

Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

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

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

2017

Open to Public  
Inspection

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

<p>Name of foundation MERGANSER FUND INC</p> <p>Number and street (or P O box number if mail is not delivered to street address) 6925 N WILDWOOD POINT ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code HARTLAND, WI 53029</p> <p><b>G</b> Check all that apply      <input type="checkbox"/> Initial return      <input type="checkbox"/> Initial return of a former public charity  <input type="checkbox"/> Final return      <input type="checkbox"/> Amended return  <input type="checkbox"/> Address change      <input type="checkbox"/> Name change</p> <p><b>H</b> 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</p> <p><b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 152,031</p>		<p><b>A</b> Employer identification number 39-1868940</p> <p><b>B</b> Telephone number (see instructions) (262) 966-7691</p> <p><b>C</b> If exemption application is pending, check here ► <input type="checkbox"/></p> <p><b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p><b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p><b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>			
		<p><b>J</b> Accounting method      <input checked="" type="checkbox"/> Cash      <input type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p>			
<p><b>Part I</b> <b>Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</p>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<p>1 Contributions, gifts, grants, etc, received (attach schedule)</p> <p>2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B</p> <p>3 Interest on savings and temporary cash investments</p> <p>4 Dividends and interest from securities . . .</p> <p>5a Gross rents . . . . .</p> <p>b Net rental income or (loss) _____</p> <p>6a Net gain or (loss) from sale of assets not on line 10 . . . . .</p> <p>b Gross sales price for all assets on line 6a 134,918</p> <p>7 Capital gain net income (from Part IV, line 2) . . . . .</p> <p>8 Net short-term capital gain . . . . .</p> <p>9 Income modifications . . . . .</p> <p>10a Gross sales less returns and allowances . . . . .</p> <p>b Less Cost of goods sold . . . . .</p> <p>c Gross profit or (loss) (attach schedule) . . . . .</p> <p>11 Other income (attach schedule) . . . . .</p> <p><b>12 Total.</b> Add lines 1 through 11 . . . . .</p>			10,519	10,519	
<p>13 Compensation of officers, directors, trustees, etc</p> <p>14 Other employee salaries and wages . . . . .</p> <p>15 Pension plans, employee benefits . . . . .</p> <p>16a Legal fees (attach schedule) . . . . .</p> <p>b Accounting fees (attach schedule) . . . . .</p> <p>c Other professional fees (attach schedule) . . . . .</p> <p>17 Interest . . . . .</p> <p>18 Taxes (attach schedule) (see instructions) . . . . .</p> <p>19 Depreciation (attach schedule) and depletion . . . . .</p> <p>20 Occupancy . . . . .</p> <p>21 Travel, conferences, and meetings . . . . .</p> <p>22 Printing and publications . . . . .</p> <p>23 Other expenses (attach schedule) . . . . .</p> <p><b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .</p> <p>25 Contributions, gifts, grants paid . . . . .</p> <p><b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .</p> <p><b>27</b> Subtract line 26 from line 12</p> <p><b>a</b> <b>Excess of revenue over expenses and disbursements</b> . . . . .</p> <p><b>b</b> <b>Net investment income</b> (if negative, enter -0-) . . . . .</p> <p><b>c</b> <b>Adjusted net income</b> (if negative, enter -0-) . . . . .</p>		-80,841	0	27,531	59,253

	<b>Part II Balance Sheets</b>	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
	<b>1</b> Cash—non-interest-bearing		-3	-2	-2
	<b>2</b> Savings and temporary cash investments		9,187	42,878	42,878
	<b>3</b> Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	<b>4</b> Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	<b>5</b> Grants receivable				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)		232		
	<b>7</b> Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	<b>8</b> Inventories for sale or use				
	<b>9</b> Prepaid expenses and deferred charges				
	<b>10a</b> Investments—U S and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule)		81,188	20,132	22,008
	<b>c</b> Investments—corporate bonds (attach schedule)				
	<b>11</b> Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	<b>12</b> Investments—mortgage loans				
	<b>13</b> Investments—other (attach schedule)		139,925	87,280	87,147
	<b>14</b> Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	<b>15</b> Other assets (describe ► _____)				
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		230,529	150,288	152,031
	<b>17</b> Accounts payable and accrued expenses				
	<b>18</b> Grants payable				
	<b>19</b> Deferred revenue				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule)				
	<b>22</b> Other liabilities (describe ► _____)		1,585	2,185	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22)		1,585	2,185	
	<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b> Unrestricted				
	<b>25</b> Temporarily restricted				
	<b>26</b> Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	<b>27</b> Capital stock, trust principal, or current funds		0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund		0	0	
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds		228,944	148,103	
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions)		228,944	148,103	
	<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)		230,529	150,288	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		<b>1</b>	228,944
<b>2</b> Enter amount from Part I, line 27a		<b>2</b>	-80,841
<b>3</b> Other increases not included in line 2 (itemize) ►		<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3		<b>4</b>	148,103
<b>5</b> Decreases not included in line 2 (itemize) ►		<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30		<b>6</b>	148,103

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Table					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a See Additional Data Table					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a See Additional Data Table					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-4,576	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8					

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

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	68,894	273,664	0 251747
2015	34,629	399,391	0 086705
2014	69,019	452,698	0 152461
2013	79,803	519,436	0 153634
2012	73,075	535,640	0 136426
<b>2 Total of line 1, column (d)</b>			<b>2</b> 0 780973
<b>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</b>			<b>3</b> 0 156195
<b>4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5</b>			<b>4</b> 191,247
<b>5 Multiply line 4 by line 3</b>			<b>5</b> 29,872
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>			<b>6</b> 0
<b>7 Add lines 5 and 6</b>			<b>7</b> 29,872
<b>8 Enter qualifying distributions from Part XIII, line 4</b>			<b>8</b> 59,253

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

**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)	1	0		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0		
3	Add lines 1 and 2.	3	0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0		
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	0		
6	Credits/Payments				
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	552		
b	Exempt foreign organizations—tax withheld at source	6b			
c	Tax paid with application for extension of time to file (Form 8868)	6c			
d	Backup withholding erroneously withheld	6d	0		
7	Total credits and payments Add lines 6a through 6d.	7	552		
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0		
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ►	9			
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ►	10	552		
11	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ►	552	<b>Refunded</b> ►	11	0

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?			
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ 0 (2) On foundation managers ► \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►WI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

**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 ►N/A	13	Yes
14	The books are in care of ►SAMUEL E BRADT	Telephone no ►(262) 966-7691	
Located at ►6925 N WILLOW POINT ROAD HARTLAND WI			ZIP+4 ►53029
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here 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 (FBAR) 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**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b	No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) ►	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017).	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	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 <b>any</b> 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. . . . . ►			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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>			
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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b
	<i>If "Yes" to 6b, file Form 8870</i>			No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			7b

**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
SAMUEL E BRADT 6925 N WILDWOOD POINT ROAD HARTLAND, WI 53029	PRESIDENT & DIRECTOR 6 00	50,000	0	0
NANCY B BRADT 6925 N WILDWOOD POINT ROAD HARTLAND, WI 53029	DIRECTOR 2 50	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	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total number of other employees paid over \$50,000. . . . . ► 0**

**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
NONE		

**Total number of others receiving over \$50,000 for professional services. . . . . ► 0**

**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	
3	
<b>Total. Add lines 1 through 3</b>	<b>► 0</b>

**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	168,127
b	Average of monthly cash balances. . . . .	1b	26,032
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	194,159
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	194,159
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	2,912
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	191,247
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	9,562

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

1	Minimum investment return from Part X, line 6. . . . .	1	9,562
2a	Tax on investment income for 2017 from Part VI, line 5. . . . .	2a	
b	Income tax for 2017 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	9,562
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	9,562
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	9,562

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	59,253
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	59,253
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	59,253
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				9,562
<b>2</b> Undistributed income, if any, as of the end of 2017			0	
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	46,455			
<b>b</b> From 2013. . . . .	55,165			
<b>c</b> From 2014. . . . .	46,384			
<b>d</b> From 2015. . . . .	14,678			
<b>e</b> From 2016. . . . .	55,211			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	217,893			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ► \$ 59,253			0	
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .			9,562	
<b>e</b> Remaining amount distributed out of corpus	49,691			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	267,584			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018. . . . .				0
<b>7</b> 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) . . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .	46,455			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a. . . . .	221,129			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	55,165			
<b>b</b> Excess from 2014. . . . .	46,384			
<b>c</b> Excess from 2015. . . . .	14,678			
<b>d</b> Excess from 2016. . . . .	55,211			
<b>e</b> Excess from 2017. . . . .	49,691			

**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 <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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.			
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))  
SAMUEL E BRADT

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

**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 e-mail address of the person to whom applications should be addressed

SAMUEL E BRADT  
6925 N WILDWOOD POINT ROAD  
HARTLAND, WI 52029  
(262) 966-7691

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

ANY FORM DEEMED APPROPRIATE BY APPLICANT

c Any submission deadlines

NONE

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

NONE

## **Part XV    Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

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.			01	10,519	
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	-4,576	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		5,943	0
13 Total. Add line 12, columns (b), (d), and (e).			13		5,943
(See worksheet in line 13 instructions to verify calculations )					

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

## Part XVII

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>
<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>
<b>1c</b>		<b>No</b>

a Transfers from the reporting foundation to a noncharitable exempt organization of

### **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)	No
(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.

d 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.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

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

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(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.

\* \* \* \* \*

2018-11-15

\* \* \* \* \*

May the IRS discuss this return with the preparer shown below  
(see instr.)?  Yes  No

**Signature of officer or trustee**

Date

✓ Title

**Sign  
Here**

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  JULIE M SCHROEDER	Preparer's Signature	Date  2018-11-15	Check if self-employed ► <input checked="" type="checkbox"/>	PTIN  P00345746
	Firm's name ► CHORTEK LLP				Firm's EIN ► 42-0993792
	Firm's address ► N19W24133 RIVERWOOD DRIVE  WAUKESHA, WI 53188				Phone no (262) 522-8227

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
LINNCO LLC	P	2016-04-27	2017-05-02
HERCULES CAPITAL INC	P	2012-08-31	2017-06-28
HERCULES CAPITAL INC	P	2012-11-07	2017-06-28
HERCULES CAPITAL INC	P	2014-03-07	2017-06-28
MONROE CAPITAL CORP	P	2014-03-13	2017-06-28
BAIRD SHT TRM BD I	P	2016-01-20	2017-01-03
FIDUS INVT CORP	P	2011-08-24	2017-12-29
FIDUS INVT CORP	P	2011-12-08	2017-12-29
FIDUS INVT CORP	P	2014-09-30	2017-12-29
FIRST TR ABERDEEN GLOBAL	P	2011-12-27	2017-04-26

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
0		652	-652
13,092		11,446	1,646
6,546		5,382	1,164
6,546		7,412	-866
14,647		13,468	1,179
15,000		14,938	62
10,428		9,164	1,264
5,810		4,975	835
7,448		8,556	-1,108
9,837		13,693	-3,856

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-652
			1,646
			1,164
			-866
			1,179
			62
			1,264
			835
			-1,108
			-3,856

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
FIRST TR ABERDEEN GLOBAL	P	2015-01-26	2017-04-26
FIRST TR ABERDEEN GLOBAL	P	2015-01-26	2017-08-21
FIRST TR ABERDEEN GLOBAL	P	2015-03-31	2017-08-21
FIRST TR ABERDEEN GLOBAL	P	2016-03-31	2017-08-21
OFS CAPITAL CORP BDC	P	2017-06-28	2017-11-15
OFS CAPITAL CORP BDC	P	2017-06-28	2017-12-18
PIMCO STRAT INCM FD INC	P	2016-03-08	2017-03-23

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
1,736		1,866	-130
1,721		1,866	-145
4,015		4,225	-210
11,471		11,180	291
8,725		10,863	-2,138
8,784		10,863	-2,079
9,112		8,945	167

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-130
			-145
			-210
			291
			-2,138
			-2,079
			167

**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)				
<i>a Paid during the year</i>				
ALL HANDS BOATWORKS 1845 NFARWELL MILWAUKEE, WI 53202	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
ANIMAL PROTECTION OF NEW MEXICO 301 GOLD AVENUE SW ALBUQUERQUE, NM 87102	NONE	PUBLIC CHARITY	WOLF TEACHER	1,600
ARROWHEAD UNION HIGH SCHOOL 700 NORTH AVENUE HARTLAND, WI 53029	NONE	SCHOOL	SWIMMING BLOCKS FUND	150
<b>Total . . . . .</b>				30,502
<b>3a</b>				

**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)				
<b>a Paid during the year</b>				
ARTHRITIS FOUNDATION OF WI 10427 W LINCOLN AVENUE WEST ALLIS, WI 53227	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
BRADT FAMILY SOCIETY 3425 22ND AVENUE SOUTH MINNEAPOLIS, MN 55407	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
CAMP WHITCOMB-MASON W294 N8436 CAMP WHITCOMB ROAD HARTLAND, WI 53029	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
<b>Total . . . . .</b>				30,502
<b>3a</b>				

**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)				
<i>a Paid during the year</i>				
CHRISTMAS CLEARING COUNCIL PO BOX 34 WAUKESHA, WI 53187	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
DOMINICAN HIGH SCHOOL 120 E SILVER SPRING DRIVE MILWAUKEE, WI 53217	NONE	SCHOOL	OPERATING EXPENSES	100
DOOR COUNTY AUDITORIUM PO BOX 397 FISH CREEK, WI 54212	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
<b>Total . . . . .</b>				30,502
<b>3a</b>				

## 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)				
<i>a Paid during the year</i>				
FAT HEAD'S BREWERY & SALOON 24581 LORAIN ROAD NORTH OLMSTED, OH 44070	NONE	PUBLIC CHARITY	CHARITY GOLF OUTING	1,000
FELLOW MORTALSINC W4632 PALMER ROAD LAKE GENEVA, WI 53147	NONE	PUBLIC CHARITY	OPERATING EXPENSES	11,742
FOREST SERVICE EMPLOYEES FOR ENVIRONMENTAL ETHICS PO BOX 11615 EUGENE, OR 97440	NONE	PUBLIC CHARITY	OPERATING EXPENSES	200
<b>Total . . . . .</b>			►	30,502
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
GLIDE330 ELLIS SAN FRANCISCO, CA 94102	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
HEBRON HOUSE111 E MAIN STREET WAUKESHA, WI 53186	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
KETTLE MORaine GARDEN CLUB PO BOX 22 NASHOTAH, WI 53058	NONE	PUBLIC CHARITY	OPERATING EXPENSES	260
<b>Total . . . . .</b>				30,502
<b>3a</b>				

## 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)				
<i>a Paid during the year</i>				
KILEY CENTER 1401 W DUGDALE ROAD WAUKEGAN, IL 60085	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
MALAIKA EARLY LEARNING CENTER 125 W AUER AVENUE MILWAUKEE, WI 53212	NONE	SCHOOL	OPERATING EXPENSES	3,000
MT CARMEL LUTHERAN ENDOWMENT 8424 W CENTER MILWAUKEE, WI 53222	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
<b>Total . . . . .</b>				30,502
<b>3a</b>				

## 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)				
<i>a Paid during the year</i>				
NATIONAL AUTISM ASSOCIATION ONE PARK AVENUE PORTSMOUTH, RI 02871	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
NORTH LAKE SAILING SCHOOL PO BOX 63 NORTH LAKE, WI 53064	NONE	PUBLIC CHARITY	OPERATING EXPENSES	550
PIGGLY WIGGLY PO BOX 583 MT PLEASANT, SC 29492	NONE	PUBLIC CHARITY	OPERATION TURKEY	150
<b>Total . . . . .</b>			►	30,502
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
PRAIRIE BIOTIC RESEARCH ANDREW WILLIAMS POB 5424 MADISON, WI 53705	NONE	PUBLIC CHARITY	OPERATING EXPENSES	1,000
PUBLIC EMPLOYEES FOR ENVIRONMENTAL RESPONSIBILITY 962 WAYNE AVENUE SILVER SPRINGS, MD 20910	NONE	PUBLIC CHARITY	OPERATING EXPENSES	600
RESTORE NEW YORK CITY PO BOX 1003 BOWLING GREEN STATION NEW YORK, NY 10274	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
<b>Total . . . . .</b>	►			30,502
<b>3a</b>				

## 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)				
<i>a Paid during the year</i>				
SCOTT CHRISTIAN YOUTH FELLOWSHIP 2741 N TEUTONIA MILWAUKEE, WI 53206	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
ST JOHNS NORTHWESTERN MILITARY ACADEMY 1101 GENESEE STREET DELAFIELD, WI 53018	NONE	SCHOOL	OPERATING EXPENSES	100
ST TERESA OF CALCUTTA PARISH W314 N7462 STATE ROAD 83 HARTLAND, WI 53029	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,650
<b>Total . . . . .</b>				30,502
<b>3a</b>				

**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)				
<i>a Paid during the year</i>				
ST VINCENT DEPAUL 58 PROGRESS PARKWAY MAYLAND HTS, MO 63048	NONE	PUBLIC CHARITY	OPERATING EXPENSES	300
STONE BANK LIONS CLUBPO BOX 363 OKAUCHEE, WI 53069	NONE	PUBLIC CHARITY	BOB GRAND MEMORIAL	100
TALL PINES CONSERVANCYPO BOX 65 NASHOTAH, WI 53058	NONE	PUBLIC CHARITY	OPERATING EXPENSES	1,100
<b>Total . . . . .</b>			►	30,502
<b>3a</b>				

**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)				
<i>a Paid during the year</i>				
THE LAKE AREA FREE CLINIC 656B ARMOR ROAD OCONOMOWOC, WI 53066	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,500
THE RELATIONSHIP CENTER 109 SOUTH MAIN STREET WAUCONDA, IL 60047	NONE	PUBLIC CHARITY	OPERATING EXPENSES	700
THE WOMANS CENTER 505 N EAST AVENUE WAUKESHA, WI 53186	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
<b>Total . . . . .</b>				30,502
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
THREE HOLY WOMEN FUND - ST RITA'S CHURCH 1601 N CASS STREET MILWAUKEE, WI 53202	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
TOWN HALL LIBRARY N76 W31429 COUNTY TK VV NORTH LAKE, WI 53064	NONE	PUBLIC CHARITY	OPERATING EXPENSES	100
UNIVERSITY LAKE SCHOOL 4024 NAGAWICKA ROAD HARTLAND, WI 53029	NONE	PUBLIC CHARITY	OPERATING EXPENSES	500
<b>Total . . . . .</b>				30,502
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
UW CARBONE CANCER CENTER 600 HIGHLAND AVENUE MADISON, WI 53705		PUBLIC CHARITY	OPERATING EXPENSES	100
WAUKESHA COUNTY LAND CONSERVANCY W229 N1433 WESTWOOD DRIVE WAUKESHA, WI 53186		PUBLIC CHARITY	OPERATING EXPENSES	300
WESTERN GOLF ASSOCIATION ONE BRIAR ROAD GOLF, IL 60029		PUBLIC CHARITY	OPERATING EXPENSES	100
<b>Total . . . . .</b>				30,502
<b>3a</b>				

# 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)				
<i>a Paid during the year</i>				
WISCONSIN MS SOCIETY 1120 JAMES DRIVE HARTLAND, WI 53029		PUBLIC CHARITY	OPERATING EXPENSES	100
<b>Total . . . . .</b>				30,502
<b>3a</b>				

## TY 2017 Accounting Fees Schedule

**Name:** MERGANSER FUND INC**EIN:** 39-1868940

## Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CHORTEK LLP	1,220	0		1,220

**TY 2017 Investments Corporate Stock Schedule****Name:** MERGANSER FUND INC**EIN:** 39-1868940

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
ARES CAPITAL CORPORATION NEW	20,132	22,008

**TY 2017 Investments - Other Schedule****Name:** MERGANSER FUND INC**EIN:** 39-1868940**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
PROSHARES ULTRASHORT 20+	AT COST	10,415	10,134
BAIRD SHORT TERM BOND	AT COST	66,945	67,085
ENTERGY LA LLC	AT COST	9,920	9,928

## TY 2017 Other Expenses Schedule

**Name:** MERGANSER FUND INC**EIN:** 39-1868940**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL FEES	1,237	618		619

## TY 2017 Other Liabilities Schedule

**Name:** Merganser Fund Inc**EIN:** 39-1868940

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
ADVANCE FROM SAM BRADT	1,585	1,585
IRA LIABILITY	0	600

## TY 2017 Taxes Schedule

**Name:** MERGANSER FUND INC**EIN:** 39-1868940

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	3,825	1,913		1,912