

EXTENDED TO NOVEMBER 15, 2018
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 ► Go to www irs gov/Form990PF for instructions and the latest information

rui	care	noar year 2017 or tax year beginning	, and e	noing			
Name of foundation A Employer identification number							
		CARE CLINIC FOUNDATION,	39-2000503	,			
		and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number		
		NORTH BROADWAY		L	920-490-90		
		town, state or province, country, and ZIP or foreign p. EN BAY, WI 54303	postal code		C If exemption application is p	ending, check here	
G	Chec	k all that apply: Initial return	Initial return of a former public of	harity	D 1. Foreign organizations	s, check here	
		Final return	Amended return				
		Address change	Name change		Foreign organizations me check here and attach co	enting the 85% test, proputation	
H	_	k type of organization: X Section 501(c)(3) e		VY	E If private foundation sta		
<u> </u>			Other taxable private foundation		under section 507(b)(1))(A), check here	
		·)	ing method: Cash X Accr ther (specify)	ual	F If the foundation is in a		
	-\$	381,108. (Part I, colur			under section 507(b)(1))(B), check here	
	art l		T	vestment	(c) Adjusted net	(d) Disbursements	
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books inco		income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	233,013.	š 🔭	N/A		
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary		% , ;:			
	3	cash investments			<u> </u>	N. W. W. W.	
	4	Dividends and interest from securities	3,097.	3,097.		STATEMENT 1	
	١.	Gross rents		× × ×	No. 2., 61 6		
	١.	Net rental income or (loss)					
ĕ	";	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	A 20 100 1 1 100 100 100 100 100 100 100		****		
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.			
æ	8	Net short-term capital gain			W /, W: 17		
	9	Income modifications					
	10a	Gross sales less returns and allowances		1. 1	· 33.		
	b	Less Cost of goods sold		1 4			
	ļ c	Gross profit or (loss)					
	l		16,640.	0.		STATEMENT 2	
_	12	Total. Add lines 1 through 11		3,097.			
	13	Compensation of officers, directors, trustees etc Other employee salaries and wages	0.	9.	DECEIVE	0.	
	15	Pension plans, employee benefits			IVEOFIA	78	
es	1	Legal fees	 		AUG 2 2 20		
Expenses	,	Accounting fees STMT 3	2,452.	1,226	H AUG Z Z ZU	0 0 1,226.	
Ä	C	Other professional fees		- /			
	17	Interest	63.	0.	OGUEN,	0.	
trat	18	Taxes STMT 4	50.	01		0.	
nis	19	Depreciation and depletion					
Ē	20	Оссирапсу					
ďβ	21	Travel, conferences, and meetings	1 060				
a	22	Printing and publications	1,968.	0.		0.	
Operating and Administrative	23	Other expenses STMT 5	26,475.	7,474.		19,001.	
era	24	Total operating and administrative expenses. Add lines 13 through 23	31,008.	3,700.		20 227	
o	25	Contributions, gifts, grants paid	161,245.	3,700.		20,227. 161,245.	
		Total expenses and disbursements	202,223.	, 1 3		101,245.	
	-	Add lines 24 and 25	192,253.	3,700.		_181,472.	
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	60,497.				
	b	Net investment income (if negative, enter -0-)		0.			
	С	Adjusted net income (if negative, enter -0-)		r i	N/A		
72350	1 01	-03-18 LHA For Paperwork Reduction Act Notice	e, see instructions.			Form 990-PF (2017)	

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2017.04010 BAYCARE CLINIC FOUNDATION,

Fo	rm 99	90-PF (2017) BAYCARE CLINIC FOUNDATI	2000503 Page 2					
	àřt	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year			
ட	art	column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	163,134.	192,334.	192,334.			
	2	Savings and temporary cash investments	15,113.	15,128.	15,128.			
	3	Accounts receivable			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
]	Less: allowance for doubtful accounts						
	4	Pledges receivable ►						
	1	Less: allowance for doubtful accounts			1			
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
	ļ	disqualified persons						
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts		and and				
ţ	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
Ä	10a	Investments - U.S and state government obligations						
	t	Investments - corporate stock STMT 7	143,055.	173,646.	173,646.			
	0	Investments - corporate bonds						
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation		0.00				
	12	Investments - mortgage loans						
	13	Investments - other						
	14	Land, buildings, and equipment; basis		N. W. A. A.				
		Less accumulated depreciation	**** **********************************	A A STATE OF ADDRESS A NAME OF A STATE OF A	, 355 378 . X			
	15	Other assets (describe)						
	16	Total assets (to be completed by all filers - see the						
	<u>L</u>	instructions. Also, see page 1, item I)	321,302.		381,108.			
`	17	Accounts payable and accrued expenses	12,000.	4,000.				
	18	Grants payable	10,000.					
es	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
jab	21	Mortgages and other notes payable						
_	22	Other liabilities (describe >)						
_	23	Total liabilities (add lines 17 through 22)	22,000.	4,000.				
	(Foundations that follow SFAS 117, check here						
w	Į	and complete lines 24 through 26, and lines 30 and 31.						
č	24	Unrestricted						
alar	25	Temporarily restricted						
Ä	26	Permanently restricted						
Ĕ	ĺ	Foundations that do not follow SFAS 117, check here						
F	ł	and complete lines 27 through 31.	_					
ts	27	Capital stock, trust principal, or current funds	0.	0.				
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
Ę	29	Retained earnings, accumulated income, endowment, or other funds	299,302.	377,108.				
Š	30	Total net assets or fund balances	299,302.	377,108.				
	ĺ							
_	31	Total liabilities and net assets/fund balances	321,302.	381,108.				
P	art	Analysis of Changes in Net Assets or Fund B	alances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line						
		st agree with end-of-year figure reported on prior year's return)	11	299,302.				
		r amount from Part I, line 27a		2	60,497.			
		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 6 3	17,309.			
		lines 1, 2, and 3	4	377,108.				
5 Decreases not included in line 2 (itemize) > 5 0								
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	377,108.			
_		, , , , , , , , , , , , , , , , , , , ,	, ₁		Form 990-PF (2017)			

Form **990-PF** (2017)

181,472.

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

8 Enter qualifying distributions from Part XII, line 4

8

Form 990-PF (2017) BAYCARE CLINIC FOUNDATION, LTD.	39-2000503 Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	40(e), or 4948 - see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	
Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	ns)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%) 1 0.
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 Tax based on investment income. 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	0.
b Exempt foreign organizations - tax withheld at source 6b	0.
c Tax paid with application for extension of time to file (Form 8868)	0.
d Backup withholding erroneously withheld	0.
7 Total credits and payments. Add lines 6a through 6d	7 0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8 0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9 0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded ▶ 11
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 participa	te or intervene in
any political campaign?	1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instruction	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	
distributed by the foundation in connection with the activities.	
c Did the foundation file Form 1120-POL for this year?	1c X
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 for	undation 🗼 🐧 🦚
managers. ▶ \$	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
If "Yes," attach a detailed description of the activities.	ncorporation, or
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	ncorporation, or
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X 4a X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,_
b If "Yes," has it filed a tax return on Form 990-T for this year? 5. Was there a liquidation termination discoulting as substantial contraction during the year?	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5 X
•	
 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 conflic 	t with the state law
remain in the governing instrument?	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	
To be the foundation have at least \$5,000 in assets at any time during the year in Tes, complete Part II, co. (c), and	I FAIL AV
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 desi	ignate)
of each state as required by General Instruction G? If "No," attach explanation	8b X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4943	
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9 X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and ac	
, and the state of	Form 990-PF (2017)

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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.) b If any answer is Y'es' to 1a(1)-(6), did any 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 N/A Organizations relying on a current notice regarding disaster assistance, check here 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? 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 Y'es, 'list the years \ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions.) If Y'es, 'list the years \ b A of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. b If Y'es,' 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.) N/A 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable pur	P	rr;VII_A; Statements Regarding Activities (continued)			
section 57(20) (13)? If Yes, a tach schedule, See instructions 10 did the foundation make a discribition in a doring above fund over which the foundation or a disqualified person had adveory privileges? 11 Yes, a tach statement. See instructions 12 X 13 X Webbile address > WWW BAYCARE NET! WIRDSTEP / ABOUT / 5 00 POUNDATION / IND 14 The books are in circle of MS. VIRGINIA VISSERS 15 Conteid at P. 10 4 NORTH BROADWAY, GREEN BAY, WI 15 Section 4947(a)(1) increasing interest received or accrued during the year 16 At any time during calendary year 2017, did the foundation have an interest for a signature or other authority over a bank, security. 16 At any time during calendary year 2017, did the foundation have an interest for a signature or other authority over a bank, security. 16 Security of the financial account in a foreign country? 17 See the instructions for exceptions and filing requirements for findically interest received or the financial accountry. 18 Part VIII-B.] Statements Regarding Activities for Which Form 4720 May Be Required 19 Part VIII-B.] Statements Regarding Activities for Which Form 4720 May Be Required 19 File Form 4720 it any letter is checked in the "Yes" column, unless an exception applies. 19 File Form 4720 it any letter is checked in the "Yes" column, unless an exception applies. 19 File Form 4720 it any letter is checked in the "Yes" column, unless an exception applies. 19 File Form 4720 it any letter is to alceualide person? 20 Borrow money from, letd money to, or otherwise extend credit to (or accept it from) a dequalited person? 30 File may income or assets to a dequalide person? 31 File states any income or assets to a dequalide person? 42 File See At a state of the state and the st				Yes	No
12 Out the foundation make a distribution to a donor advested fund over which the foundation or a disqualified person had advesory privileges? 13 Det the foundation comply with the public suspection requirements for the annual returns and exemption application? Whose address > WWW_BAYCARE_NET_YEBBITE/ABOUT/500—POUNDATION/IND 14 The books are more of > MS. VIRGINIA VISSERS Telephone no. > 920-490—90.46 15 Scotion 947(0)(1) onexempt characteristic brusts filling from 990-Pit in less of Form 1941-ticks kine and early the amount of tax-exempt interest received or accreased during the year and early the amount of tax-exempt interest received or accreased during the year and early the amount of tax-exempt interest received or accreased during the year of the financial account in a foreign country? See the instructions for exceptions and thing requirements for finicible Form 141. If Yes, enter the name of the foreign country. PERTYILE_Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 it any item is checked in the "Yea" column, unless an exception applies. 1a burning the year, do the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or interest to rincetly in disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or year or remiburse the expenses of, adequalified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person? (6) Agree to pay money or property to a government official? (Exception, Check No? of the foundation agreed to make a grant to rot be employ the official for a person of the foundation engage in a print motion regarding disaster assistance? See instructions N/A A title do the foundation hold more than a 2% direct in indirect interest in any busene	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
It ? X I Dut the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW .BAYCARE .NET/WEBSTTE/ABOUT/500 FOUNDATION/IND 14 The books are in care of ► MS. VIRGINIA VISSERS Telephoren on. ► 920 - 490 - 90 46 15 Section 4947(a)(1) inoexempt charitable trusts filing form 990 PF in level of Form 1041 - check here and earter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendary year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial caccinum in a foreign country? Set the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, "enter the name of the foreign country. ► Part VII-B. Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any them is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (lefter directly or indirectly): (1) Engage in the sale or exchange, or lessing of property with a disqualified person?		section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
the foundation comply with the public impaction requirements for its annual returns and exemption application? Whether address ▶ WWW BAYCARB NETY WEBSTTEP ABOUT/500 - FOUNDATION/TND 14 The blocks are in care of ▶ MS. VIRGINIA VISSERS Telephone no.▶920-490-9046 Located at ▶ 164 NORTH BROADWAY, GREEN BAY, WI 7/19-14 ▶ 54303 15 Section 4947(3) in possempt charactable trusts filing form 990-97 in level of form 1041-check here and enter the amount of tax-exempt interest received or accrued during the year 15 A sary 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, "enter the name of the foreign country be remarked to the foreign country by the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, "enter the name of the foreign country by the instructions for exceptions and filing requirements for FinCEN Form 142. If Yes, and the foreign country by the instructions for exceptions and filing requirements for FinCEN Form 142. If Yes, and the foreign country by the instructions for exceptions and filing requirements for FinCEN Form 142. If Yes, and the foreign country by the foreign foreign for indicately in the foreign foreign for indicately in the foreign foreign for indicately in the foreign foreign foreign for indicately in the foreign foreign for indicately in the foreign	12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		1	_
With N. BAYCARE .NET / WEBSTE / ABOUT! / 500 - FOUNDATION / IND 1 The books are in care of ▶ MS. V. VIRGINIA VISSERS Located at ▶ 164 NORTH BROADWAY, GREEN BAY, WI 15 Section 4947(a)(1) nonexempt charable busts fining form \$90.95 in level of Form 1041 - check here and early the meanure of tax-exempt interest received or accrued furm the year and early the meanure of tax-exempt interest received or accrued furm the year 16 Alary time during clained aver 2017, did the foundation have an interest in or a significant or other authority over a bank, securities, or rother financial cacciount in a foreign country? See the instructions for exceptions and fining requirements for FinCEN Form 114, If "Yes," enter the name of the foreign country ▶ 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. 1a During the year, did the foundation (either directly or indirectly). (1) Egapse in the sale or exchange, or lessing of property with a disqualified person? (2) Borrow money from, lend money from, chief money for, or otherwise certain device of the country of the sale of the sal		·			X
14 The books are micrar of	13		13	<u> </u>	<u> </u>
Located al № 1.6.4 NORTH BROADWAY, GREEN BAY, WI Section 4947(a)(1) nonexempt charatable trusts fining form 990-Pi ne live of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16 Alary time during calandary 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 counting? See the instructions for exceptions and filing requirements for FinCEN Form 114, If "Yes," enter the name of the foreign counting or other financial account in a foreign counting? See the instructions for exceptions and filing requirements for FinCEN Form 114, If "Yes," enter the name of the foreign counting. See the instructions for exceptions and filing requirements for FinCEN Form 114, If "Yes," enter the name of the foreign counting. Part VIII-B. Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 I any Item is checked in the "Yes" column, unless an exception applies. 14 During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person?				<u> </u>	
15 Section 4947(3(1) nonexempt charatable trasts fling Form 990-PF in lite of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calandar 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 the instructions for exceptions and thing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part YIII-B. Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 thany item is checked in the "Yes" column, unless an exception applies. 18 During the year, did the foundation (either directly or indirectly): 19 Engage in the sale or exchange, or lessing of property with a disqualified person? 20 Borrow money fron, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 30 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 40 Pay compensation to, or pay or reminibrise the expenses of, a disqualified person? 41 Pay compensation to, or pay or reminibrise the expenses of, a disqualified person? 42 Pay Compensation to, or pay or reminibrise the expenses of, a disqualified person? 43 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 44 Pay compensation to, or pay or reminibrise the expenses of, a disqualified person? 45 Pay and the properties of the expenses of, a disqualified person? 46 Pay acceptance of the pay of the property to a government official? (Exception, Check No*) 46 A gree to pay money or property to a government official? (Exception, Check No*) 47 A gree to pay money or an accept to make a grant to or to employ the official for a period after termination of government service, the first distribution of the fi	14				
and enter the amount of tax-exempt interest received or accrued during the year 8 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country! ▶ Part VII-B ₂ Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any time is checked in the "Yes" rolumn, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a dequalified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept if from) a disqualified person? (3) Firmish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a dequalified person? (5) Finansfer any income or assets to a dequalified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the property of a government official? (Exception, Check No' if the foundation agrade to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), day of 4942(2)(3) of 4942(2)(3) or 4942(4303		, -
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	15			. , .▶	·
See the instructions for exceptions and faing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ Part "VII-B_S Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any them is checked in the ""es" column, unless an exception applies. 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person? (8) Agree to pay money or property to a government official? (Exception, Check Tio' 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 displays and the exceptions described in Regulations section 33.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Different and the study of the tax year penning in 2017? 2 Taxes on failure to distribute moome (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(a)(3) or a 4942(b)(3) or 4942(b)(3).) A 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? 1 The year is the years beginning and 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 Commi	40	· · · · · · · · · · · · · · · · · · ·	N		- NO
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. 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. 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? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes No (3) Firmish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or remibrise the expenses of, a disqualified person? Yes No (4) Pay compensation to, or pay or remibrise the expenses of, a disqualified person? Yes 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 (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the benefit or use of a disqualified person (or make any of either available for the there are not only any or remitter and the acceptions described in Regulations section 53.4941(d) 3 or in a current notice regarding disaster assistance? See instructions	16			Yes	
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before the first day of the tax year beginning in 2017? 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 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? 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.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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?	(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1 3	<u>.</u>	1
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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 X	4.	- ,	-		v
had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X				<u>}</u> ; %	
	C			X	
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39-2000503

Part VII-B*	Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)			
5a During the y	ear, did the foundation pay or incur any amount to:				. 1	Yes	No
(1) Carry o	n propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗓 No		3.46	
(2) Influenc	e the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				. 1	42 42 1 1
•	er registration drive?			es X No			
• •	a grant to an individual for travel, study, or other similar purposes		Y	es X No		38.	
, ,	a grant to an organization other than a charitable, etc., organization	n described in section	<u> </u>	(, , , , , , , , , , , , , , , , , , , 		1	1 %
	(4)(A)? See instructions			es X No	· /		3 % !
	for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		□	. #	, <u>(</u>	\$
•	rention of cruelty to children or animals?			es X No		2) 4:
-	r is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und 945 or in a current notice regarding disaster assistance? See instri	•	n Regulations		2200	- 1	**************************************
	s relying on a current notice regarding disaster assistance? See instri				5b	8,	
-	r is "Yes" to question 5a(4), does the foundation claim exemption fi		ınad				
	responsibility for the grant?		//A □ Y	es No		1897.	
•	th the statement required by Regulations section 53,4945-5(d)	1,	1/22	23 NO	? 3	***	
· ·	dation, during the year, receive any funds, directly or indirectly, to	nav premijims on)
	enefit contract?	puy promisino on		es X No			
•	dation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	air T	x
	, file Form 8870				***************************************	*	3. M
7a At any time	during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No	1 % s	w.	% %.
b if "Yes," did	he foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
Part VIII	Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highl	у			
	Paid Employees, and Contractors	 					
1 List all offic	ers, directors, trustees, and foundation managers and t		L(-) Componentian	1760		\ F	
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plan and deferred	is lacc	e) Exp count,	ense , other
		to position	enter -0-)	compensation	a	llowa	nces
			}		- }		
SEE STAT	ЕМЕЛТ 8		l o.	l o	}		0.
DEED DITTE		<u> </u>		 	+-		<u> </u>
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			1		-		
			ţ		1		
			[-		
		 					
2 Compensat	on of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		. Evn	onco
(a) Nam	e and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred compensation	s acc	ount,	ense other
NIC.	NE	devoted to position	 	сотрепsation	a	llowai	nces
	NE		,				
			 				
			 		+-		
			}				
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			l — — —		+-		
		II					
Total number of	other employees paid over \$50,000			>			0
				For	m 990 -	PF	(2017)

Total. Add lines 1 through 3

Form **990-PF** (2017)

P	art X Minimum Investment Return (All domestic foundation	ons must complete this part	Foreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out cha	aritable, etc., purposes:		£.	
а		** 1a	158,071.		
b	Average of monthly cash balances	1b	176,053.		
C	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1đ	334,124.
е	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	334,124.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater am	nount, see instructions)		4	5,012.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here a	and on Part V, line 4		5	329,112.
6	Minimum investment return. Enter 5% of line 5			6	16,456.
P	art XI Distributable Amount (see instructions) (Section 4942(i) foreign organizations, check here ► and do not complete this		oundations an	id certain	
1	Minimum investment return from Part X, line 6			1	16,456.
2a	Tax on investment income for 2017 from Part VI, line 5	2a		1	
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	16,456.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	16,456.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and or	n Part XIII, line 1		7	16,456.
P	art XII Qualifying Distributions (see instructions)		-	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc	., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	181,472.
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 ch	naritable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			2	
a	Suitability test (prior IRS approval required)		ļ	3a	
b	Cash distribution test (attach the required schedule)		Ì	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line	e 8; and Part XIII, line 4		4	181,472.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on ne	t investment			
	income. Enter 1% of Part I, line 27b		1	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	181,472.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent ye 4940(e) reduction of tax in those years.	ears when calculating whether the	e foundation q	qualifies for the	e section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

(a) (b) (c) (d) 2017 1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any as of the end of 2017 a Enter amount for 2016 only	
line 7 16 , 4	
	56.
	30.
a Enter amount for 2016 only	1
b Total for prior years.	<u> </u>
, , , $ \cdot $	
3 Excess distributions carryover, if any, to 2017: aFrom 2012 189, 586.	*
aFrom 2012 189,586.	
bFrom 2013 241,611.	, W E
cFrom 2014 229,711.	, .
dFrom 2015 239, 750.	
eFrom 2016 223,569.	K
f Total of lines 3a through e 1,124,227.	
4 Qualifying distributions for 2017 from	
Part XII, line 4: ▶\$ 181, 472.	À
a Applied to 2016, but not more than line 2a	£'''
b Applied to undistributed income of prior years (Election required - see instructions)	
years (Election required - see instructions) c Treated as distributions out of corpus	
(Election required - see instructions)	X 1
	56.
eRemaining amount distributed out of corpus 165,016.	-
5 Excess distributions carryover applied to 2017	Ö.
(If an amount appears in column (d) the same amount must be shown in column (a))	1
6 Enter the net total of each column as	
indicated below:	
a Corpus Add lines 3f 4c, and 4e Subtract line 5 1, 289, 243.	
b Prior years' undistributed income. Subtract	
1110 40 HOHI MIC 20	
c Enter the amount of prior years' undistributed income for which a notice of	,
deficiency has been issued, or on which	1
the section 4942(a) tax has been previously assessed 0.	
d Subtract line 6c from line 6b. Taxable	125.1 125.1
amount - see instructions	
e Undistributed income for 2016. Subtract line	*
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2017 Subtract	<u> </u>
lines 4d and 5 from line 1. This amount must	
be distributed in 2018	0.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	î j
section 170(b)(1)(F) or 4942(g)(3) (Election	1
may be required - see instructions) 0 •	180
8 Excess distributions carryover from 2012	
not applied on line 5 or line 7 189,586.	- 4
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 1,099,657.	
10 Analysis of line 9	7.8.
a Excess from 2013 241,611.	
b Excess from 2014 229,711.	
c Excess from 2015 239, 750.	
d Excess from 2016 223, 569.	
e Excess from 2017 165,016.	
723581 01-03-18 Form 990-PF (2017)

	CLINIC FOU				000503 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	-	•	▶		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0040	Prior 3 years		· / / / / / / / / / / / / / / / / / / /
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for	ļ	1	}		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,	ļ				ļ
line 4 for each year listed					
d Amounts included in line 2c not			1	./	}
used directly for active conduct of		ļ	/	1	
exempt activities	L	<u></u>			<u> </u>
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		ļ_ <u> </u>			ļ
alternative test relied upon:	1				
a "Assets" alternative test - enter:					
(1) Value of all assets		ļ	<u>/</u>	_	<u> </u>
(2) Value of assets qualifying		/	Ì	1	
under section 4942(j)(3)(B)(i)	<u> </u>	/-	 		
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year			}		
listed		/		ļ	
c "Support" alternative test - enter:		/			
(1) Total support other than gross investment income (interest,		/	}		
dividends, rents, payments on		! /			
securities loans (section	/	ľ	İ	İ	
512(a)(5)), or royalties)	/			 	
(2) Support from general public and 5 or more exempt			ŀ		
organizations as provided in			ļ		
section 4942(j)(3)(B)(iii)		ļ			
(3) Largest amount of support from				ł	Į
an exempt organization (4) Gross investment income		-		 	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t			ii tile loulloatioi	i nau \$5,000 or m	ore in assets
1 Information Regarding Foundatio					
a List any managers of the foundation who	▼	than 2% of the total cont	ributions reserved by the	foundation before the clo	on of any tax
year (but only if they have contributed m	nore than \$5,000). (See s	ection 507(d)(2))	noutions received by the	ioundation before the cio	SE OF ATTY LAX
SEE STATEMENT 9	, ,	. ,, ,,			
b List any managers of the foundation who	n own 10% or more of th	e stock of a cornoration (or an equally large ports	on of the ownership of a p	artnerehin or
other entity) of which the foundation has	a 10% or greater interes	it.	or an equally large porti	on or the ownership or a p	artifership of
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Dr	ograms:		
Check here I if the foundation o				not accent uncollected reas	iacte for funde. If
the foundation makes gifts, grants, etc.,					16313 101 101103. 11
a The name, address, and telephone number					
2 The flame, address, and telephone flame	our or ornar address or an	о рогоон то иноги друго	ations should be address	30 u.	
SEE STATEMENT 10					
b The form in which applications should b	e submitted and informat	on and materials they sh	ould include		
2 ма том и мана причина в		.or and materials they on	iodia molado.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields	kinds of institutions or r	other factors:	
,	,				
723601 01-03-18					Form 990-PF (2017)
					, ,

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	fear 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 Paid during the year	Gr Gubblemilar contributor		 	
- Coming the year				1
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				1
CER AUMACIMENT		}		1
SEE ATTACHMENT		1	ļ	ĺ
				
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	<u> </u>		<u></u>	
Total			<u>▶ 3a</u>	0.
b Approved for future payment				ļ
NONE				
			1	}
				ļ
	 			ļ
	 			
	}	1		
Total			▶ 3b	0.
			F	orm 990-PF (2017)

Form 990-PF (2017) BAYCARE CLINI	C FOUNDAT	TION, LTD.		39-2	2000503 Page 1
Part XVI-A Analysis of Income-Prod	lucing Activit	ies			
Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	ed by section 512 513, or 514	(e)
Enter gross amounts amoss other wise indicates.		(b)	(C) Exclu-	(d)	Related or exempt
1 Program conunc roughus	(a) Business code	Amount	sion code	Amount	function income
1 Program service revenue:	Code				
å	-		+		-
b	-				
C	_		+		
d	_		┼		
e	_		4		
f	_		\perp		
g Fees and contracts from government agencies					
2 Membership dues and assessments			\perp		
3 Interest on savings and temporary cash			7 7		
investments			1 1		
4 Dividends and interest from securities			14	3,097.	
5 Net rental income or (loss) from real estate:	3. 43	4 9 0 4	10	. ***	
a Debt-financed property			1 ** 1		
b Not debt-financed property			+ +		
6 Net rental income or (loss) from personal			+ +		
property	}		1 1		
7 Other investment income			+		
8 Gain or (loss) from sales of assets other			+ +		
	1		1 1		
than inventory	 		01	13,213.	
9 Net income or (loss) from special events	<u> </u>		1 01	13,213.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1 1	ì	
a	_				
b	_				
c	_		\bot		
d	_				
e	_				
12 Subtotal. Add columns (b), (d), and (e)	3	0	•	16,310.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	16,310
(See worksheet in line 13 instructions to verify calculations)				
Part XVI-B Relationship of Activities	to the Acco	molishment of E	vemnt	Purnoses	
	to the Acco	inplianinent of L	zempt	i urposes	
Line No. Explain below how each activity for which in			A contribu	ted importantly to the accom	plishment of
the foundation's exempt purposes (other the	an by providing fun	ds for such purposes).			
NOT APPLICABLE					
					
					
					
				- 	

Form **990-PF** (2017)

723621 01-03-18

Form 99	0-PF (2	017) BAYCA	RE CLINI	C FOUNI	OATION,	LTD.		39-	2000503	Pa	ige 13
Part	XVII	Information Re		nsfers to a	and Transa	actions a	nd Relations	hips With No	ncharitable		
		Exempt Organ	izations								
(other contents of the content	ther than ansfers) Cash) Other her tran) Sales) Purch) Remal) Remal) Loans) Perfo aring of	ganization directly or indi n section 501(c)(3) orgar from the reporting found:	rectly engage in any nizations) or in sect lation to a noncharit able exempt organiz incharitable exempt or other assets embership or fundra ailing lists, other ass	tion 527, relatir table exempt of ration t organization aising solicitati sets, or paid en	ng to political or rganization of ons ons nployees	ganizations?			1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c	Yes	X X X X X X X
		s given by the reporting fo				ır market valu	ie in any transactio	n or sharing arrange	ement, show in		
) the value of the goods,									
(a)Line	no	(b) Amount involved	(c) Name		le exempt organ	nization	(d) Descriptio	n of transfers, transaction	ons, and sharing ar	rangeme	nts
			 	N/A							
			 								
	+										
			 					 			
			 			·					
	+-		}								
			 								
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	+-		 -								
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	╁		 								
22 15	the four	dation directly or indirect	tly affiliated with or	related to one	a or more tay-e	vemnt organi	rations described				
ın:	section	501(c) (other than section implete the following scheme	on 501(c)(3)) or in s	· ·	s or more tax of	compt organiz	eations accorded		Yes	X] No
		(a) Name of org	janization		(b) Type of c	organization		(c) Description of re	elationship		
		N/A									
					ļ						
					<u> </u>					_	
											
							· · · · · · · · · · · · · · · · · · ·				
Sign Here	and be	penalties of perjumed declared line of it is true, correct and contact and contact and contact and contact are selected as the contact and contact are selected as the con	that I have examined the	his return, includa	ng accompanying an taxpayer) is bas	schedules and sed on all inform	PRESII	r has any knowledge	May the IRS of return with the shown below X Yes	e prepar ? See in:	er
	— <u> </u>	Print/Type preparer's na	ime	Preparer's s			Date	Check if	PTIN		
		, , ,		'	-	UA	ł	self- employed			
Paid		DANIEL J.	YOUNG	DANIEL	J. YO	UNG /	08/01/18	-	P00035	095	
Prep	arer	Firm's name ► SCH						Firm's EIN ► 3			

Firm's address ▶ P.O. BOX 23819

GREEN BAY, WI 54305-3819

Form **990-PF** (2017)

Phone no (920) 436-7800

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number Name of the organization BAYCARE CLINIC FOUNDATION, 39-2000503 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

BAYCA	RE CLINIC FOUNDATION, LTD.	3	39-2000503
Part	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. AND MRS. KEVIN WIENKERS 2863 CIRCLE SHORE DR. GREEN BAY, WI 54302	\$ 32,006.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DR. STEPHEN BRADA 700 TERRAVIEW DRIVE GREEN BAY, WI 54301	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DR. BRUCE NEAL 1515 BRADBURY COURT GREEN BAY, WI 54313	\\ \$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DR. ALEXANDER ROITSTEIN 2411 WANDERING SPRINGS CIRCLE GREEN BAY, WI 54311	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NILGUN FRENGELL PO BOX 4347 MONROE, LA 71211	ss,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DR. CHRISTOPHER SORRELLS 3317 STAR CREEK CT GREEN BAY, WI 54311	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
723452 11-0	1-11	ocheans (Fari	m 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

RE CLINIC FOUNDATION, LTD.		39	-2000503
Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed		
(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
DR. JOSEPH HODGSON			Person X
3510 BOWER CREEK ROAD	\$8	,000.	Payroll Noncash
DE PERE, WI 54115			(Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
DR. MICHAEL MEDICH			Person X
2940 LUMBER LN	\$11	,052.	Payroll Noncash
GREEN BAY, WI 54313			(Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
BAY CARE HEALTH SYSTEMS	:		Person X
164 N BROADWAY	\$7	,863.	Payroll Noncash
GREEN BAY, WI 54303			(Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
AURORA BAYCARE MEDICAL CENTER			Person X
2845 GREENBRIER RD	\$11	,000.	Payroll Noncash
GREEN BAY, WI 54311			(Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
PLASTIC SURGERY FOUNDATION			Person X
444 EAST ALGONQUIN ROAD	\$5,	,000.	Payroll Noncash
ARLINGTON HEIGHTS, IL 60005-4664			(Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contribu	tions	(d) Type of contribution
SCHENCK SC		İ	Person X
2200 RIVERSIDE DRIVE	\$5,	,000.	Payroll Noncash
GREEN BAY, WI 54301	0.1 - 4	de D./Farris	(Complete Part II for noncash contributions)
	Contributors (see instructions) Use duplicate copies of Part I if additional (b) Name, address, and ZIP + 4 DR. JOSEPH HODGSON 3510 BOWER CREEK ROAD DE PERE, WI 54115 (b) Name, address, and ZIP + 4 DR. MICHAEL MEDICH 2940 LUMBER LN GREEN BAY, WI 54313 (b) Name, address, and ZIP + 4 BAY CARE HEALTH SYSTEMS 164 N BROADWAY GREEN BAY, WI 54303 (b) Name, address, and ZIP + 4 AURORA BAYCARE MEDICAL CENTER 2845 GREENBRIER RD GREEN BAY, WI 54311 (b) Name, address, and ZIP + 4 PLASTIC SURGERY FOUNDATION 444 EAST ALGONQUIN ROAD ARLINGTON HEIGHTS, IL 60005-4664 (b) Name, address, and ZIP + 4 SCHENCK SC 2200 RIVERSIDE DRIVE GREEN BAY, WI 54301	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (b) (c) (c) Name, address, and ZIP + 4 Total contributions S	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (b)

Name of organization

Employer identification number

BAYCA	RE CLINIC FOUNDATION, LTD.		39-2000503
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ASSOCIATED BANK 433 MAIN ST GREEN BAY, WI 54301	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
723452 11-01	I-17	Schedule B (For	m 990, 990-EZ, or 990-PF) (2017)

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

Part [l	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
		ss	
(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
723453 11-01			90, 990-EZ, or 990-PF) (2

10958__1

Name of orga	inization		Employer identification number
BAYCAR	E CLINIC FOUNDATION, L	TD.	39-2000503
Part III	Exclusively religious, charitable, etc., conthe year from any one contributor. Complete	tributions to organizations described in a columns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations
	completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition		s for the year (Enterthis info once) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(h) Dumana of sife	(a) Una ad a side	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fur pose or girt	(c) Use or girt	(a) Description of now girt is neig
-		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
23454 11-01-1			Schedule B (Form 990, 990-EZ, or 990-PF) (20

FORM 990-PF DIVID	DENDS	AND INTE	REST	FROM SECT	JRITIES	Sī	TATEMENT	1
GROS SOURCE AMOU		CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUST NET INC	
DIVIDENDS 3,	097.		0.	3,09	7. 3	,097.		
TO PART I, LINE 4 3,	097.		0.	3,09	7. 3	,097.		
FORM 990-PF		OTHER	INCO	ме		ទា	PATEMENT	2
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVE MENT INC		(C) ADJUSTE NET INCO	
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS				16,640.		0.		
TOTAL TO FORM 990-PF, PART	. I, I	LINE 11 =		16,640.		0.		
FORM 990-PF		ACCOUNT	ING 1	FEES		នា	PATEMENT	3
FORM 990-PF DESCRIPTION		ACCOUNT (A) EXPENSES PER BOOKS	NE'	FEES (B) INVEST- NT INCOME	(C) ADJUS NET IN	TED	CHARITAL PURPOS	BLE
		(A) EXPENSES	NE'	(B) T INVEST-	ADJUS NET IN	TED	(D) CHARITA	BLE ES
DESCRIPTION		(A) EXPENSES PER BOOKS	NE'	(B) F INVEST- NT INCOME	ADJUS NET IN	TED	(D) CHARITAI PURPOSI	BLE ES
DESCRIPTION SCHENCK SC		(A) EXPENSES PER BOOKS 2,452 2,452	NE'	(B) T INVEST- NT INCOME 1,226.	ADJUS NET IN	TED COME	(D) CHARITAI PURPOSI	BLE ES 26.
DESCRIPTION SCHENCK SC TO FORM 990-PF, PG 1, LN 1	.6B	(A) EXPENSES PER BOOKS 2,452 2,452 TAX	NET	(B) T INVEST- NT INCOME 1,226.	ADJUS NET IN (C) ADJUS	TED COME ST	(D) CHARITAL PURPOSI 1,2:	BLE ES 26.
DESCRIPTION SCHENCK SC TO FORM 990-PF, PG 1, LN 1 FORM 990-PF	.6B	(A) EXPENSES PER BOOKS 2,452 2,452 TAX	NE'MEI	(B) T INVEST- NT INCOME 1,226. 1,226.	ADJUS NET IN (C) ADJUS NET IN	TED COME ST	(D) CHARITAI PURPOSI 1,2: 1,2: TATEMENT (D) CHARITAI	BLE ES 26.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSES MARKETING EXPENSES FUNDRAISING EXPENSES	7,601. 15,447. 3,427.	1,90 3,80 1,71	51.	5,7 11,5 1,7	86.	
TO FORM 990-PF, PG 1, LN 23	26,475.	7,4	74.	19,0	01.	
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUNI	D BALANCES	STATEMENT	6	
DESCRIPTION				TUUOMA		
UNREALIZED GAIN/LOSS ON INVES	TMENTS			17,3	09.	
TOTAL TO FORM 990-PF, PART II	I, LINE 3			17,3	09.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION			BOOK VALUE	FAIR MARKE	r	
VANGUARD BALANCED INDEX FD		_	173,646.	173,6	46.	

	T OF OFFICERS, DI FOUNDATION MANAGE	STATEMENT 8		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	• •	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JOSEPH HODGSON, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/PRESII 0.50	DENT 0.	0.	0.
MICHAEL MEDICH, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
BRUCE NEAL, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/VICE I	PRESIDENT 0.	0.	0.
CHRISTOPHER SORRELLS, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/TREASU	URER 0.	0.	0.
ANN SEIDL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR OF MAR 0.50	RKETING/PR 0.	0.	0.
LESLEY O'CONNELL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/EMPLOY	YEE REP	0.	0.
PAUL LUIKART, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
ANDREA MICHAUD 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/EMPLOY	YEE REP	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

JOSEPH HODGSON, M.D. BRUCE NEAL, M.D. CHRISTOPHER SORRELLS, M.D. FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL 164 N BROADWAY GREEN BAY, WI 54303

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

920-405-5382

GENERAL GRANTS FOR COMMUNITY-BASED PROGRAMS, PROJECTS AND SERVICES

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR COMMUNITY-BASED PROGRAMS, PROJECTS AND SERVICES CAN BE DOWNLOADED AT

HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP

ANY SUBMISSION DEADLINES

DEADLINES FOR GRANT REQUESTS ARE JANUARY 14, APRIL 14, JULY 14 AND OCTOBER 13.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GENERAL FINANCIAL SUPPORT GRANTS MUST RELATE TO THE OVERALL FOUNDATION MISSION OF PROMOTING THE HEALTH AND WELL-BEING OF NORTHEAST WISCONSIN RESIDENTS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL 164 N BROADWAY GREEN BAY, WI 54303

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

920-405-5382

HEALTHCARE SCHOLARSHIP PROGRAM

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR SCHOLARSHIPS CAN BE DOWNLOADED AT HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP

ANY SUBMISSION DEADLINES

THE DEADLINE FOR SCHOLARSHIP APPLICATIONS IS APRIL OF EVERY YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE AWARDED TO PRE-SELECTED REGIONAL HIGH SCHOOLS AND COLLEGES AND TO SCHOLARS PURSUING ADVANCED EDUCATION IN THE HEALTHCARE FIELD.