






For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation Clack Foundation Inc		A Employer identification number 20-8080870	
% L SUSAN CLACK			
Number and street (or P O box number if mail is not delivered to street address) 6679 Highland Drive	Room/suite	B Telephone number (see instructions) (608) 846-3010	
City or town, state or province, country, and ZIP or foreign postal code Windsor, WI 53598		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 14,894,341	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,290,473			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	194,732	194,732		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	604,636			
	b Gross sales price for all assets on line 6a 3,265,359				
	7 Capital gain net income (from Part IV, line 2) . . .		604,636		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 7,460	7,460		
	12 Total. Add lines 1 through 11	2,097,301	806,828		
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	 4,350	615	0	3,735
	c Other professional fees (attach schedule)	 21,093	21,093		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	 1,934	1,934		
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	 1,302			1,302
	24 Total operating and administrative expenses. Add lines 13 through 23	28,679	23,642	0	5,037
	25 Contributions, gifts, grants paid	491,071			491,071
	26 Total expenses and disbursements. Add lines 24 and 25	519,750	23,642	0	496,108
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,577,551			
	b Net investment income (if negative, enter -0-)		783,186		
c Adjusted net income(if negative, enter -0-) . . .					

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	40,480	67,977	67,977
2	Savings and temporary cash investments	612,718	496,486	496,486
3	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
4	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			

(a)	(b) How acquired	(c) Date acquired	(d) Date sold
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			

[illegible]

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	15,664
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)	2	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3 Add lines 1 and 2.	3	15,664
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	15,664
6 Credits/Payments		
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	18,432
b Exempt foreign organizations—tax withheld at source	6b	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ _____	13	Yes	

14 The books are in care of ▶ L SUSAN CLACK Telephone no ▶ (608) 846-3010

Located at ▶ 6679 HIGHLAND DRIVE WINDSOR WI ZIP+4 ▶ 53598

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (SF 89) If "Yes," enter the name of the foreign country: ▶ _____	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	5b	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
L Susan Clack 6679 Highland Drive Windsor, WI 53598	President & Director 2 0	0	0	0
Richard E Clack 6679 Highland Drive Windsor, WI 53598	Sec/Treas/Director 1 0	0	0	0
Tara M Bell 1851 WEST WABANSIA CHICAGO, IL 60622	Director 1 0	0	0	0
Brittany A Moore 895 PINE TREE LANE WINNETKA, IL 60093	Director 1 0	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

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. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	

All other program-related investments. See instructions.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	9,470,112
b	Average of monthly cash balances.	1b	271,111
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	9,741,223
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	9,741,223
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	146,118
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,595,105
6	Minimum investment return. Enter 5% of line 5.	6	479,755

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	479,755
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	15,664
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	15,664
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	464,091
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	464,091
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part VIII, line 1	7	464,091

organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				464,091
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 2015, 2014, 2013				
3 Excess distributions carryover, if any, to 2017				
a From 2012. 435,471				
b From 2013. 954,224				
c From 2014. 3,116,183				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	4,505,878			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 496,108				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				464,091
e Remaining amount distributed out of corpus	32,017			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,537,895			
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—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(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.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NONE

◀ ▶

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	491,071
b <i>Approved for future payment</i>				
Total			▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	194,732	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	604,636	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a OTHER INCOME _____			01	7,460	
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).				806,828	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		806,828

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

	Yes	No
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1a(1)		No
1a(2)		No

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1b(1)	No
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1b(2)	No
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1b(3)		No
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1b(4)		No
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1b(5)		No
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1b(6)		No
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1c		No
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value
ue

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

* * * * *

(see instr)? ☒ Yes ☐ No

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name Jason Grosh	Preparer's Signature	Date 2018-05-15	Check if self-employed ▶ <input type="checkbox"/>	PTIN P00888743
Firm's name ▶ BKD LLP				Firm's EIN ▶
Firm's address ▶ 8517 Excelsior Drive Suite 301 Madison, WI 53717				Phone no (608) 664-9110

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

L SUSAN CLACK
RICHARD E CLACK

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARC INC901 POST ROAD MADISON, WI 537133260	NONE	PC	Assist with community and center-based employment, day services, and personal care for adults with developmental disabilities in Dane County, Wisconsin	30,951
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	NONE	PC	Support clinical and research initiatives that have the greatest potential to quickly impact pediatric medicine for children in Cincinnati and around the world	150,000
THE ARC - DANE COUNTY 6602 GRAND TETON PLAZA MADISON, WI 53719	NONE	PC	Create opportunities for children and adults with developmental disabilities to reach their full potential by creating acceptance, respect and participation in the community through advocacy, education and information	9,000
FRIENDS HORSE RESCUE AND SANCTUARY 1840 NE 65 COURT FORT LAUDERDALE, FL 33308	NONE	PC	Provide a permanent safe haven for all horses that are asymptomatic carriers of Equine Infectious Anemia within the state of Florida	1,000
WISCONSIN ACADEMY FOR GRADUATE SERVICE DOGS INC 1338 DEWEY COURT MADISON, WI 53703	NONE	PC	Positively affect the lives of people with physical disabilities Dogs are trained to provide assistance and companionship to people with physical disabilities at no or low cost to the recipient	10,000
Total ►				491,071
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to the foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
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Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

☐ Yes ☒ No

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	322,322	6,607,437	0.048782
2015	248,620	6,045,128	0.041127
2014	3,377,545	5,535,909	0.610116
2013	1,312,112	7,476,594	0.175496
2012	787,717	6,577,201	0.119765

2 Total of line 1, column (d)	2	0.995286
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	3	0.199057
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	9,595,105
5 Multiply line 4 by line 3	5	1,909,973
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	7,832
7 Add lines 5 and 6	7	1,917,805
8 Enter qualifying distributions from Part XII, line 4	8	496,108

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FIENS INC 1111 MEDICAL CENTER BLVD STE 750 MARRERO, LA 70072	NONE	PC	FIENS provides hands-on training and education to neurosurgeons around the world Their volunteer neurosurgeons and personnel spend months on-site, teaching their techniques to local neurosurgeons and setting up neurosurgery residency programs	50,000
WAISMAN CENTER UW-MADISON 1500 HIGHLAND AVENUE MADISON, WI 53705	NONE	PC	The Waisman Center is dedicated to advancing knowledge about human development, developmental disabilities, and neurodegenerative diseases through Research spanning the biological, behavioral and social sciences Training for students and post-doctoral fellows, providers and the community Service for individuals with developmental disabilities and their families Outreach to the community	2,000
DEFOREST HIGH SCHOOL 815 Jefferson Street DEFOREST, WI 53532	NONE	PC	Provide capital for the high school track and field department to complete necessary tasks	5,000
UNIVERSITY OF WISCONSIN CARBONE CANCER CENTER 1500 HIGHLAND AVENUE MADISON, WI 53705	NONE	PC	Assist in the advancement of knowledge in cancer research	74,500
SCHOLL COMMUNITY IMPACT GROUP 6003 Old County W Winchester, WI 54557	NONE	PC	Provide purposeful, supervised interactions with horses for families and individuals with physical, cognitive or emotional disabilities for families and individuals with physical, cognitive or emotional disabilities	1,000
Total ► 3a				491,071

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

<div>Recipient</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP JORN YMCA13591 Zenner Ln Manitowish Waters, WI 54545	NONE	PC	Support operations of a Camp Jorn YMCA to help children build character, confidence and community through positive outdoor experiences	40,000
HOWARD YOUNG FOUNDATION INC 420 Oneida Street MINOCQUA, WI 54548	NONE	PC	Actively seek and invest charitable support for Howard Young Medical Center and Ministry Eagle River Memorial Hospital support	2,000
MANITOWISH WATERS BIKE TRAIL INC PO BOX 326 MANITOWISH WATERS, WI 54545	NONE	PC	Manitowish Waters Bike Trail, Inc has been established for the sole purpose of raising funds for the development and maintenance of the Manitowish Waters Alternative Transportation System (bike trail)	2,000
DANCE WISCONSIN 2605 SOUTH STOUGHTON ROAD MADISON, WI 53716	NONE	PC	Promote and foster dance in Wisconsin and develop appreciation of the arts including dance, music and theatre	1,000
Total ► 3a				491,071

TY 2017 Accounting Fees Schedule**Name:** Clack Foundation Inc**EIN:** 20-8080870**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BMO ACCOUNTING FEES	200	200		
BKD LLP	4,150	415		3,735

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: Clack Foundation Inc

EIN: 20-8080870

TY 2017 Investments Corporate Bonds Schedule**Name:** Clack Foundation Inc**EIN:** 20-8080870**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PDF ATTACHMENT STATEMENT 1	2,911,033	2,911,033

TY 2017 Investments Corporate Stock Schedule**Name:** Clack Foundation Inc**EIN:** 20-8080870

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PDF ATTACHMENT STATEMENT 1	6,333,448	6,333,448

TY 2017 Other Assets Schedule

Name: Clack Foundation Inc

EIN: 20-8080870

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CHARITABLE PURPOSE LAND & BLDG	5,085,397	5,085,397	5,085,397

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93491134031168	
TY 2017 Other Expenses Schedule				
Name: Clack Foundation Inc				
EIN: 20-8080870				
Other Expenses Schedule				
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for

TY 2017 Other Income Schedule

Name: Clack Foundation Inc

EIN: 20-8080870

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Income	7,460	7,460	

TY 2017 Other Increases Schedule

Name: Clack Foundation Inc
EIN: 20-8080870

Description	Amount
NET UNREALIZED GAINS/LOSSES ON INVEST.	440,819

TY 2017 Other Professional Fees Schedule**Name:** Clack Foundation Inc**EIN:** 20-8080870

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BMO INVESTMENT AGENCY FEES	21,093	21,093		

TY 2017 Taxes Schedule**Name:** Clack Foundation Inc**EIN:** 20-8080870

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX W/H ON DIVIDENDS	1,934	1,934		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2017
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Name of the organization Clack Foundation Inc	Employer identification number 20-8080870
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in-

Employer identification number

Employer ID: 0000070

Name of organization Clack Foundation Inc	Employer identification number 20-8080870
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	Publicly traded securities	\$ 1,290,473	2017-08-18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

Clack Foundation Inc

Employer identification number

20-8080870

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For _____