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EXTENDED TO JANUARY 16, 2018

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

16

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning MAR 1, 2016	and endi	ng FEB 28, 20	017
			entification number
B Check if applicable THE CHARLES E. KUBLY FOUNDATION,	TNC.	2 Employer id	
X Address FKA CHARLES E. KUBLY FUND, INC.			
y Name			0-0375310
Initial			
	Room	/suite E Telephone nu	
terms 1341 W MEQUUN ROAD, #220			14-477-9959
ated City or town, state or province, country, and ZIP or foreign postal co	ode	G Gross receipts \$	
return MEQUOIN, WI 33092	<del></del>	H(a) Is this a gro	· — —
F Name and address of principal officer ANN HOMSTAD		for subordi	nates? Yes X No
SAME AS C ABOVE		H(b) Are all subordu	nates included? Yes No
1 Tax-exempt status X 501(c)(3) 501(c)( ) (Insert no.) 494	47(a)(1) or 🔲	<u>∭527</u> If "No," atta	ach a list. (see instructions)
J Website: ► WWW.CHARLESEKUBLYFOUNDATION.ORG		H(c) Group exer	mption number
K Form of organization: X Corporation Trust Association Other ▶	<u> </u>	Year of formation: 200	03 M State of legal domicile WI
Part I Summary	•		
Briefly describe the organization's mission or most significant activities.	THE CHA	RLES E. KUBI	LY FOUNDATION
SEEKS TO BETTER THE LIVES OF THOSE AF  Check this box If the organization discontinued its operations of the governing body (Part VI, line 1a)  Number of independent united members of the governing body (Part VI, line 1a)			
Check this box If the organization discontinued its operations o			
Number of voting members of the governing body (Part VI, line 1a)	7.7		3 8
	' 평 '		4 8
<b>W</b>	101 146	1 1 6 2018   S	
5 Total number of volunteers (estimate if necessary).	. افره		
5 I	OG	DEN, UT	6 0
7 a Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
b Net unrelated business taxable income from Form 990-T, line 34			7b  О.
Ø 1		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		328,29	305,736.
្តី 9 Program service revenue (Part VIII, line 2g)			0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)		7.0	564.
11 Other revenue (r art vin, column (A), lines 5, 60, 60, 90, 100, and 11e)		-14,80	-23,795.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 12)	314,19	99. 282,505.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		191,74	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (D), line 25) 17 Other processes (Part IX, column (D), line 25)	s 5-10)	49,77	
16a Professional fundraising fees (Part IX, column (A), line 11e)	· - <b>,</b>		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.		<u> </u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u></u>	40,17	74. 54,605.
	••	281,69	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12		32,50	
19 Neveride less expenses Subtract line 10 front line 12			
To Trets has less expenses Sastract line 15 hours line 12		Beginning of Current )	
20 Total assets (Part X, line 16)		480,23	
21 Total liabilities (Part X, line 26)		1,03	
22 Net assets or fund balances Subtract line 21 from line 20		479,19	96. 416,402.
Part II   Signature Block	· · · · · · · · · · · · · · · · · · ·		
Under penalties of perjury, I declare that I have examined this return, including accompanying s			
true, correct, and complete. Declaration of preparer (other than officer) is based on all informati	ion of which pr	eparer has any knowledge.	<u> </u>
). I ambanta		X'	10130117
Sign Signature of officer		Date	(
Here ANN HOMSTAD, EXECUTIVE DIRECTOR			
Type or print name and title			
Print/Type preparer's name Preparer's signature		Date Che	eck PTIN
Paid KATHRYN L BENNETT KATHRYN L BE	ENNETT	08/09/17 set	employed P00281898
Preparer Firm's name CLIFTONLARSONALLEN LLP		Firm's Elf	
	E 200	1111113511	<u> </u>
MILWAUKEE, WI 53226		Dhone no	0.414-476-1880
May the IRS discuss this return with the preparer shown above? (see instructions)	<del></del>	I E HORE HO	
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate in			X Yes No Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4		
* (	THE CHARLES E. KUBLY FOUNDATION, INC.	
Form	m 990 (2016) FKA CHARLES E. KUBLY FUND, INC.	20-0375310 Page 2
	Part III Statement of Program Service Accomplishments	20-0375310 Page 2
تت ت	Check if Schedule O contains a response or note to any line in this Part III	. X
1		<u></u>
•	THE CHARLES E. KUBLY FOUNDATION SEEKS TO BETTER THE LIV	ES OF THOSE
	AFFECTED BY DEPRESSION BY INCREASING PUBLIC AWARENESS O	
	AND ITS DEVASTATING EFFECTS, ELIMINATING THE STIGMA ASS	
	IT, SUPPORTING SUICIDE PREVENTION PROGRAMS AND PROMOTIN	
2		
	pnor Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	· · · · · · · · · · · · · · · · · · ·	nue \$)
	THE FOUNDATION ORGANIZES A MUSICAL EVENT TO HELP FUND	
		2016, \$254,885
	WAS DISTRIBUTED TO OVER A DOZEN DIFFERENT ORGANIZATIONS	
	TO RAISE AWARENESS OF DEPRESSION ISSUES, SUPPORT RESEAR	CH, AND REACH
	OUT TO PEOPLE WITH DEPRESSION.	
4b	b (Code) (Expenses \$) (Reven	nue \$)
4c	C (Code) (Expenses \$ including grants of \$) (Reven	\$ au
	/ Control of the cont	,

632002 11-11-16

4d Other program services (Describe in Schedule O)

Total program service expenses

Form **990** (2016)

including grants of \$ 260,109.

Form 990 (2016) FKA CHARLES E. KUBLY FUND, INC.
Part IV Checklist of Required Schedules

20-0375310

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,	
_	If "Yes," complete Schedule A	1	X	<del> </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	}
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		٦,
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		,,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III .	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			}
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ		[
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			}
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		{
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	[
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Ì
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a2 If "Ves " complete Schedule G. Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
			990	(2016)
				· · - /

Form 990 (2016) FKA CHARLES E. KUBLY FUND, INC. 20-0375310 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	]		
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	,		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	,		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		.	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		.	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		l	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			77
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions).	202		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<b>X</b> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1 .	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>'</u>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		. <u>.                                   </u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X .	
		Form	990 (	2016)

. 7 .

FKA CHARLES E. KUBLY FUND, INC. 20-0375310 Page 5

The Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable  b. Enter the number of Forms W2G included in time 1a Enter 0-if not applicable  b. Enter the number of Forms W2G included in time 1a Enter 0-if not applicable  c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) with my without the complex of the comple	Par	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
1a Enter the number reported in Box 3 of Form 1096. Enter -0 fin not applicable Enter the number of Forms W 25 included in time to Enter -0 fin not applicable O did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambleng) wimming to prize wimmen? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 2 if it at least one is reported on his e2, did the organization file all required federal employment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-/itie (see instructions) 3 bit of the calendary year and the year? If "No, To line 35, provide an explanation in Schedule O. 3 bit of 10 fives, has it filed a Form 990 ff for the year? If "No, To line 35, provide an explanation in Schedule O. 3 bit of 10 fives, has it filed a Form 990 ff for the year? If "No, To line 35, provide an explanation in Schedule O. 3 bit if "Yes," enter the name of the foregon country."  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR) 5 with organization and party of the programization has a transcition at any time during the tax year?  5 bit "Yes," and be party northly the organization that it was or as a party to a prohibited tax sheller transaction of sary time during the tax year?  5 bit "Yes," and the organization registration of Fine 888617  5 cit "Yes," to line 5 or 55, did the organization file Firm 888617  5 cit "Yes," to line 5 or 55, did the organization file I was or as a party to a prohibited tax sheller transaction or office any contributions that were not tax deductable?  5 cit "Yes," to line 5 or 55, did the organization file and the organization solid to the programization receive docuble with every solidation are express statement that such contributions or grits were not tax deductable?  6 cyling the organization shall receive		Check it schedule o contains a response of note to any line in this Fart v	—-т	· ·	لبا
be Enter the number of Forms W 2G included in fine 1a. Enter -0 find applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambbing) winnings to prize winners?  2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this intuition. The transmitted on the search of the calendar year ending with or within the year covered by this enturn.  2 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a D old the organization and the search of the organization file all required federal employment tax returns?  3b D of the organization and the search of the organization file all required federal employment tax returns?  3c D of the organization and the organization file all required federal employment tax returns?  3c D of the organization and the organization file all required federal employment tax returns?  3c D of the organization and the organization file file and the organization in a foreign country (such as a bank account, secretics account, or reter financial accounts (FBAR)  3c Mas the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  3c If Yes, *to line Sa or Sh, did the organization that was or sa party to a prohibited tax shelter transaction?  3c If Yes, *to line Sa or Sh, did the organization file Ferm 8865.72  3c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solition and party for organization shall were not tax deductible?  3c D iff Yes,* did the organization mixture on tax deductible as chariable contributions?  3c D iff the organization shall were on tax deductible as chariable contributions?  3c D iff the organization shall were on tax deductible as chariable contributions?  3c D iff the organization shall were only the discount of the year of the produ	10	Enter the number reported in Box 3 of Form 1006. Enter 0 of not confusible		res	NO
combing winnings to prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the roturn.  2b If at least one is reported on the 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3 D the organization have unrested business gross succine of \$1,000 or more dumpt the year?  3 Let the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3 D the organization have unrested business gross succine of \$1,000 or more dumpt the year?  3 Let the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3 Let the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3 Let the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3 Let the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3 Let the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3 Let the sum of	_		ļ		
(gambling) winnings to prize winners?  2			]		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-//de (see instructions)  3 b. If the organization have unrelated business gross income of \$1,000 or more during the year?  3 b. If Yes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3 b. If Yes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3 b. If Yes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3 b. If Yes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3 b. If Yes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3 b. If Yes, "to line 5a of 5b, did the organization that was or a a party to a prohibited tax schedir transaction?  5 b. D dary taxable party notify the organization that was or a a party to a prohibited tax schedir transaction?  5 b. If "Yes," to line 5a of 5b, did the organization file Form 888-17  5 c. If Yes, "do the organization neural gloss recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 b. If "Yes," did the organization neural gloss recepts that are normally greater than \$100,000, and did the prograzion solicity and the prograzion solicity and the prograzion solicity and progration solicity and	·		10		
filed for the calendar year ending with or within the year covered by this return	22	· · · · · · · · · · · · · · · · · · ·			
If all least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   X	Lu				
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3	h		2h	x	
3a Dd the organization have unrielated business gross income of \$1,000 or more during the year?  4b if "Yes," has it filed a Form 980T for this year? if "No," to line 3b, provide an explanation in Schedule O  4a. All any time during the callendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See in Yes, Yes and the organization in Include the Organization for Financial Account	~				
b if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a X  X  X  X  X  X  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Life any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Life's, "to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is a charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible is a charitable contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor?  7b If "Yes," and did organization in ontify the donor of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$75 made party is a contribution and party for which it was required to tile Form 8829?  7c If Was," indicate the number of Forms 8826 filed during the year  7d If yes, "indicate the number of Forms 8826 filed during the year  7d If the organization received a contribution of cars, boats, aphabies, or other vehicles, did the organization file Form 1098-C?  7b Did the organization received a contribution of cars, boats, aphabies, or other vehicles, did the organization file Form 1098-C?  7a Payman and the organization makes a distribution to advised funds.  a D	За		3a		Х
4a Al any time during the calendar year, idd the organization have an interest in, or a signature or other authority over, a timancial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  S Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions?  6a Was the organization shart many receive deductible as chariable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a Was to file Form 8282?  7b If "Yes," indicate the number of Forms 8282 filed during the year  7c Did the organization received a payment in excess of \$75 made party as a contribution on an party for goods and services provided to the ferm 8282?  7c X  7d If "Yes," indicate the number of Forms 8282 filed during the year  9 Und the organization received a contribution of undirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of undirectly or indirectly, on a personal benefit contract?  7d If the organization received a contribution of undirectly or indirectly, on a personal benefit contract?  7d If the organization received a contribution of undirectly depreted the organization file Form 8899 as required?  7d If the organization receive					
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b if "Yes," either the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 59 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 Doa of any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 51 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 52 Organizations that may receive deductible contributions under section 170(c). 53 If If "Yes," did the organization notify the donor of the value of the goods or services provided? 54 If If Yes," did the organization notify the donor of the value of the goods or services provided? 55 Und the organization received achieving organization to the goods or services provided? 56 If Yes," did the organization notify the donor of the value of the goods or services provided? 56 If Yes," did the organization notify the donor of the value of the goods or services provided? 56 If Yes, "Indicate the number of Forms 8282 filed during the year 57 If Yes," did the organization received a contribution of qualified intellectual property, did the organization fer organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 57 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 58 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 59 Did the sponsoring organization maintaining donor advised funds. 50 If Yes, Foreign organization maintaining			4a		х
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11 Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  12 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  14 Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		The state of the s	$\neg \neg$		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •			
			$\neg$		
	b	ii res, has it lied a Form 720 to report these payments 7 if "No," provide an explanation in Schedule U		aan	(2016)

## THE CHARLES E. KUBLY FOUNDATION, INC.

Form 990 (2016)

FKA CHARLES E. KUBLY FUND, INC.

20-0375310

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part Vi					X
<u>Sec</u>	tion A. Governing Body and Management		<del></del>			
		1	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ì	i		1	
	Enter the number of voting members included in line 1a, above, who are independent	1b_	L	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	ct supervision			.,
_	of officers, directors, or trustees, or key employees to a management company or other person?	200		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S		•	4	<b></b>	X
5	Did the organization become aware during the year of a significant diversion of the organization's as: Did the organization have members or stockholders?	Sers	•	- <u>5</u>		X
6	Did the organization have members of stockholders, or other persons who had the power to elect or a	nnoint	ODB Or	-		
7 a	more members of the governing body?	ppoint	One of	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders or	10		
-	persons other than the governing body?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00.0, 0.	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	 ar hv th	ne following:			-11
-	The governing body?	u. 2,		8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched.	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		-	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		••	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ci	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form?	11a	<u> </u>	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		-	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	ļ	_X_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	ļ	X
14	Did the organization have a written document retention and destruction policy?			14		_X_
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-		
	The organization's CEO, Executive Director, or top management official			15a	X	- <del>v</del> -
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b		X
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment :	with a			
ıod	taxable entity during the year?	ciit V		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ite its r	participation	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		•			
17	List the states with which a copy of this Form 990 is required to be filed ►WI					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Γ (Sect	ion 501(c)(3)s only	) availat	le	
	for public inspection. Indicate how you made these available. Check all that apply		•			
	Own website Another's website X Upon request Other (explain	ın Sci	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict d	of interest policy, a	nd finan	cıal	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records ▶			
	ANN HOMSTAD - 414-477-9959					
	1341 W MEQUON ROAD, #220, MEQUON, WI 53092					
63200	3 11-11-16			Forn	990	(2016)

FKA CHARLES E. KUBLY FUND, INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains	a response or note to any	line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MOLLY KUBLY FRITZ	2.00	x		х				0.	0.	0.
PRESIDENT (2) LINDA LUNDEEN	1.00	^	<del>                                     </del>	^		$t^-$		0.	0.	
PRESIDENT ELECT		x		x				0.	0.	0.
(3) LAURA KOPPA	1.00									
TREASURER		X		X		<u>L</u>		0.	0.	0.
(4) EVELYN KELLY	1.00							0		•
SECRETARY	1 00	X		X	⊢			0.	0.	0.
(5) DAN BIRD	1.00	x			Į			0.	0.	0.
DIRECTOR (6) MEG FETHERSTON KASCH	1.00	^			<del> </del>	<del> </del>		<u> </u>		
DIRECTOR		x		}	l	1		0.	0.	0.
(7) LORI R KILIAN	1.00									
DIRECTOR	1 00	X		<u> </u>	<b> </b>	<u> </u>	<u> </u>	0.	0.	0.
(8) ROSS WILLIAMS TREASURER	1.00	x						0.	0.	0.
(9) DEVIN WOLF	1.00	-	<del>                                     </del>	-		$\vdash$				
DIRECTOR		х			l			0.	0.	0.
(10) SALLY KUBLY	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(11) JOHN BOLGER	1.00				•			_	_	
SECRETARY		X		X	<b>!</b>	<del> </del>	<u> </u>	0.	0.	0.
(12) ANN HOMSTAD	22.00	l	ļ.	3.5	Į.		ļ			0
EXECUTIVE DIRECTOR	22.00	-		X		├		0.	0.	0.
(13) CHRISTINA BERGER	22.00	1		x	1	1	1	17,644.	0.	0.
EXECUTIVE DIRECTOR								17,014.		
							-		-	
				-			-			
		-	-	-	-		-		<del></del>	<del></del>

Form 990 (2016)

Par	t VII Section A. Officers, Directors, True	stees, Key Em	ploy	/ees	<u>an</u>	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	<b>&gt;</b> )			(D)	(E)		(F)	
	Name and title	Average	(do		Pos beck		than :	one	Reportable	Reportable	-	Estimat	ed
		hours per	ьох	, unle	ss pe	rson i	s bot	h an		compensation		amount	
		week (list any	<del></del>	T	Ī		7,003	100,	from	from related	.   .	other	
		hours for	director	ļ					the organization	organizations (W-2/1099-MISC		ompens: from th	
		related	Se oz	stee	İ		nsated	ĺ	(W-2/1099 MISC)	(44-22/1099-141100	"	organiza	
		organizations	Individual trustee or	institutional trustee	ļ	yee	mbei	l	(** 2, 100000)		- [	and relat	
		below	lgng	in the	ا تة	Key employee	est co	<u></u>				organizat	ions
		line)	į	Inst	Officer	Key	Highest compensated employee	Former			l_		
											-		
				<u>_</u>			L.						
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		<del></del>	1										
	Sub-total	<del></del>	L	١	<b></b>				17,644.		0.	·	0.
	Total from continuation sheets to Part V	/II Section A				-			0.		0.	<del></del>	0.
	Total (add lines 1b and 1c)	11, 0001101171					1		17,644.		0.		_0.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed al	OOVE	e) wh	10.0			<u> </u>		
_	compensation from the organization						,			,			0
								_	<del></del>	· · · · · · · · · · · · · · · · · · ·		Yes	No
3	Did the organization list any former officer	, director, or tn	uste	e, ke	y er	nplo	yee,	or	highest compensated ea	mployee on			
	line 1a? If "Yes," complete Schedule J for	such individual			-						-   ;	3	Х
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	and	d ot	her compensation from	the organization			
	and related organizations greater than \$15	50,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4	X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indivi	dual for services			
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	оп					5	X
Sec	tion B. Independent Contractors											<del></del>	<del></del> -
1	Complete this table for your five highest co	*								-	ensati	on from	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith (	or w	ıthıı	n the organization's tax	/ear			
	(A)				_				(B)		C	(C)	
	Name and business	5 4001655	N	INC	<u> </u>			$\dashv$	Description of s	ervices	Con	pensatio	···
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2	Total number of independent contractors	(including but n	ot la	mıte	d to	tho	se lis	stec	d above) who received m	ore than			
	\$100,000 of compensation from the organ	-					0						
										·	Fo	m <b>990</b> (	2016)

Page **9** 

Total revenue   Resisted or extension   Consisted or extension   Cons			Check if Schedule O cont		or note to any line	e in this Part VIII			
Business Code    2 a						(A)	Related or exempt function	Unrelated business	Revenuè excluded from tax under
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	nts	1 a	Federated campaigns	. 1a					
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	our P	b	Membership dues	1b					
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	S, C	С	Fundraising events	1c	188,809.				
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	a H	d	Related organizations	1d					
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	B,	е	Government grants (contribut	ions) 1e					
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	r S	f	All other contributions, gifts, gran	ts, and					
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	t pri		similar amounts not included abo	ve 1f	116,927.				
Business Code  2 a   Business Code  2 b   C   C   C   C   C    3   Investment income (including dividends, interest, and other similar amounts)  4   Income from investment of tax exempt bond proceeds  5   Royalties   C   C   C   C    5   Royalties   C   C   C    5   Royalties   C   C   C    6   A   Gross rents   C   C   C    5   Royalties   C   C   C    6   A   Gross amount from sales of assets other than inventory be Less cost or other basis and sales expenses contributions reported on line to; See Part IV, line 18   A   C   C    9   A   C   C   C   C   C    10   A   C   C   C    11   A   C   C   C    11   A   C   C   C    11   A   C   C   C    12   A   C   C    13   A   C   C    14   C   C   C    15   C   C    16   C   C    17   C   C    18   C   C    10   C   C    10   C   C    11   C   C    11   C   Total Add lines 11a-11d   C    12   Total treevenuse enstructions   C   C    12   Total treevenuse enstructions   C   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C    18   C   C    19   C   C    10   C   C    11   C   Total Amount   C    11   C   Total Tevenuse enstructions   C    10   C   C   C    11   C   Total Tevenus   C    12   Total Tevenus & enstructions   C    14   C   Total Tevenus & enstructions   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    11   C   Total Tevenus & enstructions   C    12   Total Tevenus & enstructions   C    13   C   C   C    14   C   C   C    15   C   C   C    16   C   C   C    17   C   C   C    18   C   C   C    19   C   C   C    10   C   C   C    10   C   C   C    10   C   C   C    11   C   Total Tevenus & enstructions   C    11   C   Tot	Pg	g	Noncash contributions included in lines	1a-1f \$					
2 a b   b   c   c   c   c   c   c   c   c	<u>පි පි</u>	h	Total. Add lines 1a-1f		<b></b>	305,736.			
b d d d d d d d d d d d d d d d d d d d					<b>Business Code</b>				
b d d d d d d d d d d d d d d d d d d d	9	2 a				<del></del>			
Total, Add lines 2a2!  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royaltes  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net gain or (loss) c A Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses b 56, 454. c Net income or (loss) from fundrasing events 9 a Gross income from gaming activities. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses b C Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C C C A Gross instructions.  > 282,505.  0 0 0 -23,231.	ه څ	b							
Total, Add lines 2a2!  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royaltes  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net gain or (loss) c A Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses b 56, 454. c Net income or (loss) from fundrasing events 9 a Gross income from gaming activities. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses b C Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C C C A Gross instructions.  > 282,505.  0 0 0 -23,231.	Sell	c							
Total, Add lines 2a2!  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royaltes  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net gain or (loss) c A Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses b 56, 454. c Net income or (loss) from fundrasing events 9 a Gross income from gaming activities. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses b C Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C C C A Gross instructions.  > 282,505.  0 0 0 -23,231.	e v	d	l <u></u>						
Total, Add lines 2a2!  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royaltes  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net gain or (loss) c A Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses b 56, 454. c Net income or (loss) from fundrasing events 9 a Gross income from gaming activities. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses b C Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C C C A Gross instructions.  > 282,505.  0 0 0 -23,231.	<u>Б</u> п	е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties  6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 188,809. or contributions reported on line 1o). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  564.	•	f	All other program service reve	enue	L				
other similar amounts)    A   Income from investment of tax exempt bond proceeds   S   S	$\rightarrow$	g				<del></del>			<del> </del>
4 Income from investment of tax exempt bond proceeds 5 Royalties  6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c Casin or (loss) d Net gain	1	3	Investment income (including	dividends, inter	est, and				
Second   Comparison   Compari	į		•		<b>•</b>	564.		<del></del>	564.
(i) Real (ii) Personal  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 4 Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from fundraising events 9 a Gross income from gaining activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a b C C d All other revenue e Total, Add lines 11a-11d 12 Total revenue, See instructions.		4	Income from investment of ta	x-exempt bond	proceeds 🕨				<del> </del>
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 188,809, of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.		5	Royalties						<del></del>
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and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  a Business Code  282,505.  0. 023,231.	}			_					
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	ļ				. ▶↓				<del></del>
	لــــــ	12	Total revenue. See instructions.			<u> 282,505.</u>	0.	0	

Form 990 (2016) FKA CHARLES E. KUBLY FUND, INC. 20-0375310 Page 10
Part IX Statement of Functional Expenses

Do 1	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	this Part IX (B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	254 225	254 225		
	and domestic governments. See Part IV, line 21	254,885.	254,885.		<del></del>
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<del></del>	<del></del>
5	Compensation of current officers, directors,	17 (11		17 644	
_	trustees, and key employees	17,644.		17,644.	<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	15,457.	5,224.	10,233.	<del></del>
7	Other salaries and wages Pension plan accruals and contributions (include	15,45/•	5,444.	10,433.	
8	section 401(k) and 403(b) employer contributions)				
_	Other employee benefits				
9	Payroll taxes	2,708.		2,708.	
10	Fees for services (non-employees)	2,700.		2,700.	
l1 a	Management				
b	Legal				<del></del>
C	Accounting	18,610.		18,610.	
d	Lobbying	10,010.		10,010.	
e	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)			ľ	
12	Advertising and promotion	19,160.		19,160.	
13	Office expenses	12,835.		12,835.	
14	Information technology	212.		212.	
15	Royalties				
16	Occupancy	2,400.		2,400.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,388.		1,388.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	345,299.	260,109.	85,190.	(
26	Joint costs. Complete this line only if the organization		)		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 11 following SOP 98-2 (ASC 958-720)				Form 990

THE CHARLES E. KUBLY FOUNDATION, INC.

Form 990 (2016) FKA CHARLES E. KUBLY FUND, INC. 20-0375310 Page 11

Part X | Balance Sheet

Par	٠^	Datance Sneet			·
		Check if Schedule O contains a response or note to any line in this Part X	7	ı – <u>– – – – – – – – – – – – – – – – – –</u>	(2)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	46,381.	1	14,912. 396,025.
	2	Savings and temporary cash investments	432,602.	2	396,025
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		1	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary		i i	
ets		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	···
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,250.	9	7,000.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	<del></del>	10c	<del></del>
	11	Investments · publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	400 000	15	445 625
	16	Total assets. Add lines 1 through 15 (must equal line 34)	480,233.	16	417,937.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del></del>
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		1	
ρii		key employees, highest compensated employees, and disqualified persons			
Ľ	~~	Complete Part II of Schedule L		22	<del></del>
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
i	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,037.	25	1,535.
	26	Total liabilities. Add lines 17 through 25	1,037.	26	1,535.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		20	1,555.
s		complete lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets	479,196.	27	416,402.
Net Assets or Fund Balances	28	Temporarily restricted net assets	1,5,1250.	28	
eë B	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
F.		and complete lines 30 through 34.		1	
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	479,196.	33	416,402.
	34	Total liabilities and net assets/fund balances	480,233.	34	417,937.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

Х

Act and OMB Circular A-133?

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization **Employer identification number** THE CHARLES E. KUBLY FOUNDATION, INC. CHARLES E. KUBLY FUND. 20 - 0375310Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 X An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. \_\_\_\_ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other (i) Name of supported (described on lines 1.10) organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

### THE CHARLES E. KUBLY FOUNDATION, INC.

20-0375310 Page 2 Schedule A (Form 990 or 990-EZ) 2016 FKA CHARLES E. KUBLY FUND, INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 FKA CHARLES E. KUBLY FUND, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 20-0375310 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed b	ciow, picase comp	neter art ii j	<del></del>	<del></del>	<del></del>	<del></del>
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						i
	membership fees received (Do not						
	include any "unusual grants.")	205,878.	244,996.	274,765.	328,295.	305,736.	1,359,670.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,482.	29,989.	34,242.	24,309.	32,659.	154,681.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
c	Total. Add lines 1 through 5	239,360.	274,985.	309,007.	352,604.	338,395.	1,514,351.
	Amounts included on lines 1, 2, and	237,300.	2/4/505.	303,007.	332,004.	330,333.	1,314,331.
10	3 received from disqualified persons	35,000.	42,500.	42,500.	57,652.	47,500.	225,152.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	33,000.	12,300.	42,500.	37,032.	±7,300.	223,132.
	amount on line 13 for the year						0.
c	: Add lines 7a and 7b	35,000.	42,500.	42,500.	57,652.	47,500.	225,152.
	Public support. (Subtract line 7c from line 6)		i				1 289 199
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012 239, 360.	(b) 2013 274, 985.	(c) 2014 309, 007.	(d) 2015 352,604.	(e) 2016 338, 395.	(f) Total
9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012 239, 360. 463.	(ы) 2013 274, 985. 807.	(e) 2014 309,007. 555.	(d) 2015 352,604. 705.	(e) 2016 338,395. 564.	(f) Total 1,514,351. 3,094.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	239,360.	274,985.	309,007.	352,604.	338,395.	3,094.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	239,360.	274,985.	309,007.	352,604.	338,395.	1,514,351.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	239,360. 463.	274,985. 807.	309,007. 555.	352,604. 705.	338,395. 564.	3,094.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	463. 463.	274,985. 807. 807.	309,007. 555.	705.	564. 564.	3,094.
9 10a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	239,360. 463.	274,985. 807. 807.	309,007. 555.	705.	338,395. 564.	3,094.
9 10a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	463. 463. 239,823.	274,985. 807. 807.	309,007. 555. 555.	705. 705. 353,309.	338,395. 564. 564.	3,094. 3,094.
9 10a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	463. 463. 239,823.	274,985. 807. 807.	309,007. 555. 555.	705. 705. 353,309.	338,395. 564. 564.	3,094. 3,094.
9 10a 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	239,360. 463. 463. 239,823.	274,985. 807. 807. 275,792. s first, second, thur	309,007. 555. 555.	705. 705. 353,309.	338,395. 564. 564.	3,094. 3,094.
9 10a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here.	239,360. 463. 463. 239,823. r the organization's	274,985. 807. 807. 275,792. s first, second, thur	309,007. 555. 555. 309,562. d, fourth, or fifth ta	705. 705. 353,309.	338,395. 564. 564.	3,094. 3,094.
9 10a 11 12 13 14 See 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	239,360. 463. 463. 239,823. The organization's ic Support Peline 8, column (f) di	807.  807.  807.  275,792.  a first, second, thur  rcentage  rounded by line 13, company to the second that th	309,007. 555. 555. 309,562. d, fourth, or fifth ta	705. 705. 353,309.	338,395. 564. 564. 338,959. n 501(c)(3) organiz	3,094.  3,094.  1,517,445.  ation,
9 10a 11 12 13 14   Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Publ	463.  463.  463.  463.  the organization's ic Support Peline 8, column (f) disschedule A, Part	807.  807.  807.  275,792.  first, second, thur  rcentage  vided by line 13, could by line 15.	309,007. 555. 555. 309,562. d, fourth, or fifth ta	705. 705. 353,309.	338,395. 564. 564. 338,959. n 501(c)(3) organiz	3,094.  3,094.  3,094.  1,517,445.  cation,  84.96 %
9 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Publ Public support percentage for 2016 ( Public support percentage from 2015	239, 360.  463.  463.  463.  the organization's ic Support Peline 8, column (f) dischedule A, Part stment Incomi	274,985.  807.  807.  275,792.  a first, second, thur  reentage  vided by line 13, could by line 13, could be line 13, could be line 15, c	309,007. 555. 555. 309,562. d, fourth, or fifth ta	705. 705. 353,309.	338,395. 564. 564. 338,959. n 501(c)(3) organiz	3,094.  3,094.  3,094.  1,517,445.  cation,  84.96 %
9 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Publ Public support percentage from 2015 ection D. Computation of Inves	239, 360.  463.  463.  463.  the organization's ic Support Peline 8, column (f) dischedule A, Part stment Incompose (incompose (inco	274,985.  807.  807.  275,792.  first, second, thur  rcentage  vided by line 13, contage  lil, line 15  e Percentage  nn (f) divided by lir	309,007. 555. 555. 309,562. d, fourth, or fifth ta	705. 705. 353,309.	338,395. 564. 564. 338,959. n 501(c)(3) organiz	3,094.  3,094.  3,094.  1,517,445.  tation,  84.96 % 84.29 %
9 10a 11 12 13 14 See 15 16 See 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage for 2016 ( Public support percentage from 2015 extion D. Computation of Inves Investment income percentage for 20	239,360.  463.  463.  463.  the organization's ic Support Peline 8, column (f) dischedule A, Part stment Incoming 16 (line 10c, column 2015 Schedule A,	807.  807.  807.  807.  275,792.  first, second, thur  rcentage  vided by line 13, could lill, line 15  e Percentage  nn (f) divided by line 17	309,007. 555. 555. 309,562. d, fourth, or fifth ta	705. 705. 353,309. ax year as a section	338,395.  564.  564.  338,959.  15	3,094.  3,094.  3,094.  1,517,445.  ation,  84.96 % 84.29 %  .20 % .00 %
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2016 ( Public support percentage from 2015 ction D. Computation of Investment income percentage from 133 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	239, 360.  463.  463.  463.  the organization's ic Support Peline 8, column (f) dischedule A, Part stment Incomposite (line 10c, column 2015 Schedule A, organization did nind stop here. The	807.  807.  807.  807.  s first, second, thir reentage wided by line 13, conditions the line of the li	309,007.  555.  555.  309,562. d, fourth, or fifth ta	705. 705. 353,309. ax year as a section	338,395.  564.  564.  338,959.  150.  150.  160.  170.  180.  31/3%, and line 10 atton	1,514,351.  3,094.  3,094.  1,517,445.  ation,  84.96 % 84.29 %  .20 % .00 %  7 is not
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage from 2015 ction D. Computation of Inve: Investment income percentage from: a 33 1/3% support tests - 2016. If the	239, 360.  463.  463.  463.  the organization's ic Support Peline 8, column (f) dischedule A, Part stment Incomposition (f) incomposition	807.  807.  807.  807.  807.  275,792.  First, second, thir recentage ovided by line 13, or line 15 e Percentage on (f) divided by line 17 of check the box or organization qualitot check a box on line to the control of the check are control of th	309,007.  555.  555.  309,562. d, fourth, or fifth ta	705. 705. 353,309. ax year as a section supported organizar, and line 16 is more	338,395.  564.  564.  338,959.  501(c)(3) organiz  15 16  17 18 3 1/3%, and line 1 ation ore than 33 1/3%,	1,514,351.  3,094.  3,094.  1,517,445.  ation,  84.96 % 84.29 %  .20 % .00 %  7 is not

632023 09-21-18

### Schedule A (Form 990 or 990 EZ) 2016 FKA CHARLES E. KUBLY FUND, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A. All	Suppo	orting (	Organ	izations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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	THE CHARLES E. KUBLY FOUNDATION, INC.  dule A (Form 990 or 990-EZ) 2016 FKA CHARLES E. KUBLY FUND, INC. 20-03  t IV   Supporting Organizations (continued)	7531	0 Pa	age 5
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		}	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	ـِ		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			_
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			,
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1 1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	QL.		
3		<u>2b</u>		
3	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors or			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>3a</u>	$\vdash \vdash \vdash$	
0	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	26		
	of its supported organizations in test, describe in Part VI the role played by the organization in this regard	3b		2015

### THE CHARLES E. KUBLY FOUNDATION, INC.

Sche	dule A (Form 990 or 990 EZ) 2016 FKA CHARLES E. KUBLY FU	ND, I	NC.	20-0375310 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI ) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	} }		
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		<del> </del>	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	····	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

### THE CHARLES E. KUBLY FOUNDATION, INC.

Sche <b>Par</b>	dule A (Form 990 or 990-EZ) 2016 FKA CHARLES E  t V   Type III Non-Functionally Integrated 509			0-0375310 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	, ,		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	<del></del>	
_	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$		:	
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
_ <u>-</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

# THE CHARLES E. KUBLY FOUNDATION, INC. Schedule A (Form 990 or 990 EZ) 2016 FKA CHARLES E. KUBLY FUND, INC. 20-0375310 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

632051 08-29-16

(Form'990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE CHARLES E. KUBLY FOUNDATION, INC.

KURLY FIND TKA CHARLES E.

**Employer identification number** 20-0375310

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad		d only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		anization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ration easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	The state of the s	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	un, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X	<u></u> .	<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2016

THE CHARLES E. KUBLY FOUNDATION, INC. Schedule D (Form 990) 2016 FKA CHARLES E. KUBLY FUND. INC. 20-0375310 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). Public exhibition Loan or exchange programs Scholarly research Other h Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included No on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table Amount c Beginning balance 10 Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization bv: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3h Describe in Part XIII the intended uses of the organization's endowment funds Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (other)

1a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(b) Cost or other basis (other)

(c) Accumulated depreciation

(d) Book value

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 FKA CHARLES	E. KUBLY FU	ND, INC.	20-0375310 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		ļ	
(3) Other		<u> </u>	
(A)			
(B)			
(C)			
(D)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
(E)	<del></del>		
(F)	<del></del>		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	nn Farm 000 David N/ Jun	- 11 - C F 000 D	V las 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		tion: Cost or end-of-year market value
	(b) book value	(c) momou or valua	tion. Cost of one of your market value
(1)			
(2)			
(3) (4)		<del> </del>	
(5)			
(6)	·		
(7)	<del> </del>	- <del></del>	
(8)			······
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13 )			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part	X, line 15.
(a) [	Description		(b) Book value
		····	
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<del></del> _	
Part X Other Liabilities.	- 5 - 000 B + 114 I		
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	(b) Book value	J, Part X, line 25.
<u></u>	-	(b) Book value	
(1) Federal income taxes (2) PAYROLL TAXES WITHHELD		1 525	
		1,535.	
(3)			
(4)			
(5)	<del></del>		
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1,535.

THE CHARLES E. KUBLY FOUNDATION, INC. FKA CHARLES E. KUBLY FUND, INC.

Schedule D (Form 990) 2016 FKA CHARLES E. KUBLY FUN	D, INC.	20-0375310 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenu	e per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1 Total revenue, gains, and other support per audited financial statements		1 338,959.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	. 2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d 56	,454.
e Add lines 2a through 2d		2e 56,454.
3 Subtract line 2e from line 1	•••	3 282,505.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b		4c 0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 282,505.
Part XII Reconciliation of Expenses per Audited Financial State	ements With Expens	ses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1 Total expenses and losses per audited financial statements	•••	1 401,753.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	. 2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d 56	,454.
e Add lines 2a through 2d .		2e 56,454.
3 Subtract line 2e from line 1		3 345,299.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c 0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	•••	5 345,299.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; for the second		art V, line 4, Part X, line 2, Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
	<del></del>	
DADM V ITNO 9.		
PART X, LINE 2:		
MUD BOLLMUNAMION DELIERGE MUNM IM UNG YDDDOD	שמטמנוט ששעום	EOD AND MAY
THE FOUNDATION BELIEVES THAT IT HAS APPROP	KINIE SUPPORT	FOR ANI TAX
POSITIONS TAKEN AFFECTING ITS ANNUAL FILIN	C PECITPEMENT	C AND AC CIICH
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DOED NOT INVIT ANT ONCERTAIN TAX TOOTITORD	TIMIT THE TAXILD	KIRII 10 IIII
FINANCIAL STATEMENTS. THE FOUNDATION WOULD	RECOGNIZE FI	TIRE ACCRUED
TIMMETAL BINIDADATO. THE TOOKERTON MOODE	RECOUNTED TO	TORIA RECRUID
INTEREST AND PENALTIES RELATED TO UNRECOGN	TZED TAX BENE	FITS AND
INTURED I THE PERMITTED NUMBER TO ONNECOCK	1000 IIII ODING	
LIABILITIES IN INCOME TAX EXPENSE IF SUCH	INTEREST AND	PENALTIES ARE
	<u></u>	
INCURRED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	
FUNDRAISING EVENT EXPENSES		56,454.

Schedule D (Form 990) 2016	THE CHARLES	E. KUBLY	FOUNDATION,	INC.	0-0375310 Page 5
Schedule D (Form 990) 2016 Part XIII   Supplemental In	formation (continued)	H. KODIII	TOND, INC.		0 0 0 7 3 3 1 0 Fage 5
		mv mv			
PART XII, LINE 2D	- OTHER ADJUS	TMENTS:		· <del></del>	
FUNDRAISING EVENT	EXPENSES			<del></del>	56,454.
					<del></del>
		<del></del>			
				<del> </del>	
				<del></del>	<del></del>
		<del></del>			<del></del>
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Schedule D (Form 990) 2016

### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number THE CHARLES E. KUBLY FOUNDATION, INC. CHARLES E. KUBLY FUND, 20 - 0375310Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and email solicitations Solicitation of government grants b Phone solicitations J Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) to (or retained by) (ii) Activity have custody fundraiser or entity (fundraiser) from activity or control of contributions organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

# THE CHARLES E. KUBLY FOUNDATION, INC. Schedule G (Form 990 or 990-EZ) 2016 FKA CHARLES E. KUBLY FUND, INC.

	edu I <b>rt</b> I	le G (Form 990 or 990-EZ) 2016 FKA CHA  Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answered	l "Yes" on Form 990, Pa	rt IV, line 18, or reported			
			(a) Event #1 BENEFIT CONCERT	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through		
a)			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	214,755.			214,755.		
	2	Less Contributions	188,809.			188,809.		
	3	Gross income (line 1 minus line 2)	25,946.			25,946.		
_	4	Cash pnzes						
<b>,</b> 0	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	5,004.			5,004.		
irect E	7	Food and beverages	20,999.			20,999.		
[]	8	Entertainment	959.			959.		
	9	Other direct expenses	21,756.			21,756.		
	10	Direct expense summary. Add lines 4 through	48,718.					
<u> </u>		Net income summary. Subtract line 10 from l		000 0 10/1 40		-22,772.		
Pa	ırt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than			
	Ι	\$15,000 0111 0111 990-LZ, line 0a	T	(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))		
eve	ļ							
Œ 	1	Gross revenue						
Expenses	2							
	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes %  No	Yes% No			
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u>_</u>			
á	ls i	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain.	ctivities in each of these			Yes No		
		ere any of the organization's gaming licenses re	•	•	year?	Yes No		
6320	32082 09-12-16 Schedule G (Form 990 or 990-EZ) 2016							

٠.	THE CHARLES E. KUBLY FOUNDATION, INC.	0275210 =	
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	Does the organization conduct gaming activities with nonmembers?	Yes	_∫ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:	L. Tes L.	_) NO
	a The organization's facility	13a	%
	o An outside facility	13b	<del>/</del> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	[100]	
•			
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	] No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
		<del></del>	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	] No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10b, 1	5b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
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632083 09-12-16

	<u></u>	THE	CHARLES	E.	VARPI	FOUNDATION	, INC.	20 0275210 -
Schedule G	(Form 990 or 990 EZ) Supplemental Inf	FKA	CHARLES	<u>E.</u>	KARFA	FUND, INC.	<del></del>	20-0375310 Page 4
Fairin	Supplemental ini	ormation	(continuea)					
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2016	Open to Public
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OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

E. KUBLY FOUNDATION, INC. INC. FUND, KUBLY CHARLES E. THE CHARLES

FKA

Name of the organization

Department of the Treasury Internal Revenue Service

**Employer Identification number** 20-0375310 Inspection

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X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? Part I

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	onal space is need	pa			
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
16TH STREET COMMUNITY HEALTH CENTER - 1032 SOUTH CESAR E CHAVEZ DRIVE - MILWAUKEE, WI 53204	39-1180475	501C3	29.400.	0	-	<u>. E</u>	PROGRAM SUPPORT
ALVERNO COLLEGE 3400 SOUTH 43RD STREET MILWAUKEE, WI 53234	39-0806263	50103	15,000.	0		<u>D.</u>	PROGRAM SUPPORT
ERIKA'S LIGHTHOUSE 897 1/2A GREEN BAY ROAD WINNETKA, IL 60093	20-1069100	501C3	.000,9	0		ц	PROGRAM SUPPORT
FEAST OF CRISPIAN PO BOX 1038 MILWAUKEE, WI 53201	81-0689965	501C3	14 000	0		, , , , , , , , , , , , , , , , , , , ,	PROGRAM SUPPORT
MENTAL HEALTH AMERICA OF WISCONSIN, INC 600 W VIRGINIA STREET #502 - MILWAUKEE, WI 53204	39-0827843	50103	33,700.	0		д.	PROGRAM SUPPORT
WISCONSIN FAMILY TIES 16 N CARROLL STREET #230 MADISON, WI 53703	39-1626869	501C3	15,000,	0		£.	PROGRAM SUPPORT
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations listed in the line 1 table</li></ul>	nd government or s listed in the line	suons	listed in the line 1 table	i			<b>A</b>

Schedule I (Form 990) (2016)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

N, INC.	•	its and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
THE CHARLES E. KUBLY FOUNDATION	KUBLY FUND, INC.	to Governments and Organiz
CHARLES E.	FKA CHARLES E. KUBLY	nd Other Assistance
THE	Schedule I (Form 990) FKA	Part II Continuation of Grants a

Page 1

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(a) Name and address of (b) EIN (c) IRC organization or government if appli	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	section (d) Amount of (e) Amount of (f) Method of (cable cash grant non-cash valuation nor assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UWM FOUNDATION, INC. 1440 EAST NORTH AVENUE MILWAUKEE WI 53202	23-7337744	50103	008	o			PROGRAM SUPPORT
INTERNATIONAL ASSOCIATION FOR HUMAN VALUES/VETERANS TREK PRODUCTIONS LLC - 2401 15TH STREET NW - WASHINGTON DC, DC 20009	52-2178069	50103	15 000	0			PROGRAM SUPPORT
CATALPA HEALTH, INC. 444 N WESTHILL BLVD APPLETON, WI 54914	45-4681563	50103	7,500.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC 3501 SOUTH LAKE DRIVE - MILWAUKEE, WI 53207	39-0806321	501C3	11,573,	0			PROGRAM SUPPORT
COPE SERVICES, INC. 885 BADGER CIRCLE GRAFTON, WI 53024	39-1335672	50103	5,000.	0			PROGRAM SUPPORT
LIFE OF HOPE 139 N MAIN STREET # 104 WEST BEND, WI 53095	47-2222684	50103	5,000,	0			PROGRAM SUPPORT
MILWAUKEE RESCUE MISSION 830 N 19TH STREET MILWAUKEE, WI 53233	39-0816581	50103	5,000.	0			PROGRAM SUPPORT
NAMI GREATER MILWAUKEE, INC. 3200 S 3RD STREET MILWAUKEE, WI 53207	39-1329103	50103	10,000.	0			PROGRAM SUPPORT
NAMI WAUKESHA 217 WISCONSIN AVE WAUKESHA, WI 53186	39-1485627	50103	19,550,	.0			PROGRAM SUPPORT
							Schedule I (Form 990)

632241 04-01-18

	THE	THE CHARLES E	Ы	KUBLY	: KUBLY FOUNDATION,	INC.
Schedule I (Form 990)	FKA	CHARLES E. KUBLY	田.	KUBLY	FUND, INC.	
			١.		0	- 47 - 1 1 1 4

20-0375310

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orgar	nizations in the Un	ited States (Sche	dule i (Form 990), Par	111.)	•
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIUS XI CATHOLIC HIGH SCHOOL 135 N 76TH STREET MILWAUKEE, WI 53213	39-1101976	501C3	5,000,	0			PROGRAM SUPPORT
SAFE COMMUNITY COALITION PO BOX 6652 MADISON, WI 53703	39-2010839	50103	10,000,	0			PROGRAM SUPPORT
UW PLATTEVILLE 1 UNIVERSITY PLAZA PLATTEVILLE, WI 53818	39-6051705	501C3	7,850.	0			PROGRAM SUPPORT
YMCA 161 W WISCONSIN AVE MILWAUKEE, WI 53203	39-0806314	50103	7,500,	0			PROGRAM SUPPORT

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Schedule I (Form 990)

THE CHARLES E. KUBLY FOUNDATION, INC. FKA CHARLES E. KUBLY FUND, INC.

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2016)

(f) Description of noncash assistance (d) Amount of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

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Schedule I (Form 990) (2016)

632102 11-01-16

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

632211 08-25-16

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

THE CHARLES E. KUBLY FOUNDATION, INC. FKA CHARLES E. KUBLY FUND, INC.

Employer identification number 20-037<u>5310</u>

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCREASING PUBLIC AWARENESS OF THE DISEASE AND ITS DEVASTATING EFFECTS,
ELIMINATING THE STIGMA ASSOCIATED WITH IT, SUPPORTING SUICIDE
PREVENTION PROGRAMS AND PROMOTING IMPROVED ACCESS TO QUALITY MENTAL
HEALTH RESOURCES WITHIN COMMUNITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACCESS TO QUALITY MENTAL HEALTH RESOURCES WITHIN COMMUNITIES.
FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBERS MOLLY FRITZ, SALLY KUBLY, AND JOHN BOLGER HAVE A FAMILY
RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE RETURN IS REVIEWED BY THE BOARD OF DIRECTORS AFTER IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
IF A BOARD MEMBER IS INVOLVED WITH AN ORGANIZATION SUBMITTING A GRANT, THAT
BOARD MEMBER CANNOT PARTICIPATE IN THE REVIEW OR VOTING FOR THE PROJECT.
FORM 990, PART VI, SECTION B, LINE 15A:
ADVICE HAS BEEN SOUGHT FROM THE ORGANIZATION'S ACCOUNTANT TO DETERMINE
APPROPRIATE BONUSES AND SALARY ADJUSTMENTS FOR THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
PUBLIC DOCUMENTS ARE AVAILABLE UPON REQUEST.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE CHARLES E. KUBLY FOUNDATION, INC.  FKA CHARLES E. KUBLY FUND, INC.	Employer identification number 20-0375310
FORM 990, PART XII, LINE 2C:	
THERE HAVE BEEN NO CHANGES TO THESE PROCESSES DURING THE	YEAR.