GIVEN TO SINGLE MOTHERS AND THEIR FAMILIES IN CRISIS, SUCH AS DISASTER RELIEF, HUMANITARIAN AID, MEDICAL EXPENSES NOT MET BY INSURANCE, ETC.