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2016

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| For | caler | ndar year 2016, or tax year beginning 07-01-20 |)16 , ar | nd en | nding 06-30- | 2017 | | |
|-------------------------|---------|---|------------------------------|----------------|------------------------|--|----------------------------------|--|
| | | indation MILY FOUNDATION INC | | | A Employer ide | entification numbe | er | |
| | | BOWSKI | | | 36-3473918 | | | |
| Num | ber and | street (or P O box number if mail is not delivered to street address) | Room/suite | | B Telephone nu | mber (see instructio | ins) | |
| 1: | 2017 BE | ETHANY CT | | | (608) 368-1200 | i I | | |
| | | , state or province, country, and ZIP or foreign postal code OTT, IL 61080 | | C If exemption | application is pendir | ng, check here | | |
| | | <u> </u> | | | | | ▶ ∟ | |
| G Ch | neck al | | former public charity | | D 1. Foreign or | ganızatıons, check h | ere 🕨 🗌 | |
| | | ☐ Final return ☐ Amended return | | | | ganizations meeting k here and attach co | | |
| | | Address change Name change | | | · | ındatıon status was | · - | |
| _ | | pe of organization Section 501(c)(3) exempt private | | | | n 507(b)(1)(A), che | | |
| | | n 4947(a)(1) nonexempt charitable trust Ll Other taxable | | | - | | | |
| | | rom Part II col (c) | ✓ Cash ☐ Accru | al | | ition is in a 60-mont n 507(b)(1)(B), che | | |
| | | \$ 3,214,685 Under (specify) _ (Part I, column (d) must | be on cash basis) | | | | | |
| _ | | | T | I | | | Т | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily | (a) Revenue and expenses per | (b) | Net investment | (c) Adjusted net | (d) Disbursements for charitable | |
| | | equal the amounts in column (a) (see instructions)) | books | | income | ıncome | purposes (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc , received (attach | 5,965 | | | | | |
| | | schedule) | | | | | | |
| | 2 | Check ► ✓ If the foundation is not required to attach | | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | 446 | | 446 | | | |
| | 4 | Dividends and interest from securities | 48,865 | | 48,865 | | | |
| | 5a | Gross rents | | | | | | |
| | ь | Net rental income or (loss) | | | | | | |
| <u>e</u> | 6a | Net gain or (loss) from sale of assets not on line 10 | 459,019 | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a | | | | | | |
| Sev | _ | 2,944,871 | | | 450.010 | | | |
| ш | 7 | Capital gain net income (from Part IV, line 2) Net short-term capital gain | | | 459,019 | | | |
| | 8 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | b | Less Cost of goods sold | <u>.</u> | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 514,295 | | 508,330 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | , | | • | | | |
| | 14 | Other employee salaries and wages | | | | | | |
| Š | 15 | Pension plans, employee benefits | | | | | | |
| 156 | 16a | Legal fees (attach schedule) | | | | | | |
| <u>a</u> | ь | Accounting fees (attach schedule) | | | | | | |
| Administrative Expenses | c | Other professional fees (attach schedule) | 16,291 | | 10,543 | | 5,748 | |
| tίγε | 17 | Interest | | | | | | |
| tra | 18 | Taxes (attach schedule) (see instructions) | 3,300 | | | | | |
| <u>=</u> | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| ≣ | 20 | Occupancy | | | | | | |
| Ă | 21 | Travel, conferences, and meetings | | | | | | |
| ä | 22 | Printing and publications | | | | | | |
| Ď. | 23 | Other expenses (attach schedule) | 47 | | 24 | | 23 | |
| Operating and | 24 | Total operating and administrative expenses. | | | | | | |
| <u>B</u> | | Add lines 13 through 23 | 19,638 | | 10,567 | | 5,771 | |
| 0 | 25 | Contributions, gifts, grants paid | 215,224 | | | | 215,224 | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 224.055 | | 10.55 | | 220.000 | |
| | 27 | Subtract line 26 from line 12 | 234,862 | | 10,567 | | 220,995 | |
| | a | Excess of revenue over expenses and | 279,433 | | | | | |
| | | disbursements | | | | | | |
| | b | Net investment income (if negative, enter -0-) | | | 497,763 | | | |
| Eo- | C | Adjusted net income(If negative, enter -0-) | | <u> </u> | Cat No. 11300V | <u> </u> | rm 990-PE (2016 | |

Form 990-PF (2016) Page 2 Beginning of year End of year Attached schedules and amounts in the description column Part II Balance Sheets should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash-non-interest-bearing 120 120 120 113,477 113,477 2 Savings and temporary cash investments 41,073 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable Less allowance for doubtful accounts ▶ 5 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts ▶

2,273,050

2,314,243

1,454,169

860,074

2,314,243

2,314,243

2,480,079

2,593,676

2.593.676

2,593,676

2,593,676

2

3

4

5

6

2,314,243

2,593,676

2.593,676 Form 990-PF (2016)

279,433

3,101,088

3,214,685

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

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

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted . . .

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

| | 6 |
|--------|-----|
| | 7 |
| 2 | 8 |
| Assets | 9 |
| As | 10a |
| | Ŀ |
| | c |
| | 11 |

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28

29

31 Part III

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30

2

147,442

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

number of years the foundation has been in existence if less than 5 years

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

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

8 Enter qualifying distributions from Part XII, line 4

2,712,539

2

4

5

6

7

000 054356

000 340503

000 068101

3,025,462

206,037

211,015

220,995

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4,978

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

7 Add lines 5 and 6

| Form 990-PF (2016) | | Page 7 |
|--|---|---------------------------|
| Part VIII Information About Officers, Directors, Trust and Contractors (continued) | tees, Foundation Managers, Highly Paid | Employees, |
| 3 Five highest-paid independent contractors for professional | services (see instructions). If none, enter "NC | DNE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | | |
| | | |
| | _ | |
| | | |
| | 4 | |
| | | |
| | _ | |
| | | |
| | - | |
| Total number of others receiving over \$50,000 for professional services | · · · · · · · · · · · · · · · · · · · | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Incli | | Expenses |
| organizations and other beneficiaries served, conferences convened, research paper | 's produced, etc | · |
| 1 NONE | | 0 |
| 2 | | |
| | | |
| 3 | | |
| 3 | | |
| | | |
| 4 | | |
| · · | | |
| | | |
| Part IX-B Summary of Program-Related Investments | (see instructions) | <u> </u> |
| Describe the two largest program-related investments made by the foundation d | furing the tax year on lines 1 and 2 | Amount |
| 1 NONE | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | _ |
| | | - |
| Total. Add lines 1 through 3 | | • |
| | | Form 990-PF (2016) |

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

3a 3h

4

5

220.995

4,978

216.017

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

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

the section 4940(e) reduction of tax in those years

4

5

146,295

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Page 9

| orm 990-PF (20 | 016) | |
|----------------|-----------------------------------|--------|
| Part XIII | Undistributed Income (see instruc | tions) |
| | | |

a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . d Excess from 2015. . e Excess from 2016. .

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

indicated below:

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

b Total for prior years

a From 2011.

b From 2012. . . . c From 2013. . . d From 2014. . . . e From 2015.

Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016

> 147,442 493,868

493.868

74.700

- Corpus

641.310

74.700

716,010

147.442

568,568

(a)

(b)

- Years prior to 2015

(c)

2015

| Forr | n 990-PF (2016) | | | | | Page 10 |
|--------|--|--------------------------|---|---|---|----------------|
| : | art XIV Private Operating Found | ations (see ınstr | uctions and Part \ | VII-A, question 9) | | |
| | If the foundation has received a ruling or def foundation, and the ruling is effective for 20 | 16, enter the date | of the ruling. | ▶∟_ | | 1 |
| | | | | | 4942(_J)(5) | |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | _ | (e) Total |
| | investment return from Part X for each year listed | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | |
| b | 85% of line 2a | | | | | |
| | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | |
| | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| а | "Assets" alternative test—enter (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test—enter | | | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments | | | | | |
| | on securities loans (section 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 or more exempt organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Da | Supplementary Information | | | organization ha | d \$5,000 or more | e in |
| | assets at any time during th Information Regarding Foundation Mana | | tructions.) | | | |
| 1 a | List any managers of the foundation who have before the close of any tax year (but only if NONE | e contributed more | | | | n |
| b | List any managers of the foundation who own | | | | arge portion of the | |
| | ownership of a partnership or other entity) o | of which the founda | tion has a 10% or gi | reater interest | | |
| | NONE | | | | | |
| | | | | | | |
| 1 | | | | | | <u> </u> |
| 2 | Information Regarding Contribution, Gra | ant, Gift, Loan, Sc | holarship, etc., Pr | ograms: | | |
| | Check here ▶ ☐ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, ai | tion makes gifts, gr | preselected charitab ants, etc (see instru | le organizations and uctions) to individua | does not accept Is or organizations ur | der |
| а | The name, address, and telephone number of | or e-mail address of | f the person to whon | n applications should | d be addressed | |
| | NEESE FAMILY FOUNDATION -GRABOWSKI 15617 BETHANY CT SOUTH BELOIT, IL 61080 (608) 368-1200 | | | | | |
| b | The form in which applications should be sub- LETTER OF INQUIRY EXPLAINING PURPOSE | omitted and informa | ation and materials t | hey should include | | |
| С | Any submission deadlines NONE | | | | | |
| d | Any restrictions or limitations on awards, sur factors | , , , , , , , | · | · | · | |
| | BELOIT, WI STATELINE AREA CAPITAL FUND | DRIVES AND ORG | ANIZATIONS WITH (| CONSERVATIVE VAL | UES - | 000 BE (3016) |

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|---|---|-------------------------|---------------------|----------------|
| Part XV Supplementary Informa | ation (continued) | | | |
| 3 Grants and Contributions Paid D | uring the Year or Approve | ed for Future | Payment | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | Amount |
| a Paid during the year See Additional Data Table | | | | |
| Total | | | ▶ 3a | 215,224 |
| b Approved for future payment STATELINE FAMILY YMCA 501 THIRD ST BELOIT, WI 53511 | NONE | PC | CAPITAL CAMPAIGN | 200,000 |
| BELOIT HEALTH SYSTEM 1969 W HART RD BELOIT, WI 53511 | NONE | PC | CAPITAL CAMPAIGN | 50,000 |
| UNITED WAY BLACKHAWK REGION 205 N MAIN STE 101 JANESVILLE, WI 53545 | NONE | PC | ANNUAL CAMPAIGN | 27,500 |

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| iter gross | amounts unless otherwise indicated | Unrelated bu | siness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--|--|---|---------------------------------|-------------------------------------|----------------------|--|
| L Program | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | and contracts from government agencies | | | | | |
| _ | rship dues and assessments | | | | | |
| | st on savings and temporary cash | | | | | |
| | ments | | | 14 | 446 | |
| | tal income or (loss) from real estate | | | 14 | 48,865 | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| Gain d | r (loss) from sales of assets other than | | | | | |
| | ory | | | 18 | 459,019 | |
| | ome or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| | | | | | | |
| | | | | + | | |
| d | | | | | | |
| | | | | | | |
| е | | | | | 508.330 | |
| e Subtota Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | 508,330 B | |
| e Subtota Total. ee works | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio | ns) | | | 508,330 | 508,330 |
| e Subtotal. Total. ee works art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. e works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. e works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. e works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. e works art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. e works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. ee works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. e works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
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| Subtota Total. e works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| e Subtota Total. e works art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| e Subtota Total. e works art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| e Subtota Total. e works art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| e Subtota Total. e works art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
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| e Subtota Total. e works art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| e Subtota Total. e works art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |
| Subtota Total. e works art XVI ne No. V | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ted importantly to | |

Form 990-PF (2016) Page **13** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 Yes No (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) No (2) Other assets. 1a(2) No **b** Other transactions (1) Sales of assets to a noncharitable exempt organization. 1b(1) No (2) Purchases of assets from a noncharitable exempt organization. 1b(2) No (3) Rental of facilities, equipment, or other assets. . . 1b(3) Nο (4) Reimbursement arrangements. 1b(4) No (5) Loans or loan guarantees. 1b(5) No (6) Performance of services or membership or fundraising solicitations. 1b(6) No c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. **1**c No

| of the go | If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | | | | | | |
|--------------------|--|-------------------|------------------------------|----------|---|--|--|
| (a) Line No | (b) Amount involved | (c) Name of nonch | arıtable exempt organization | (d) Desc | cription of transfers, transactions, and sharing arrangements | | |
| | | not applicable | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations | | | | | | |
| described | described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | |
| b If "Yes," | complete the following s | schedule | | | | | |
| | (a) Name of organizati | on | (b) Type of organiza | tion | (c) Description of relationship | | |
| | | | | | | | |
| | | | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of

which preparer has any knowledge May the IRS discuss this return 2017-12-15 with the preparer shown below Title Signature of officer or trustee Date (see instr.)? Lyes Vo

Sign Here Print/Type preparer's name Preparer's Signature PTIN Date Check if selfemployed ▶ 📙 Paid **Preparer** Firm's name ▶ Firm's EIN ▶ Use Only Firm's address ▶ Phone no

Form 990-PF (2016)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year STATELINE FAMILY YMCA 501 THIRD ST | NONE PC CAPITAL CAMPAIGN 50,000 BELOIT, WI 53511 AYN RAND INSTITUTE NONE PC EDUCATION-BOOK PROMO 12,500 2121 ALTON PKY STE 250 IRVINE, CA 92606 000 ์กก

| BELOIT HEALTH SYSTEM 1969 W HART RD BELOIT, WI 53511 | NONE | PC | CAPITAL CAMPAIGN | 25,000 |
|---|------|----|------------------|--------|
| UNITED WAY BLACKHAWK REGION 205 N MAIN STE 101 JANESVILLE, WI 53545 | NONE | PC | ANNUAL CAMPAIGNS | 66,500 |

| UNITED WAY BLACKHAWK REGION 205 N MAIN STE 101 JANESVILLE, WI 53545 | NE | PC | ANNUAL CAMPAIGNS | 66,5 |
|---|----|----|------------------|------|
| , | | | | |

| 205 N MAIN STE 101 JANESVILLE, WI 53545 | NONE | | ANNOAL CAMI ALGINS | 00,300 |
|--|------|----|----------------------|--------|
| ROCK TRAIL COALITION PO BOX 8101 JANESVILLE, WI 53547 | NONE | PC | BIKE TRAIL EXTENSION | 2,000 |

| ROCK TRAIL COALITION PO BOX 8101 NONE PC BIKE TRAIL EXTENSION 2, JANESVILLE, WI 53547 | JANESVILLE, WI 53545 | | | | İ |
|---|----------------------|------|----|----------------------|-----|
| | | NONE | PC | BIKE TRAIL EXTENSION | 2,0 |

| JANESVILLE, WI 53547 | NONE PC | | BIKE TRAIL EXTENSION | 2,0 | |
|----------------------|---------|--|----------------------|---------|--|
| Total | | | | 215,224 | |

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **ROCK VALLEY PROGRAMS** NONE PC COMPASS CLINIC 30,000 206 W SUNNY LANE RD JANESVILLE, WI 53546 KIDS FUN AND DRAMA PO BOX 261 NONE PC STAGE LIGHTING 4,224

| BELOIT, WI 53511 | | | | |
|---|------|----|------------|--------|
| ROCK COUNTY CHRISTIAN SCHOOL 916 BUSHNELL ST BELOIT, WI 53511 | NONE | PC | SCHOOL BUS | 20,000 |
| JUNIOR ACHIEVEMENT 20 S MAIN ST STE 21 JANESVILLE, WI 53545 | NONE | PC | PROGRAMS | 5,000 |

Total . 3a 215,224

| Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing. | | | | | |
|---|-----------------------------|--|--|--|--|
| TY 2016 Gain/Loss from Sale of Other Assets Schedule | | | | | |
| Name: | NEESE FAMILY FOUNDATION INC | | | | |
| EIN: | 36-3473918 | | | | |
| Software ID: | 16000333 | | | | |
| Software Version: | 17.2.1.0 | | | | |

DLN: 93491355005017

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| Name | Date Acquired | How A cquired | Date Sold | Purchaser Name | Gross Sales Price | Basis | Basis Method | Sales Expenses | Total (net) | Accumulated Depreciation |
|----------------------------------|------------------|------------------|--------------|-------------------|----------------------|-----------|-----------------|-------------------|----------------|-----------------------------|
| Detail Available Upon Request | | Р | | | 2,944,871 | 2,485,852 | Public Mkt | | 459,019 | |

| Tettle GKAPHIC | Print - DO NOT PROCESS | AS FIIEG Data - | DLN: 93491355005017 |
|----------------|------------------------|-----------------|---------------------|
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TY 2016 Investments Corporate Stock Schedule

Name: NEESE FAMILY FOUNDATION INC

EIN: 36-3473918

Software ID: 16000333

Coffeen Varaiane 17 2 1 C

| Software Version: 17.2.1.0 | | | | | | |
|--|---------------------------|----------------------------------|--|--|--|--|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value | | | | |
| 2489 shares of Thornburg Ltd Term Income-I | 33,327 | 33,430 | | | | |
| 5401 shares of Vanguard Interm-term Bond Indx-I | 61,490 | 61,679 | | | | |
| 12069 shares of Fidelity 500 Index-I Class | 543,316 | 1,027,582 | | | | |
| 19121 shares of USAA NASDAQ 100 Index | 286,806 | 307,078 | | | | |
| 9458 shares of Primecap Odyssey Aggressive Grth | 337,049 | 366,218 | | | | |
| 7712 shares of T Rowe Price Mid Cap Vlue-I | 218,401 | 231,060 | | | | |
| 1009 shares of Vanguard SP Small Cap 600 Index-I | 229,286 | 259,367 | | | | |
| 11966 shares of Baron Emerging Markets-I | 146,545 | 158,070 | | | | |
| 4672 shares of Fidelity Advisor Intl Small Cap Fund Cl-I | 117,898 | 129,798 | | | | |
| 8719 shares of MFS International Value-I | 342,258 | 370,480 | | | | |
| 10251 shares of Cohen Steers Real Estate Securities-Z | 163,703 | 156,326 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | N: 93491355005017 |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| TY 2016 Other Expenses Sche | dule | | | |
| | | | | |
| Name: | NEESE FAMILY | FOUNDATION INC | 2 | |
| EIN: | 36-3473918 | | | |
| Software ID: | 16000333 | | | |
| Software Version: | 17.2.1.0 | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| Illinois Annual Report Filing Fee | 15 | 8 | | 7 |
| Miscellaneous | 32 | 16 | | 16 |

| efile GRAPHIC print - DO NOT PROCE | SS As Filed Data | - | DL | N: 93491355005017 | |
|------------------------------------|------------------------------|--------------------------|------------------------|---|--|
| TY 2016 Other Professiona | al Fees Schedu | le | | | |
| | | | | | |
| Nai | me: NEESE FAMI | LY FOUNDATION I | NC | | |
| E | IN: 36-3473918 | | | | |
| Software | Software ID: 16000333 | | | | |
| Software Versi | ion: 17.2.1.0 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| FIRST NATIONAL BANK TRUST | 11,991 | 8,393 | | 3,598 | |
| G G GRABOWSKI, CPA, S C | 4,300 | 2,150 | | 2,150 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | <u>-1</u> | DI | LN: 93491355005017 |
|--------------------------------------|---------------|--------------------------|------------------------|---|
| TY 2016 Taxes Schedule | | | | |
| | | | | |
| Name: | NEESE FAMI' | ILY FOUNDATION II | NC | 1 |
| EIN: | 36-3473918 | | | |
| Software ID: | 16000333 | | | |
| Software Version: | 17.2.1.0 | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| Tax on investment income | 3,300 | | | |