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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 <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

For cal	endar year 2016 or tax year beginning FEB	8, 2016	, and ending	DEC 31, 2016	
Name	of foundation			A Employer identification	number
KA	ISER FAMILY FOUNDATION CO	ORPORATION		81-1168111	
	and street (or P O box number if mail is not delivered to street a		Room/suite	B Telephone number	
PO	BOX 127			(608)568-3	784
	r town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	
	ELER, WI 53812				-
	eck all that apply: X Initial return	Initial return of a f	ormer public charity	D 1 Foreign organizations	s, check here
	Final return	Amended return			
	Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, mputation
H Che	eck type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private found:	ation	under section 507(b)(1)	
l Fair	market value of all assets at end of year   J Accounti	ng method; X Cash	Accrual	F If the foundation is in a	60-month termination
(fron		her (specify)		under section 507(b)(1)	
<u></u> \$		mn (d) must be on cash L	basis)		
Par	The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
<del></del>	necessarily equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
1	1 Contributions, gifts, grants, etc., received	1,492,855.		N/A	
l l	2 Check if the foundation is not required to attach Sch. B. Interest on savings and temporary	7.	7.	[* <u>*</u> ** * * * * * * * * * * * * * * * *	STATEMENT 1
	3 cash investments	12,079.	5,899.	<del></del>	STATEMENT 2
o 1	4 Dividends and interest from securities	14,019.	3,033.	<del> </del>	STATEMENT 2
	5a Gross rents		<del>                                     </del>		
	b Net rental income or (loss)	-313.			1 × × × × × × × × × × × × × × × × × × ×
9	6a Net gain or (loss) from sale of assets not on line 10  B Gross sales price for all 99,773.	313.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Revenu	- Lasets on mile ou	****	1 0.		
Be (	7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain			<u> </u>	
	9 Income modifications		* * * * * *		V V V V V
	Gross sales less returns and allowances	* * * *		X - , X X **	1 2 2 W 1 1
] ]	b Less Cost of goods sold	* * * * *		1 8 . 1 1 /	
1	c Gross profit or (loss)				A
1	1 Other income				
]1	2 Total Add lines 1 through 11	1,504,628	5,906.		» " /, 4
] 1	3 Compensation of officers, directors, trustees, etc	05.	FULLIVED O.		0.
] 1	4 Other employee salaries and wages	8			ļ
	5 Pension plans, employee benefits	NC NC	V 06 2017 3	ļ	ļ
ses 1	6a Legal fees	m W			<del> </del>
ie.	b Accounting fees	1 200	N. A.		<del> </del>
EX	c Other professional fees STMT 3	1,3705	IFN 11,1370!	<del> </del>	0.
9 1	7 Interest	169.	169.		0.
trai	8 Taxes STMT 4	109.	103.		· · · · · · · · · · · · · · · · · · ·
: E	9 Depreciation and depletion	}	<del> </del>	<del> </del>	
끍	Occupancy Travel, conferences, and meetings	<del> </del>	<del> </del>	<del> </del>	<del> </del>
	2 Printing and publications		<del></del>		<del> </del>
୴ୣ	3 Other expenses				<del>                                     </del>
	4 Total operating and administrative				<del> </del>
era	expenses Add lines 13 through 23	1,539.	1,539.	}	0.
٥,	5 Contributions, gifts, grants paid	25,000.	* * * * * *		25,000.
i.	6 Total expenses and disbursements				
_	Add lines 24 and 25	26,539.	1,539.		25,000.
2	7 Subtract line 26 from line 12:	# # * * * * * * * * * * * * * * * * * *		\" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	' » · · · · · · · · · · · · · · · · · ·
	Excess of revenue over expenses and disbursements	1,478,089.	* * * * * *		
	b Net investment income (if negative, enter -0-)	* * * * *	4,367.		
1	c Adjusted net income (If negative, enter -0-)	* * , * * . * . *		N/A	N. N. W. S.

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only  1 Cash - non-interest-bearing	
(a) Book value (b) Book value (c)	
1 Cash - non-interest-bearing	Fair Market Value
2 Savings and temporary cash investments	· · · · · · · · · · · ·
3 Accounts receivable ►	1 1 2 1
Less: allowance for doubtful accounts	
4 Pledges receivable ►	
Less: allowance for doubtful accounts	
5 Grants receivable	
6 Receivables due from officers, directors, trustees, and other	
disqualified persons	<del></del>
7 Other notes and loans receivable	
Less; allowance for doubtful accounts	
8 Inventories for sale or use	
9 Prepaid expenses and deferred charges	
104 investments of the analysis of the state government obligations	
b Investments - corporate stock STMT 6 0. 1,492,209.	1,492,209.
c Investments - corporate bonds	
11 Investments - land, buildings, and equipment basis	
Less accumulated depreciation	
12 Investments - mortgage loans	
13 Investments - other	
Less accumulated depreciation	
15 Other assets (describe ►	
16 Total assets (to be completed by all filers - see the	<del></del>
	1,492,209.
17 Accounts payable and accrued expenses	1 1 1 1 1
18 Grants payable	1 . * . 1
19 Deferred revenue	
S 19 Deferred revenue	
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable  22 Other habilities (describe)	
21 Mortgages and other notes payable 22 Other liabilities (describe >	
22 Other liabilities (describe >	
23 Total liabilities (add lines 17 through 22)	
Foundations that follow SFAS 117, check here	
and complete lines 24 through 26 and lines 30 and 31.	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	
25 Temporarily restricted	
26 Permanently restricted	
Foundations that do not follow SFAS 117, check here	
and complete lines 27 through 31.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 0. 0. 1,492,209.	
	( ) 1
30 Total net assets or fund balances 0. 1,492,209.	
31 Total liabilities and net assets/fund balances 0. 1,492,209.	
Part III* Analysis of Changes in Net Assets or Fund Balances	
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)	0.
_ <del></del>	1,478,089.
3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 5	14,120.
<del></del>	1,492,209.
5 Decreases not included in line 2 (itemize)	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	1,492,209.

art IV Capital Gains a	and Losses for Tax on In		CORPORATI Income	SEE ATTAC		68111 MENT	Page
(a) List and descr 2-story brick wa	ribe the kind(s) of property sold (e.grehouse; or common stock, 200 shs	J., real estate, S. MI C Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)		sold v. vr.)
<del></del>				D - Donation	( ) = 3, 3 , 7	<del></del>	
<del> </del>	<del></del>						
<del> </del>							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	-	(h) Gain or (lo (e) plus (f) minu		
		<del> </del>			<del></del>		
99,773.	<del></del>	<del> </del>	100,080	5.			313
	g gain in column (h) and owned by	the foundation			(I) Gains (Col. (h) ga		<del></del>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) col. (j), if any	C	ol. (k), but not less t Losses (from co	han -0-) <b>or</b>	
		<del> </del>				<del></del>	
		<del> </del>				<del></del>	
<del></del>		<del> </del>	<del></del>	<del></del>			
		<del> </del>		<del></del>			313
	المراجع	ur up Doret I for -	7	5 1			<u> </u>
Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -0	r in Part I, ime )- in Part I, line	, 1.7	} 2		-	313
Net short-term canital dain or (los	ss) as defined in sections 1222(5) ar		•	/			
If gain, also enter in Part I, line 8,		iiu (0).		71			
If (loss), enter -0- in Part I, line 8					N/	λ	
art V   Qualification U				<u> </u>	11/	Ω	
<del></del>	nder Section 4940(e) for				ome		
<del></del>	foundations subject to the section				come	N/A	
r optional use by domestic private	foundations subject to the section				come		
r optional use by domestic private ection 4940(d)(2) applies, leave th	foundations subject to the section and part blank.	4940(a) tax on	net investment inc	ome.)	come	N/A	
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Form 990-PF (2016) KAISER FAMILY FOUNDATION CORPORATION  [Part Vi*] Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c))		168111 Page	4
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)  b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  ☐ and enter 1%  of Part I, line 27b	1	87.	·]
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-)  3 Add lines 1 and 2  4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2 3 4	0. 87.	<u>.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016  6a  6a	5	87.	_
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d	7	0.	**
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2017 estimated tax	8 9 10	87.	<u>-</u> -
Part VII-A 3 Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene any political campaign?		Yes No	_
<ul> <li>b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition).</li> <li>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published distributed by the foundation in connection with the activities.</li> </ul>		1a X 1b X	_ _
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation.  \$	_	1c X	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$0.  Has the foundation engaged in any activities that have not previously been reported to the IRS?		2 X	<u> </u>
<ul> <li>If "Yes," attach a detailed description of the activities</li> <li>3 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</li> <li>4 Detailed the foundation has a substitute of the changes</li> </ul>		3 X	
<ul> <li>4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?</li> <li>b if "Yes," has it filed a tax return on Form 990-T for this year?</li> <li>5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?</li> <li>If "Yes," attach the statement regulated by Consent Instruction T.</li> </ul>	N/	A 4a X 4b X 5 X	_
<ul> <li>If "Yes," attach the statement required by General Instruction T.</li> <li>Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?</li> </ul>	law	6 X	Same party of the
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)  NONE		7 X	
<ul> <li>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</li> <li>9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV</li> </ul>	ndar	8b X 9 X	
	TMT	7 10 X	_

623531 11-23-16

Pa	art VII-A Statements Regarding Activities (continued)	- <u> 7 090 0</u>
		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 X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<del></del>
12	If "Yes," attach statement (see instructions)	12 X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X
10	Website address ► N/A	10 1 22
14	The books are in care of ► AMANDA J KAISER  Telephone no. ► (608)	568-3784
14	Located at >4442 W LANE, CUBA CITY, WI	
45		5007
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N/A
40	and enter the amount of tax-exempt interest received or accrued during the year	Yes No
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	r1
	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	
TD.	foreign country ►  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	
يا		Yes No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes No
14	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?	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	
	(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)?	
	(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.)	
1	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	* 3 . 3
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b
	Organizations relying on a current notice regarding disaster assistance check here	
(	EDID 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 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)):	
á	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	
	If "Yes," list the years	
ı	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	
	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.)  N/A	2b
	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	
•		
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	
0.	during the year?  Yes X No	
	to thing the year?  If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	
ľ		
	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,	
	Form 4720, to determine if the foundation had excess business holdings in 2016 ) N/A	3b   77
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a X
ł	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	5 " 5 " 5 "
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b X
	Fo	rm <b>990-PF</b> (2016)

Form 690-PF (2016) KAISER FAMILY FOUNDATION			81-11681	11 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be Re	equired (contin	ued)	<del>; ,, , , , , , , , , , , , , , , , , , </del>
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es 🗓 No 🔓	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ctly,	1.	
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			·	
4945(d)(4)(A)? (see instructions)		[ _ v	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or advestional numbers, or fe	<del></del>	( , ,,,	
• • • • • • • • • • • • • • • • • • • •	or educational purposes, or it		es X No	
the prevention of cruelty to children or animals?		_		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	37 / 3	<del></del>
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintail	ned		
expenditure responsibility for the grant?	N	// 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	, promission	[	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	erconal henefit contract?	· · ·	_	6b X
	ersonal benefit contract.		<u> </u>	
If "Yes" to 6b, file Form 8870	h.u			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No	<u>*</u>
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the foundation About Officers. Directors, Trusters			N/A	7b
Part VIII. Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	agers, Hignly		
List all officers, directors, trustees, foundation managers and their controls.				<del></del>
List all officers, directors, a disters, foundation managers and their c		(c) Compensation	(d) Contributions to	(a) Evpagga
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
· · · · · · · · · · · · · · · · · · ·	to position	`enter'-0-)	compensation	allowances
AMANDA J KAISER	PRESIDENT	i	l	
4442 WEST LANE		ŧ	l	
CUBA CITY, WI 53807-9314	1.00	0.	0.	0.
CEANNE M KAISER	SECRETARY			
6902 OLD WHISKEY CREEK	ı	ľ		
FT. MYERS, FL 33919	1.00	0.	0.	0.
JEFFREY A KAISER	TREASURER			
6902 OLD WHISKEY CREEK				i
FT. MYERS, FL 33919	1.00	0.	0.	0.
COREY R KAISER		<del></del>	<u>·</u>	
	VICE PRESIDEN	ľ		
	1 00			_
CUBA CITY, WI 53807-9314  2 Compensation of five highest-paid employees (other than those incl	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) Contributions to	(a) Evanga
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(G) COMPONICATION	compensation	allowances
NONE				
		ł		
			<u> </u>	
<del></del>				
<del></del>	<del></del>	<del> </del> -	<del> </del>	<del></del>
			•	
T. I. Laurahan of allow and automatical and the control of the con	<u> </u>	L	<u> </u>	
Total number of other employees paid over \$50,000	<del></del>	<del></del>		990-PF (2016)
			⊦∩rm	ラクリーピア (2016)

Form 990-PF (2016) KAISER FAMILY FOUNDATION CORPORATI  Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		168111 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) type of service	(c) compensation
- ATOME		
<del></del>		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<u> </u>	<u> </u>
<del></del>	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced	Information such as the	Expenses
N/ / 2	3, 610.	
1N/A		
2	<del></del>	<del></del>
<del></del>		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
1 N/A		<del></del> _
2		
All other program-related investments. See instructions.		
3		
<del></del>	<del></del>	
Total. Add lines 1 through 3		0.
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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	514,281.
ь	Average of monthly cash balances	16	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	514,281.
e	Reduction claimed for blockage or other factors reported on lines 1a and	, W	
	1c (attach detailed explanation) 1e 0.	ā 🖎	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	514,281.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,714.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	506,567.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	22,699.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	22,699.
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	Add lines 2a and 2b	2c	87.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	22,612.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	22,612.
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	22,612.
	art,XII Qualifying Distributions (see instructions)	· · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	*	25 000
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	25,000. 0.
b	Program-related investments - total from Part IX-B	1b	<del>U•</del>
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:	. 4	
	Suitability test (prior IRS approval required)	3a	<del></del>
	Cash distribution test (attach the required schedule)	3b	25,000.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	∠5,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	ایا	^
_	income. Enter 1% of Part I, line 27b	5	<u> </u>
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	ualities fo	r the section
	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	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				22,612.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			<u>0.</u>	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011				
<b>b</b> From 2012				
c From 2013				
<b>d</b> From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 25,000.			<del></del>	
a Applied to 2015, but not more than line 2a		* * * * · · · · · · * * * * * · · · · ·	, , , , , , , , , , , , , , , , , , ,	
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)	* * * * * * * * * * * * * * * * * * * *	<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)  d Applied to 2016 distributable amount	* * * * * * * * * * * * * * * * * * * *			22,612.
e Remaining amount distributed out of corpus	2,388.			22,012.
Excess distributions carryover applied to 2016	2,300.			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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,388.			
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	ļ			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	<del>-</del>			
Subtract lines 7 and 8 from line 6a	2,388.			
10 Analysis of line 9:	- 1000 ·	**************************************		
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 2,388.				
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Part XIV Private Operating Fo	PAMILY FOUN	DATION CORPO	A guarter ()	N/2	68111 Page 10
<del></del>			A, question 9)	N/A	
1 a If the foundation has received a ruling of		· · · · · · · · · · · · · · · · · · ·			
foundation, and the ruling is effective for	•	•		4040()(2) == [ ] 40	240(1/5)
b Check box to indicate whether the found	Tax year	ig roundation described i	Prior 3 years	4942(j)(3) or 49	942( <sub>1</sub> )(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
	(a) 2010	(8) 2010	(6) 2014	(4) 2010	(6) 10181
investment return from Part X for		<b>}</b>		1	
each year listed  b 85% of line 2a	<del></del>	<del> </del>	<del> </del>	<del> </del>	
c Qualifying distributions from Part XII,	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
line 4 for each year listed		1		<b>}</b>	
d Amounts included in line 2c not	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
used directly for active conduct of					
exempt activities		Ľ	İ	<u>}</u>	
e Qualifying distributions made directly	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
for active conduct of exempt activities.			<b>!</b>	}	
Subtract line 2d from line 2c		1		}	
3 Complete 3a, b, or c for the	<del></del>	<del> </del>	<del>}</del>	<del> </del>	<del> </del>
alternative test relied upon:			<b>!</b>	<b>\</b>	}
"Assets" alternative test - enter:     (1) Value of all assets				j	
` '	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		}		<u> </u>	}
<b>b</b> "Endowment" alternative test - enter		<b> </b>		<del> </del>	
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed				†	
c "Support" alternative test - enter:	<del></del>	<del> </del>	<del></del>	<del> </del>	
(1) Total support other than gross		<b>\</b>	İ	<b>\</b>	
investment income (interest,		}		1	
dividends, rents, payments on		ļ	}		}
securities loans (section 512(a)(5)), or royalties)		<b>ķ</b>			
(2) Support from general public	<del></del>	ļ		<del> </del>	
and 5 or more exempt		)		}	
organizations as provided in section 4942(j)(3)(B)(iii)		ţ		1	
(3) Largest amount of support from	<u> </u>	<del> </del>		<del> </del>	
an exempt organization		t			
(4) Gross investment income	<del></del>			<del></del>	
Part XV Supplementary Info	rmation (Comple	te this part only it	the foundation b	nad \$5,000 or mor	e in assets
at any time during the				40,000 01 1110.	· · · · · · · · · · · · · · · · · · ·
1 Information Regarding Foundation	<del></del>	<del></del>			
a List any managers of the foundation who	<u> </u>	than 2% of the total contr	ibiltions received by the f	nundation before the clos	e of any tax
year (but only if they have contributed m			ibations received by the r	oundation bolore the clos	c of any lax
SEE STATEMENT 8					
<b>b</b> List any managers of the foundation who	o own 10% or more of the	e stock of a corporation (	or an equally large portion	n of the ownership of a na	rtnership or
other entity) of which the foundation has			or air oquanj largo portion	or the entherening of a pa	This one of
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		<del></del>
Check here ► X if the foundation of				nt accent unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb	per or e-mail address of the	he person to whom applic	ations should be address	sed*	
	o. oa.i addiodo oi ti	por our to mnom applic			
<b>b</b> The form in which applications should be	e submitted and informat	tion and materials they sh	only ruchide.		<del></del>
The second of th	- 130,oo and imorriat	uno materiale tries sil	oute morado.		
c Any submission deadlines;		<del></del>	· · · · · · · · · · · · · · · · · · ·		
G 7 my outsimosion abdumnos.					
d Any restrictions or limitations on awards	s, such as by geographics	al areas, charitable fields	kinds of institutions or o	ther factors:	
, at immutation on awards	, 20 D) goograpinod	sac, character holds,			
623601 11-23-16				<del></del>	Form <b>990-PF</b> (2016)

Part XVI-A	<b>Analysis of Income-Producing Activities</b>
5	g

Program service revenue:     a     b	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt
a			sion		
a				Amount	function income
			] 7	·	·
c	]				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments				·	
3 Interest on savings and temporary cash					
investments			14	7.	
4 Dividends and interest from securities			14	12,079.	
5 Net rental income or (loss) from real estate:	* * * *		" n		
a Debt-financed property		 		<u></u>	
b Not debt-financed property	L				
6 Net rental income or (loss) from personal property					
7 Other investment income					<del></del>
8 Gain or (loss) from sales of assets other					
than inventory			18	-313.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1 1		
a					
b					
c	ļ	 <del> </del>			
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	2 % (	0.	4 W	11,773.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	11,773.
(See worksheet in line 13 instructions to verify calculations.)		<del></del>			

# Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	/ 
	<u></u>
	<u></u>
	) 
	 <del> </del>
	<u></u>

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

i Dia i	ne organization directly or indi	rectly engage in any	of the tollowin	ig with any other organization	on aescribea in sec	tion 501(c) at	<u> </u>	162	140
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								* , %	
<b>a</b> Tran	sfers from the reporting founda	ation to a noncharita	ble exempt org	ganization of:			, ,	, 25.*	7. ·
(1)	Cash						1a(1)		_X_
(2)	Other assets						1a(2)	<u> </u>	X
<b>b</b> Othe	r transactions:						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, J.	, , ,
(1)	Sales of assets to a noncharital	ble exempt organiza	tion				16(1)		X
(2)	Purchases of assets from a nor	ncharitable exempt i	organization				1b(2)		X
	Rental of facilities, equipment,		Ū				1b(3)		X
	Reimbursement arrangements						1b(4)		X
	Loans or loan guarantees						1b(5)		X
	Performance of services or me	mbership or fundral	sına solıcıtatıo	ns			1b(6)		X
-	ing of facilities, equipment, ma						1c		X
	answer to any of the above is	•	•	• •	wave show the fair	market value of the ac		ets	
	ervices given by the reporting for							,015,	
	mn (d) the value of the goods,			ou loss than ran market vale	ic in any transaction	ir or sharing arrangem	ont, 311017 III		
(a) Line no	(b) Amount involved	<del></del>		e exempt organization	(d) Description	on of transfers, transactions	and sharing arr	angemer	
(4)4	(b) / illiount intolled	1 (0)	N/A	o oxompt or gamzatron	(b) basaripin	511 07 4 22 13 CC 13, 11 22 13 CC 10 11	s, and sharing an	argeniei	
	<del> </del>	<del> </del>	11/A		<del>-}</del>				
	<del> </del>	<del> </del> -		<del></del>	-+				
	<del> </del>	<del> </del>		<del></del>	<del></del>				
	<del> </del>	<del> </del>			<del></del>				
	<del> </del>	<del> </del>		<del></del>	<del></del>				
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	<u> </u>	<u> </u>							
	<u> </u>	<u> </u>							
2a Is th	e foundation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın se	ction 501(c) of the Code (other	r than section 501(c	(3)) or in sect	ion 527?			Yes	X	No
	es," complete the following sch								_
	(a) Name of org			(b) Type of organization		(c) Description of rela	ationship		
	N/A					<del></del>	<del></del>	-	
					,	<del></del>			
						<del></del>			
					<del> </del>		<del></del>		
		<del></del>		<del> </del>	<del> </del>				
1	Under penalties of perjury, I declare t	that I have examined this	return, includina	accompanying schedules and st	tatements, and to the b	est of my knowledge			
				taxpayer) is based on all informa			May the IRS of return with the		
Here	M VIII.			1/0/21/17	PRESI	ריביאזתו	shown below		¬ ·
	Separature of officer or trustee				-	DENI	X Yes		_i No
+	<del></del>		Dropororio o	Date /	Title	Chook [ ] if I	OTIN		
	Print/Type preparer's na		Preparer's si	gnature	Date	Check if   I self- employed	PTIN		
Paid	)						500100	401	
	CPA				10/24/17	<u></u>	P00198		
Prepa		KAMP KRUE	GER & (	CO., P.C.		Firm's EIN ► 42	-09461	55	
Use O			<del> </del>			<del></del>			
	Firm's address ▶ P								_
	DÜ	BUQUE, IA	<u>52004</u>	-0699		Phone no. (56	3)556-		
							Form <b>99</b> 0	D-PF	(2016)

KAISER FAMILY FOUNDATION CORPORATION 81-1168111 PAGE OF 1 Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a ALPS SECTOR DIVIDEND 04/26/1612/07/16 b WISDOMTREE MIDCAP DIVIDEND P 08/26/1612/07/16 c HENDERSON GLOBAL EQUITY INCOME CL P 02/26/16|06/27/16 d BLACKROCK NATIONAL MUNI INV A P 02/26/1611/18/16 e BLACKROCK NATIONAL MUNI P 02/26/1612/07/16 INV A 04/26/16|12/07/16 f NORTHERN SMALL CAP VALUE FUND P P O PAYDEN EQUITY INCOME FD INV 07/26/1612/07/16 02/26/1611/18/16 h DEUTSCHE GLOBAL REAL ESTATE SECS S P 07/26/1612/07/16 SCHWAB US DIVIDENDS EQUITY ETF P SCHWAB US LARGE CAP GROWTH ETF P 07/26/1612/07/16 k DEUTSCHE MANAGED MUNI BD CL S P 02/26/1612/07/16 DEUTSCHE MANAGED MUNI BD CL S P 02/26/1611/18/16 m TEMPLETON INST INTL EOTY SERIES SERVICE CL P 04/26/1612/07/16 02/26/1608/26/16 n VICTORY SYCAMORE ESTABLISHED VALUE A P O CAPITAL GAINS DIVIDENDS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) -53. 1,271 1,324. 52. 1,433. 1,381. b 18,052. -1,954. 20,006. С -201. 6,446. 6,647. d  $2,\overline{251}$ . -65. 2,316. <u>3,229.</u> 2,758. 471. 14,543. 14,325. 218. -757**.** 13,764. 14,521. 5,498. 104. 5,394. 3,818. 3,711. 107. 2,048. -82. 2,130. 7.628. 7,933. -305. 40. 2,969. 2,929. m 15,915. 14,711. 1,204. n 908. 908. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -53. 52. b -1,954. C -201. ₫ -65. 471. 218. -757. 104. 107. -82. -305. 40. m 1,204. n 908. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

623591

Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

-313.

N/A

#### 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 <a href="https://www.rs.gov/form990">www.rs.gov/form990</a>.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

K	AISER FAMILY FOUNDATION CORPORATION	81-1168111
Organization type (check	one)	
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	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	I Rule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II See instructions for determining a contribu	•
Special Rules	•	
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the an Z, line 1 Complete Parts I and II	6a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received froutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or excruelty to children or animals. Complete Parts I, II, and III.	-
year, contribution: is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled there the total contributions that were received during the year for an exclusively religion properties any of the parts unless the <b>General Rule</b> applies to this organization because only, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000 If this box gious, chantable, etc,
but it must answer "No" or	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule I on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on it the 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.

Name of or	ganization	Employer identification number	
KAISE	R FAMILY FOUNDATION CORPORATION		81-1168111
Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	JEFF AND CEANNE KAISER  6902 OLD WHISKEY CREEK  FT. MYERS, FL 33919	\$500,0	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2	JEFF AND CEANNE KAISER  6902 OLD WHISKEY CREEK  FT. MYERS, FL 33919	\$ 992,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		.   	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
			Person Payroll

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

(Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### KAISER FAMILY FOUNDATION CORPORATION

81-1168111

	R FAMILY FOUNDATION CORPORATION			-1108111
Part II	Noncash Property (See instructions) Use duplicate copies of Part II if	additio	nal space is needed	
(a) No. from Part I	, (b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
	4,029.161 SHARES FIRST TRUST FTSE EPRA/NAREIT GLBL REAL	1-		
2	EST INDEX (FFR) AT \$42.30	1		
		\$_	170,446.	12/30/16
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
	448.004 SHARES ISHARES RUSSELL 2000 GROWTH (IWO) AT	+		·
2	\$153.94	İ		
		\$_	68,966.	12/30/16
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
	265.000 SHARES ISHARES RUSSELL 2000 VALUE INDEX (IWN) AT	1		<del></del>
2	\$118.94			
		\$_	31,519.	12/30/16
(a)		1	(a)	
No.	(b)	}	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	}	(See instructions)	Date received
	864.053 SHARES ISHARES S&P 500 GROWTH INDEX (IVW) AT	+		<del></del>
2	\$121.79			
		}		
		\$_	105,233.	12/30/16
(a)		†		
No.	(b)		(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given		(See instructions)	Date received
Parti	555.000 SHARES ISHARES S&P 500 VALUE (IVE) AT \$101.38	+		
2	, , , , , , , , , , , , , , , , , , ,			
		{		
		\$_	56,266.	12/30/16
(a)		<del> </del>		<del></del>
No.	(b)	1	(c)	(d)
from	Description of noncash property given	}	FMV (or estimate) (See instructions)	Date received
Part I	421 000 000000 7000000 000 000 000 000 000	-	(230 1	
,	431.000 SHARES ISHARES S&P MID-CAP 400 GROWTH (IJK) AT \$182.20			
$-\frac{2}{}$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	}	<b>,</b>	
ļ		\$_	78,528.	12/30/16
453 10-18	2.16	حنا		90, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

#### KAISER FAMILY FOUNDATION CORPORATION

81-1168111

Pårt II	Noncash Property (See instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	490.021 SHARES ISHARES S&P MID-CAP 400 VALUE (IJJ) AT \$145.21		
		\$71,156.	12/30/16
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	7,357.000 SHARES SCHWAB US LARGE CAP GROWTH ETF (SCHG) AT \$55.83		
		\$ 410,741.	12/30/16
(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
323453 10-18		\$Sahadula B (Form 0	90, 990-EZ, or 990-PF) (2016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization **Employer identification number** FAMILY FOUNDATION CORPORATION KAISER 81-1168111 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

14237\_\_1

FORM 990-PF INTERES	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB			7.	<del></del> _	7.	
TOTAL TO PART I, LI	NE 3		7.		7.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE R BOOKS	(B) NET INVES' MENT INCO	
CHARLES SCHWAB	12,987	90	8.	12,079.	5,89	9.
TO PART I, LINE 4	12,987	• 90	8.	12,079.	5,89	9.
FORM 990-PF	0	THER PROFES	SIONAL (1			STATEMENT 3
DESCRIPTION		EXPENSES PER BOOKS	NET IN	VEST- INCOME	(C) ADJUSTED NET INCOM	
MANAGEMENT FEES		1,370.		1,370.		0.
TO FORM 990-PF, PG	1, LN 16C =	1,370.		1,370.	<del></del>	0.
FORM 990-PF	<del></del>	TAX	ES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	( F NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	
FOREIGN TAX PAID - (	CHARLES	169.		169.		0.
TO FORM 990-PF, PG	1, LN 18	169.		169.		0.
					<del></del>	

FORM 990-PF OTHER INCREASES IN N	ET ASSETS OR FUI	ND BALANCES	STATEMENT 5
DESCRIPTION			AMOUNT
UNREALIZED GAINS NONDIVIDEND DISTRIBUTIONS			13,398. 722.
TOTAL TO FORM 990-PF, PART III, LII	NE 3		14,120
FORM 990-PF COI	RPORATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB	<del>-</del>	1,492,209.	1,492,209
TOTAL TO FORM 990-PF, PART II, LIN	E 10B =	1,492,209.	1,492,209
FORM 990-PF LIST OF SUBS	TANTIAL CONTRIBU	 JTORS	STATEMENT 7
	II-A, LINE 10 ADDRESS		
JEFF AND CEANNE KAISER	6902 OLD WHISH	KEY CREEK	

FORM 990-PF	PART XV - LINE 1A	STATEMENT 8
	LIST OF FOUNDATION MANAGERS	

FT. MYERS, FL 33919

NAME OF MANAGER

CEANNE M KAISER JEFFREY A KAISER