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_{a Form} 990-PF Department of the Treasury Internal Revenue Service

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	cale	ndar year 2016 or tax year beginning			, and endi	ng		
			of foundation IALD W & MARGARET M AN	NDE	RSON	· · · · · · · · · · · · · · · · · · ·		A Employer identification	number
			NDATION, MARTHA A VAN			SE		65-6254236	
								B Telephone number 612-475-07	87
			town, state or province, country, and ZIP or for DLETON, WI $53562-238$		postal code		-	C If exemption application is p	
		_	k all that apply: Initial return		Initial return of a f	Initial return of a former public charity			s, check here
			Final return		Amended return	annor positio ona.	,		
			Address change		Name change			2 Foreign organizations me check here and attach co	eting the 85% test, imputation
	H (_	k type of organization; Section 501(c ection 4947(a)(1) nonexempt charitable trust		xempt private foundation	ation		E If private foundation sta	
	l Fa				ting method: X Cash	Accrual		under section 507(b)(1)	• •
			Part II, col (c), line 16)		Other (specify)			F If the foundation is in a under section 507(b)(1)	
		\$	4,254,005. (Part I	, colu	umn (d) must be on cash i	pasis)			
	<u> P</u> a	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	not	(a) Revenue and expenses per books	(b) Net inves income		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc, received				*	, N/A ::	
		2	Check X if the foundation is not required to attach Schinterest on savings and temporary	n 8	the state of the s	- (%)	<u> </u>	40 C (188)	
		3	Dividends and interest from securities		60,026.	60	026.		CONTRACTOR 1
		5a	Gross rents		00,020.	00,	020.		STATEMENT 1
			Net rental income or (loss)				1200 s at		
()	ď	6a	Net gain or (loss) from sale of assets not on line 10		129,466.				
2017	ž	Ь	Gross sales price for all 978,236 assets on line 6a	<u>5 .</u>		\mathcal{L}_{n} .	***		
6	Revenu	7	Capital gain net income (from Part IV line 2)			129,	466.		
\bigcirc			Net short-term capital gain				8.6%. -	-	
SCANNED MAY		9 10a	Income modifications Gross sales less returns and allowances			786275.	7.2076	i Pometa to and	
\geq			Less Cost of goods sold						
		C	Gross profit or (loss)	-				**************************************	
Z		11	Other income		3,182.		834.		STATEMENT 2
Š.		12	Total Add lines 1 through 11		192,674.	190,	326.		
		13	Compensation of officers, directors, trustees, etc		0.		0.	·	0.
•		14 15	Other employee salaries and wages Pension plans, employee benefits					 -	
	Š	16.	Legal fees						
	nse	b	Accounting fees STMT	3	3,170.	1.	585.		0.
	Expense	C	Other professional fees STMT		25,582.		582.		0.
			Interest						
	Administrative		Taxes STMT	5	724.		724.		0.
	nist		Depreciation and depletion			 .			
	dm		Occupancy						
			Travel, conferences, and meetings Printing and publications				_		
	Operating and		Other expenses				_		
	ıtı		Total operating and administrative						
	Ser		expenses Add lines_13:through-23		29,476.	27,	891.		0.
	Ö	25	Contributions, gifts, grants paid VED		290,000.		34 334		290,000.
		26	Total expenses and disbursements] %					
-			Add lines 24 and 25 MAY 65 2017		319,476.		<u>891.</u>	* **	290,000.
			Subtract line 26 from line 12	IRS-	<u></u>		, .		, ,
	İ	а ь	Excess of revenue over expenses and disbursements Net investment income in regalive enter 10.5	· =	-126,802.	162,	/135		, 4 ₃ A
			Adjusted net income (if negative enter -0-)			104,	4JJ•	N/A	· · · · · · · · · · · · · · · · · · ·

31_Tot	al liabilities and net assets/fund balances	2,879,134.
Part III	Analysis of Changes in Net Assets or Fund E	Balances

Foundations that do not follow SFAS 117, check here

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

29 Retained earnings, accumulated income, endowment, or other funds

and complete lines 27 through 31.

30 Total net assets or fund balances

27 Capital stock, trust principal, or current funds

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	2,870,317.
2	Enter amount from Part I, line 27a	2	-126,802.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,743,515.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,743,515.

3,910,013.

-1,039,696.

2,870,317.

4,026,688.

-1,283,173

2,743,515

2,753,136

 \triangleright [X]

24 Unrestricted

25 Temporarily restricted26 Permanently restricted

Assets or Fund Balances

Set

6	Enter 1% of net investment income (1% of Part I, line 27b)	6_	<u> </u>	1,624.
7	Add lines 5 and 6	7_	<u> </u>	275,889.
В	Enter qualifying distributions from Part XII, line 4	8	L	290,000.
	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.			

4,207,556.

274,265.

4

5

Multiply line 4 by line 3

Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

DONALD W & MARGARET M ANDERSON FOUNDATION MARTHA A VAN DE VEN TRUSTEE 65-6254236 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1. __ (attach copy of letter if necessary-see instructions) Date of ruling or determination letter 1,624. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 1 c 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-) 2 624 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 0. 1,624 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 1,760. a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6đ 1,760. 7 Total credits and payments. Add lines 6a through 6d 7 8 Enter any penalty for underpayment of estimated tax. Check here X 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 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 136. 136. Refunded 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax Ο. Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ 0 • (2) On foundation managers. ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 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? 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

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes attach a schedule listing their names and address

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form 990-PF (2016)

8ь

	<u>6254236</u>		Page 5
Part 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	ľ		
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	1 1	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilege			
If "Yes," attach statement (see instructions)	12		Х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► N/A	<u></u>		
14 The books are in care of ► MARTHA VAN DE VEN Telephone no ► (6)	12\475-	<u> </u>	7
Located at \$1765 MEDINA WAY, LONG LAKE, MN	<u>12/4/5</u> ≠ ▶55356	- 95'	/
	* <u>>33330</u>	- 75	/_
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		·/¬►	. —
and enter the amount of tax-exempt interest received or accrued during the year	111	/A	NI.
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	
securities, or other financial account in a foreign country?	16	L	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign country			
Part 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.	٠,٠,٠	Yes	No
1a During the year did the foundation (either directly or indirectly):	l . 4		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No /		1
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ر فده ا		: 3`
a disqualified person?	🗌 No 🔣	,	. ' '
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	〗No 【 ˆ		1
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?]No ₃;	, 3	
(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)?	☐ 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.)	D No. I	% \@A	177
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	/A 1b	*3 902 (3	2000 AUG 1
		 	Y - 7
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			***
before the first day of the tax year beginning in 2016?	1c	3688702407	Х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 16 		
		、變	
defined in section 4942(j)(3) or 4942(j)(5)):		\$5.7	
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	Sign	\$ 1	
before 2016? Yes X	ı No Si		
If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			100
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		's	1.7%
•	/A 2b	ļ.,	4 / 56/868
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1.03	
>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		14 X	
during the year? Yes X	☐ No	200	
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 be quest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1	3 8 6	900 H
	/A 3b]	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	. 3 -	12 m	n je
had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х
	Form 99 0)-PF	(2016)

DONALD W & MARGARET M AN		777	CE C2542	2.0	_
Form 990-PF (2016) FOUNDATION, MARTHA A VAN Part VII-B Statements Regarding Activities for Which F	DE VEN, TRUS		<u>65-62542</u>	36	Page 6
	orm 4720 May Be R	equirea _{(contini}	ued)		
5à During the year did the foundation pay or incur any amount to:		,,		ļ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	· · · ·		s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,			
any voter registration drive?		Y6	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	3	Y6	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			ł	
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or f	or	1		
the prevention of cruelty to children or animals?		Ye	s X No	- 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		ł	
section 53.4945 or in a current notice regarding disaster assistance (see instru		Ū	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•		▶ i		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		- 1	
expenditure responsibility for the grant?			s No	1	
, , , , , , , , , , , , , , , , , , , ,		·/	*	- 1	
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				ı	
	pay preimums on		□		
a personal benefit contract?		Y6	s X No		177
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		_	6b	X
If "Yes" to 6b, file Form 8870.	_				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye		1 1 1 1 1 1	
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the state of the sta			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
, , , , , , , , , , , , , , , , , , , ,	1 · · · · · · · · · · · · · · · · · · ·	T			
	1 · · · · · · · · · · · · · · · · · · ·	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) l accou allo	Expense unt, other wances
	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) l accou allo	Expense unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) l accou allo	Expense unt, other wances
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e) accou allo	wances
(a) Name and address MARTHA VAN DE VEN	(b) Title, and average hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deterred compensation	(e) l accou allo	Expense unt, other wances
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e) l accor allo	wances
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e) l accor allo	wances
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e) l accou allo	wances
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(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e) acco allo	wances
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(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e) accor allo	wances
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	(e) accor allo	wances
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579	(b) Title, and average hours per week devoted to position TRUSTEE 1.00	(If not paid, enter -0-)	compensation	(e) accor allo	wances
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD	(b) Title, and average hours per week devoted to position TRUSTEE 1.00	(If not paid, enter -0-)	O.	allo	0 .
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579 2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position TRUSTEE 1.00	(If not paid, enter -0-) O.	(d) Contributions to employee benefit plans	allo	O.
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579	(b) Title, and average hours per week devoted to position TRUSTEE 1.00	(If not paid, enter -0-)	O .	(e) l	0 .
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579 2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position TRUSTEE 1.00 [b) Title, and average to Title, and average hours per week	(If not paid, enter -0-) O.	(d) Contributions to employee benefit plans and deferred	(e) l	O . Expense unt, other
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1.00 [b) Title, and average to Title, and average hours per week	(If not paid, enter -0-) O.	(d) Contributions to employee benefit plans and deferred	(e) l	O . Expense unt, other
(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1.00 [b) Title, and average to Title, and average hours per week	(If not paid, enter -0-) O.	(d) Contributions to employee benefit plans and deferred	(e) l	O . Expense unt, other
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(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1.00 [b) Title, and average to Title, and average hours per week	(If not paid, enter -0-) O.	(d) Contributions to employee benefit plans and deferred	(e) l	O . Expense unt, other
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(a) Name and address MARTHA VAN DE VEN 1765 MEDINA RD LONG LAKE, MN 55356-9579 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1.00 [b) Title, and average to Title, and average hours per week	(If not paid, enter -0-) O.	(d) Contributions to employee benefit plans and deferred	(e) l	O . Expense unt, other

0

Total number of other employees paid over \$50,000

DONALD W & MARGARET M ANDERSON

FOUNDATION, MARTHA A VAN DE VEN,	TRUSTEE	65-625	4236 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		hly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of	service	(c) Compensation
NONE	(2) 1) 10 21		
	7		
	7		
Total number of others receiving over \$50,000 for professional services)	> 0
PartiX A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the uced, etc.		Expenses
1 NONE			
			0.
2			
3			
	.,		
4			
PartiX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.		Amount
1 NONE			
			0.
2			
All other program-related investments. See instructions.		İ	
3 NONE			
	·		
			-
			0.
Total. Add lines 1 through 3		▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 4,104,064. a Average monthly fair market value of securities 1a 167,566. Average of monthly cash balances 1b c Fair market value of all other assets 1c 4,271,630. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 4,271,630. 64,074. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4,207,556. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 210,378. Partixi Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 210,378. 1 Minimum investment return from Part X, line 6 1,624. Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 1,624 Distributable amount before adjustments Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter there and on Part XIII, line 1 208, 754. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 290,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3ь 290,000. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 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 qualifies for the section

Form 990-PF (2016)

4940(e) reduction of tax in those years.

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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				208,754.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 58,648.				
b From 2012 60,025.				
c From 2013 57,773.				
d From 2014 63,684.				
e From 2015 83,618.				
f Total of lines 3a through e	323,748.			
4 Qualifying distributions for 2016 from				
Part XII, line 4 ⁻ ► \$ 290,000.				
a Applied to 2015, but not more than line 2a	,		0.	
b Applied to undistributed income of prior	**************************************			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			, .	
(Election required - see instructions)	0.	'/ * [/] /		· Ŷ.,
d Applied to 2016 distributable amount	rakara kanangan	ş* _		208,754.
e Remaining amount distributed out of corpus	81,246.			7 - 7 / 1
5 Excess distributions carryover applied to 2016	0.	a Markatan		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 indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	404,994.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017			1 2 2 1	0.
7 Amounts treated as distributions out of		10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	*/,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
corpus to satisfy requirements imposed by			, ,	
section 170(b)(1)(F) or 4942(g)(3) (Election			*, .	, ,
may be required - see instructions)	0.	*(i'		****
8 Excess distributions carryover from 2011		,	, ,	
not applied on line 5 or line 7	58,648.	// //	<u></u>	
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	346,346.			
O Analysis of line 9:		,		
a Excess from 2012 60,025.				
b Excess from 2013 57,773.	0.5	,		
c Excess from 2014 63,684.				
d Excess from 2015 83,618.	ĝi.	ļ		
e Excess from 2016 81,246.	161	,		

DONALD W & MARGARET M ANDERSON FOUNDATION, MARTHA A VAN DE VEN 65-6254236 Form 990-PF(2016) TRUSTEE Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (c) 2014 (a) 2016 (b) 2015 (d) 2013 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(1)(3)(B)(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: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗓 If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If

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

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed;
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

FOUNDATION, MARTHA A VAN DE VEN, TRUSTEE

65-6254236

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AGRACE HOSPICECARE FOUNDATION INC. N/A ÞС GENERAL OPERATING 5395 E. CHERYL PKWY. NEEDS MADISON, WI 53711 10,000. BADGER PRAIRIE NEEDS NETWORK INC. N/A PC GENERAL OPERATING 1200 E VERONA AVE NEEDS VERONA, WI 53593 5,000. BOYS & GIRLS CLUB OF DANE COUNTY INC. N/A GENERAL OPERATING 1818 W. BELTLINE HWY NEEDS MADISON, WI 53713 5,000. CHILDREN'S DYSLEXIA CENTER N/A ÞС GENERAL OPERATING 301 WISCONSIN AVE NEEDS MADISON, WI 53703 5,000. DOMESTIC ABUSE INTERVENTION SERVICES N/A PC GENERAL OPERATING INC. NEEDS 2102 FORDEM AVE. 15,000. MADISON, WI 53704 SEE CONTINUATION SHEET(S) Total ▶ 3a 290,000. b Approved for future payment NONE 0. Total

Unrelated business income

Excluded by section 512 513, or 514

Part XVI-A **Analysis of Income-Producing Activities**

Form 990-PF'(2016)

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		ted business income		ded by section 512 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					···
b			<u> </u>		
c			<u> </u>		·
d					
e			<u></u>		
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	60,026.	
5 Net rental income or (loss) from real estate:			2.5		
a Debt-financed property			<u> </u>	, <u> </u>	
b Not debt-financed property					
6 Net rental income or (loss) from personal			 		
property					
7 Other investment income	·	·	18	3,182.	
· -			1 10	3,102.	
8 Gain or (loss) from sales of assets other			10	120 466	
than inventory			18	129,466.	
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b				<u> </u>	
C					
d					
e		Ī			
				100 674	^
12 Subtotal. Add columns (b), (d), and (e)	\$355	0.		192,674.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	.	0.		192,674.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	.)			13	
12 Subtotal. Add columns (b), (d), and (e) 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	s to the Acco	omplishment of Ex	empt	Purposes	192,674.
12 Subtotal. Add columns (b), (d), and (e) 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	s to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	192,674.
12 Subtotal. Add columns (b), (d), and (e) 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 Line No Explain below how each activity for which in the foundation's exempt purposes (other the	s to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	192,674.
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12 Subtotal. Add columns (b), (d), and (e) 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 Line No Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Acco	omplishment of Exon column (e) of Part XVI-A	empt	Purposes	192,674.

DONALD W & MARGARET M ANDERSON

65-6254236 Form 990-PF (2016) FOUNDATION, MARTHA A VAN DE VEN, TRUSTEE Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge eturn with the preparer hown below (see instr)? Sign Here TRUSTEE X Yes Signatur of officer or trusted Title Print/Type preparer's name Date Check [PTIN Preparer's signature self- employed lune Paid BRANDT 04/20/17 MELAINE BRANDT P00024023 IELAINE **Preparer** Firm's EIN ► 41-1944416 Firm's name ► WIPFLI LLP

Form 990-PF (2016)

608.274.1980

Phone no

Use Only

Firm's address ▶ PO BOX 8700

MADISON, WI 53708-8700

DONALD W & MARGARET M ANDERSON FOUNDATION, MARTHA A VAN DE VEN, TRUSTEE 65-6254236

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient N/A EDGEWOOD COLLEGE INC. PC GENERAL OPERATING 1000 EDGEWOOD COLLEGE DR. NEEDS MADISON, WI 53711 5,000. FAITH LODGE N/A ÞС GENERAL OPERATING 6942 CO RD C NEEDS DANBURY, WI 54830 30,000. FIRST BAPTIST CHURCH N/A ÞС GENERAL OPERATING 518 N. FRANKLIN AVE. NEEDS MADISON, WI 53705 10,000. FIRST PRESBYTERIAN CHURCH OF NAPLES N/A ÞС GENERAL OPERATING 250 6TH STREET S. NEEDS NAPLES, FL 34102 5,000. FLAT BROKE FARM ANIMALS RESCUE INC. N/A PC GENERAL OPERATING 825 PALM AVE. NEEDS PENNGROVE, CA 94951 20,000. FRIENDS OF CARBONE CANCER CENTER, N/A ÞС GENERAL OPERATING INC. NEEDS 1 E. MAIN ST., SUITE 500 MADISON, WI 53701 10,000. FRIENDS OF WISCONSIN PUBLIC N/A PC GENERAL OPERATING NEEDS TELEVISION INC. 821 UNIVERSITY AVE., STE. 1076 MADISON, WI 53706 1,000. GROVES ACADEMY N/A ÞС GENERAL OPERATING 3200 HIGHWAY 100 S. NEEDS ST. LOUIS PARK, MN 55416 5,000. HABITAT FOR HUMANITY OF COLLIER N/A PC GENERAL OPERATING COUNTY INC. NEEDS 11145 TAMIAMI TRL. E. NAPLES, FL 34113 50,000. HABITAT FOR HUMANITY OF DANE COUNTY N/A ÞС GENERAL OPERATING INC. NEEDS 1014 FIEDLER LN., STE. 29 MADISON, WI 53713 10,000. 250,000. Total from continuation sheets

DONALD W & MARGARET M ANDERSON FOUNDATION, MARTHA A VAN DE VEN, TRUSTEE 65-6254236 Part-XV Supplementary Information

3 ' Grants and Contributions Paid During the Y		1		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INTERFAITH OUTREACH & COMMUNITY PARTNERS	N/A	PC	GENERAL OPERATING	
1605 COUNTY RD. 101 N.				
PLYMOUTH, MN 55447	 			10,000
LITTLE EAGLE ARTS FOUNDATION 3889 RIVER RD. PO BOX 523 WISCONSIN DELLS, WI 53965	N/A	PC	GENERAL OPERATING NEEDS	5,000
MIDDLETON OUTREACH MINISTRY, INC. 3502 PARMENTER ST. MIDDLETON, WI 53562	N/A	PC	GENERAL OPERATING NEEDS	1,000
				. ,
MONTELLO ENDOWMENT FOR EDUCATION INC. 222 FOREST LN.	N/A	₽C	GENERAL OPERATING	
MONTELLO, WI 53949				5,000
OPERATION FRESH START INC.	N/A	₽C	GENERAL OPERATING	
1925 WINNEBAGO ST. MADISON, WI 53704			NEEDS	15,000
				,
ORONO PUBLIC SCHOOLS ACADEMIC HELP 795 OLD CRYSTAL BAY RD.	N/A	PC	GENERAL OPERATING NEEDS	
LONG LAKE, MN 55356				10,000
RIPON COLLEGE P.O. BOX 248	N/A	PC	GENERAL OPERATING NEEDS	
RIPON, WI 54971				22,000
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	N/A	PC	GENERAL OPERATING NEEDS	
262 DANNY THOMAS PL. MEMPHIS, TN 38105				. 1 000
MEMPH13, 1N 30103				1,000
STOUT UNIVERSITY FOUNDATION INC.	N/A	PC	GENERAL OPERATING	
320 BROADWAY ST. S. MENOMONIE, WI 54751			NEEDS	10,000
THE SALVATION ARMY 630 E. WASHINGTON AVE.	N/A	PC	GENERAL OPERATING NEEDS	
				2,000
MADISON, WI 53703 Total from continuation sheets				2,

DONALD W & MARGARET M ANDERSON FOUNDATION, MARTHA A VAN DE VEN, TRUSTEE 65-6254236

Part XV Supplementary Information 3 ' Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient UNITED WAY OF COLLIER COUNTY INC. N/A ÞС GENERAL OPERATING 9015 STRADA STELL CT. NEEDS 1,000. NAPLES, FL 34109 UNIVERSITY OF WISCONSIN FOUNDATION N/A Þ¢ GENERAL OPERATING 1848 UNIVERSITY AVE. NEEDS MADISON, WI 53726 1,000. VERY SPECIAL ARTS N/A ÞС GENERAL OPERATING 4785 HAYES RD., STE. 102 NEEDS MADISON, WI 53704 1,000. WISCONSIN ALZHEIMERS INSTITUTE N/A ÞС GENERAL OPERATING 7818 BIG SKY DR. NEEDS MADISON, WI 53719 20,000. Total from continuation sheets

FORM 990-PF	DIVIDEND	S AND INTER	REST FROM SECT	URITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	REVENUE	(B) NET INVEST- S MENT INCOME	
SVA PLUMB TRUST COMPANY	60,026	•	0. 60,020	6. 60,026.	
TO PART I, LINE 4	60,026	-	0. 60,020	60,026.	
FORM 990-PF		OTHER 1	NCOME	S	TATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
LITIGATION INCOME TAX REFUND			834. 2,348.	834.	
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =	3,182.	834.	
TOTAL TO FORM 990-P	F, PART I,	ACCOUNTI			TATEMENT 3
	F, PART I,			(C) ADJUSTED	(D)
FORM 990-PF	F, PART I,	ACCOUNTI (A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION		ACCOUNTI (A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE
FORM 990-PF DESCRIPTION ACCOUNTING FEES	- 1, LN 16B =	ACCOUNTI (A) EXPENSES PER BOOKS 3,170.	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG	- 1, LN 16B =	ACCOUNTI (A) EXPENSES PER BOOKS 3,170.	(B) NET INVEST- MENT INCOME 1,585	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. TATEMENT 4
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG:	- 1, LN 16B =	ACCOUNTI (A) EXPENSES PER BOOKS 3,170. 3,170. THER PROFES (A) EXPENSES	(B) NET INVEST- MENT INCOME 1,585 1,585 SIONAL FEES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 0. TATEMENT 4 (D) CHARITABLE

FORM 990-PF	TAX	ES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN TAX PAID	724.	724.		0.		
TO FORM 990-PF, PG 1, LN 18	724.	724.		0.		

FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
STOCK INVESTMENTS	2,654,430.	4,151,689.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,654,430.	4,151,689.

*SVA | Plumb Trust Company, LLC

1221 John Q. Hammons Dr. Madison, WI 53717 (608) 824-8800 or (888) 856-8801 www.svaplumb.com

Portfolio Assets Detail

Account Number: 52 00 0399 0 05 Date: JANUARY 1, 2016 - DECEMBER 31, 2016

CASH								
Description	Shares	Total Cost	Current Share Price	Current % of Mkt Value Portfollo	% of ortfolio	Unrealized Gain/Loss	Est. Ann Income	Est. Ann Yield(%)
INCOME CASH		00.		O.	00:			
PRINCIPAL CASH		00.		80	8.			
TOTAL CASH		00.		00.				
CASH EQUIVALENTS			- transition	fuerren	" "	linrealized	Est. Ann	Est. Ann
Description	Shares	Total Cost	Share Price	Mkt Value Portfolio	ortfolio	Gain/Loss	Income	Yield(%)
GOVERNMENT & AGENCY PORTFOLIO	98,704.650	98,704 65	1 000	98,704.65	2.32	00	138 19	14
TOTAL CASH EQUIVALENTS		98,704.65		98,704.65		00.	138.19	4.
EQUITIES				,	;	:		
Description	Shares	Total Cost	Current Share Price	Current % of Mkt Value Portfolio	% of ortfolio	Unrealized Gain/Loss	Est. Ann Income	Est. Ann Yield(%)
ALLERGAN PLC INC COM (AGN)	850	251,055.96	210 010	178,508 50	4 20	-72,547 46	2,380 00	1.33
ALPHABET INC CL A (GOOGL)	95	30,691 35	792 450	75,282.75	177	44,591 40	00	00
ALPHABET INC CL C (GOOG)	95	30,687 76	771 820	73,322.90	1.73	42,635 14	00.	00.
APPLE INC (AAPL)	1,400	49,087 02	115 820	162,148 00	3 81	113,060 98	3,192.00	1.97
AT&T INC (T)	2,000	82,563 40	42 530	85,060 00	2 00	2,496 60	3,920 00	4 61
BRISTOL MYERS SQUIBB CO (BMY)	2,000	117,758 40	58.440	116,880 00	2 75	-878 40	3,120 00	2 67

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Portfolio Assets Detail

Account Number: 52 00 0399 0 05 Date: JANUARY 1, 2016 - DECEMBER 31, 2016

EQUITIES				Ó	3	5		•
Description	Shares	Total Cost	Current Share Price	Current % of Mkt Value Portfolio	% of rtfolio	Unrealized Galn/Loss	Est. Ann Income	Est. Ann Yield(%)
CONSTELLATION BRANDS INC	1,500	46,903.80	153.310	229,965.00	5.41	183,061.20	2,400.00	1 04
DISCOVER FINL SVCS COM (DFS)	3,000	133,164.60	72.090	216,270 00	5 09	83,105.40	3,600.00	1 66
DISNEY WALT CO (DIS)	1,100	52,692.30	104.220	114,642 00	2 70	61,949.70	1,716 00	1 50
EMERSON ELEC CO (EMR)	1,000	34,846.29	55.750	55,750.00	1.31	20,903 71	1,920.00	3 44
ENBRIDGE INC (ENB)	4,000	141,665.20	42.120	168,480.00	3.96	26,814.80	6,364 00	3 78
FISERV INC (FISV)	2,000	96,994 70	106.280	212,560.00	5.00	115,565 30	00	8
GENERAL ELEC CO (GE)	2,955	48,020.69	31.600	93,378 00	2 20	45,357 31	2,836 80	3.04
INTUITIVE SURGICAL INC (ISRG)	200	99,232.60	634 170	126,834.00	2 98	27,601 40	00	8
JOHNSON & JOHNSON (JNJ)	1,200	119,444 00	115 210	138,252 00	3.25	18,808 00	3,840 00	2 78
MASTERCARD INCORPORATED (MA)	006	78,475 50	103 250	92,925 00	2 19	14,449 50	792 00	82
MEDTRONIC PLC (MDT)	1,600	119,001 00	71.230	113,968 00	2 68	-5,033 00	2,752 00	2 41
MICROCHIP TECHNOLOGY INC (MCHP)	2,300	61,668 22	64.150	147,545 00	3 47	85,876.78	3,316.60	2.25
NXP SEMICONDUCTORS NV (NXPI)	2,000	141,571 20	98.010	196,020 00	4 61	54,448.80	00.	8

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Portfolio Assets Detail

Account Number: 52 00 0399 0 05 Date: JANUARY 1, 2016 - DECEMBER 31, 2016

EQUITIES								
Description	Shares	Total Cost	Current Share Price	Current % of Mkt Value Portfolio	% of ortfolio	Unrealized Gain/Loss	Est. Ann Income	Est. Ann Yield(%)
PEPSICO INC (PEP)	1,800	113,617.59	104 630	188,334.00	4.43	74,716.41	5,418 00	2 88
PRICELINE GROUP INC (PCLN)	185	234,833 53	1466 060	271,221.10	6 38	36,387.57	00.	8.
PROCTER & GAMBLE CO (PG)	1,400	43,522 05	84.080	117,712.00	2.77	74,189 95	3,749.20	3 19
QUALCOMM INC (QCOM)	2,000	113,300.70	65 200	130,400.00	3 07	17,099 30	4,240 00	3 25
SCHWAB CHARLES CORP NEW COM (SCHW)	4,300	101,013.01	39.470	169,721.00	3 88	68,707 99	1,204 00	71
SYNCHRONY FINANCIAL (SYF)	4,913	108,452 50	36 270	178,194.51	4 19	69,742 01	2,554.76	1 43
UNITED PARCEL SERVICE INC CL B (UPS)	1,000	85,849 90	114 640	114,640.00	2 70	28,790 10	3,120 00	2.72
VISA INC (V)	2,400	53,350 27	78 020	187,248.00	4 41	133,897.73	1,584 00	.85
3M CO (MMM)	1,100	64,966 59	178.570	196,427 00	4 63	131,460.41	4,884.00	2 49
TOTAL EQUITIES		2,654,430.13		4,151,688.76		1,497,258.63	68,903.36	1.66
TOTAL ASSETS				4,250,393.41		1,497,258.63	69,041.55	1.62
TOTAL ACCRUED INCOME				3,609.70				
TOTAL ACCOUNT				4,254,003.11				