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OMB No 1545-0052

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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>. 2017

Open to Public

							Tushection
For	caler	ndar year 2017, or tax year beginning 01-01-20	)17 , an	ıd er	nding 12-31-	2017	
		indation AMILY CHARITABLE TRUST			A Employer Id	entification numbe	er
	2.0,				39-6281716		
		street (or P O box number if mail is not delivered to street address) APITOL DRIVE 8	Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)
					(262) 783-4340	)	
		, state or province, country, and ZIP or foreign postal code D, WI 53072			C If exemption	application is pendin	ig, check here
<b>.</b>		I that apply	£		D.1 Farrage and		, , , , , , , , , , , , , , , , , , ,
or Cr	теск ат	I that apply □ Initial return □ Initial return of a □ Final return □ Amended return	former public charity			ganizations, check h ganizations meeting	▶ ∟
		☐ Address change ☐ Name change				k here and attach co	
H C	neck ty	pe of organization Section 501(c)(3) exempt private	foundation			undation status was n 507(b)(1)(A), chec	
	Section	4947(a)(1) nonexempt charitable trust	e private foundation				
of '	year <i>(f</i>	set value of all assets at end from Part II, col (c), \$ 4,804,517  J Accounting method  Other (specify) (Part I, column (d) must	✓ Cash ☐ Accrus	al		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc , received (attach					(cash basis only)
	_	schedule)					
	2	Check ► ✓ If the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	357		357		
	4	Dividends and interest from securities	107,517		107,517		
	5a	Gross rents					
	Ь	Net rental income or (loss)	452.240				
Rue	6a	Net gain or (loss) from sale of assets not on line 10	153,310				
Revenue	b	Gross sales price for all assets on line 6a516,183					
ã	7	Capital gain net income (from Part IV, line 2)			153,310		
	8	Net short-term capital gain					
	9 10a	Income modifications					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	261,184		261,184		
	13	Compensation of officers, directors, trustees, etc	0		0		(
_	14	Other employee salaries and wages					
ses	15 16a	Legal fees (attach schedule)					
E E	ь	Accounting fees (attach schedule)	2,500		0		2,500
and Administrative Expenses	С	Other professional fees (attach schedule)	18,119		18,119		(
tıve	17	Interest					
stra	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion					
AG.	20	Occupancy					
פַּ	21	Travel, conferences, and meetings					
i 13	22 23	Printing and publications					1
E E	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	20,619		18,119		2,500
0	25	Contributions, gifts, grants paid	219,432				219,432
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	240.051		10.110		224 625
	27	Subtract line 26 from line 12	240,051		18,119		221,932
	a	Excess of revenue over expenses and	21,133				
	ь	disbursements  Net investment income (if negative, enter -0-)			243,065		
	c	Adjusted net income(if negative, enter -0-)					
_			1			i	

		Less allowance for doubtful accounts >			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)	69,121	<b>9</b> 58,651	61,636
	Ь	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Loss assumulated depresenting (attach schodule)			

4,208,619

4,208,619

4,208,619

4,229,752

4,229,752 4,229,752

2

3

4

5

6

4,208,619

4,229,752

4,229,752 Form **990-PF** (2017)

21,133

4,311,722

4,804,517

### Less accumulated depreciation (attach schedule) 12 13 Investments—other (attach schedule) . . . . 3,405,510 3,739,942 14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) Other assets (describe > \_ 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 4,208,619 4,229,752 17 18 Liabilities 19 Deferred revenue . . 20 Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

Analysis of Changes in Net Assets or Fund Balances

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

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

21

22 23

24

25

28 29

31 Part III

Balances

Fund 26

ö

Assets 27

Net 30

2

Other liabilities (describe -\_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Add lines 1, 2, and 3 . . . . . . .

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . .

Other increases not included in line 2 (itemize) -

Page **3** 

Part IV Capital Gains a	ind Losses for Tax on Invest	tment Income			
2-story brick ware	(a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b> See Additional Data Table					
b					
c					
d					
e					
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis pense of sale	Gain d	h) ir (loss) ) minus (g)
a See Additional Data Table	2				
b					
С					
d					
e					
	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		11
complete only for assets	(i)	Thea by the foundation	(k)		<b>l)</b> h) gain minus
(i) F M V as of 12/31/69	Adjusted basis as of 12/31/69	II	s of col (ı) l (j), ıf any	col (k), but not	less than -0-) <b>or</b> om col (h))
a See Additional Data Table					
b					
С					
d					
e					
2 Capital gain net income	or (net capital loss)	If gain, also enter in F If (loss), enter -0- in l			
If gain, also enter in Par in Part I, line 8	ain or (loss) as defined in sections : t I, line 8, column (c) (see instructi	ons) If (loss), enter -0	}	3 acome	153,310
For optional use by domestic pr	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incor	ne )	
If section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributa t qualify under section 4940(e)  Do		· ·	۲	es 🗹 No
1 Enter the appropriate am	ount in each column for each year,	see instructions before	e making any entrie	es	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitat	ole-use assets	<b>(d)</b> Distribution rat (col (b) divided by c	
2016	234,467		4,417,419	•	0 053078
2015	211,916		4,526,232		0 046820
2014	164,966		4,603,573		0 035834
2013	110,953		4,410,795		0 025155
2012	71,375		4,114,864		0 017346
2 Total of line 1, column (d	)		2		0 178233
3 Average distribution ratio	for the 5-year base period—divide		i, or by the		
,	dation has been in existence if less	,	3		0 035647
	ncharitable-use assets for 2017 fron	·	4	1	4,580,755
			5		163,290
	nt income (1% of Part I, line 27b)		6		2,431
			7		165,721
	ons from Part XII, line 4 ,				221,932
If line 8 is equal to or gre	ater than line 7, check the box in Pa	art VI, line 1b, and con	nplete that part usi	ng a 1% tax rate Se	e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Dowl MITT	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
bart ATTT	and Contractors

4 11 1 1 60 11 1 1 1 1				
1 List all officers, directors, truste	es, foundation managers a	nd their compensation		
(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	
CUZETTE M KOLACA	TOUGTEE	+	· ·	<del>_</del>
SUZETTE M KOLAGA	TRUSTEE 0 50	0		0
4450 MEADOW VIEW E BROOKFIELD, WI 53005				
MOLLY ANN PASDERA	TRUSTEE	0	<u> </u>	0 0
W243 N2710 CREEKSIDE COURT	0 50	0		٥
PEWAUKEE, WI 53072				
2 Compensation of five highest-pa	id emplovees (other than t	hose included on line 1	∟ L—see instructions). If no	ne, enter "NONE."
			Contributions to	,
(a) Name and address of each employee p more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid ov	er \$50,000			0
3 Five highest-paid independent of	ontractors for professional	services (see instructi	ons). If none, enter "NON	·νΕ".
(a) Name and address of each perso			pe of service	(c) Compensation
NONE	•			
		_		
		=		
		=		
<b>Fotal</b> number of others receiving over \$5		5		0
Part IX-A Summary of Direct	Charitable Activities			
List the foundation's four largest direct charitable			nation such as the number of	Expenses
organizations and other beneficiaries served, cor	ferences convened, research pape	rs produced, etc		
1				
2				
<b>-</b>				
3				
-				
4				
<b>-</b>				
Part IX-B Summary of Progra	m-Related Investments	(see instructions)		
Describe the two largest program-related inv	estments made by the foundation of	during the tax year on lines 1	and 2	Amount
1				,
*				
2				
All other program-related investments	See instructions			
3				
3				
<b>Fotal.</b> Add lines 1 through 3		<del></del> .		0

2

3a 3b

4

5

221.932

2.431

219.501

Form **990-PF** (2017)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

226,607

221,932

Form 990-PF (2017)

4,675

(d)

Page 9

_	_	•	<u>'</u>	١	_	_	_	_	,
	X	7	ŧ	1		Ι		ι	

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . . d From 2015. . . . .

e From 2016. . . . .

(20	)1/)
1	Undistributed Income (see instructions)

tructions)	
	(2)

- Part (b) (c) Corpus Years prior to 2016 2016 2017

a Enter amount for 2016 only. . . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

- 1 Distributable amount for 2017 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2017

17,092

12.417

17.092

4.675

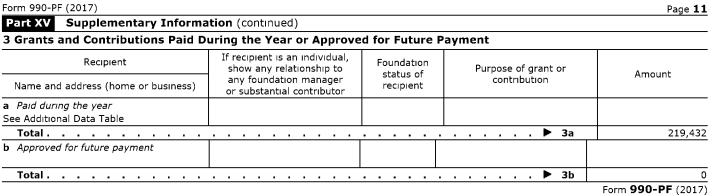
12,417

12,417

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

GRANTS LIMITED TO SECTION 501 (C) (3) CHARITABLE ORGANIZATIONS

factors



	Analysis of Income-Producing amounts unless otherwise indicated		usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
	<del></del> -					
f						
_	nd contracts from government agencies					
3 Interest	ship dues and assessments			14	357	
	nents			14	107,517	
	al income or (loss) from real estate				,	
a Debt-fi	ınanced property					
	bt-financed property					
	ntal income or (loss) from personal property					
	vestment income					
	r (loss) from sales of assets other than			18	153,310	
	me or (loss) from special events				,	
	rofit or (loss) from sales of inventory					
	evenue a					
d						
е			0		261,184	(
e 12 Subtotal 13 Total. A	Add columns (b), (d), and (e)		0	13	261,184 <b>3</b>	261,184
e 12 Subtotal 13 Total. A (See wor	Add columns (b), (d), and (e)	ations )			<u> </u>	
e 12 Subtotal 13 Total. A (See wor	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Adsheet in line 13 instructions to verify calculated in the second columns. The second columns is a second columns in the second columns in t	e Accomplisi	nment of Exemped in column (e) of	ot Purposes Part XVI-A contribu	ted importantly to	261,184
e	I Add columns (b), (d), and (e)	e Accomplisi	nment of Exemped in column (e) of	ot Purposes Part XVI-A contribu	ted importantly to	261,184
e	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Adsheet in line 13 instructions to verify calculated in the second columns. The second columns is a second columns in the second columns in t	e Accomplisi	nment of Exemped in column (e) of	ot Purposes Part XVI-A contribu	ted importantly to	261,184
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orm 990-PF	(2017)							Pa	ge <b>13</b>
Part XVII	Information Re Exempt Organi		ansfers To a	and Transactio	ns and Relatio	nships With Noncl	naritable		
	rganization directly or in Code (other than sectio	directly engag					501	Yes	No
	from the reporting foun					•			
<b>(1)</b> Cash		1a(1)		No					
(2) Othe		1a(2)		No					
<b>b</b> Other train	nsactions								
<b>(1)</b> Sale	s of assets to a nonchar	itable exempt	organızatıon.				. 1b(1)		No
<b>(2)</b> Purc	hases of assets from a r	noncharitable e	exempt organiz	zation			. 1b(2)		No
	tal of facilities, equipmer	•					. 1b(3)		No
	nbursement arrangemen						1b(4)		No
	ns or loan guarantees.						1b(5)		No
	rmance of services or m	•	=				1b(6)		No
_	of facilities, equipment, n swer to any of the above						1c		No
	ods, other assets, or ser ensaction or sharing arra (b) Amount involved	ingement, show	w ın column (c		goods, other asse		j	ngemen	its
									-
	indation directly or indire	•					. 🗆 Yes	<b>✓</b>	No
<b>b</b> If "Yes," o	complete the following s				1	( ) 5			
	(a) Name of organization	on	(1	<b>b)</b> Type of organization	on	(c) Description of	relationship		
of r whi	der penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, cor		•	- , ,	than taxpayer) is base	d on all infor	rmatior	n of
Sign Here <b>L</b>	*****			2018-08-07	*****	ı	May the IRS di return		
	Signature of officer or t	rustee		Date	Title		with the prepa below (see instr )?	_	
I	Print/Type preparer's	s name	Preparer's Sigr	nature	Date	PTI			
						Check if self-	P00156	866	
Paid	MARK E ALBRECHT	г			2018-08-07	employed ▶ ☑		.500	
Preparei Use Only		RTEK LLP				Firr	n's EIN ▶42	-09937	 '92
}	' <del>  </del>								

Firm's address ► N16W23217 STONE RIDGE DR 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, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation AMERICAN EXPRESS CR Р 2017-03-29 2017-06-05 BANK BARODA NEW YORK Ρ 2017-03-31 2017-06-30 BERWYN INCOME FUND Р 2017-01-01 2017-12-12 COMMONWEALTH EDISON Р 2017-03-29 2017-09-15 AMCAP FUND CLASS F-2 Ρ 2016-01-01 2017-12-12 Ρ BERWYN INCOME FUND 2017-12-12 Р EUROPACIFIC GROWTH 2017-12-12 Р 2017-12-12 **FUNDAMENTAL INVESTOR** SMALL CAP WORLD FUND Ρ 2017-12-12 NEW PERSPECTIVE FUND Р 2017-12-12 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 50.000 50,000 0 0 60,000 60,000 3,204 3,160 44 50,000 50,000 0 15,000 8,632 6,368 115,591 113,494 2,097 15,000 12,083 2,917 15,000 10,801 4,199 7,070 15,000 7,930 15,000 9,081 5,919 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I 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 (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 0 0 44 0 6,368 2,097 2,917 4,199 7,070 5,919

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, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р SMALL CAP WORLD FUND 2017-12-12 WASHINGTON MUTUAL Ρ 2017-12-12 AMERICAN MUTUAL FUND Ρ 2017-12-12 FNMA GTD REMIC PASS Р 2017-04-25 Р FNMA GTD REMIC PASS 2017-03-28 Ρ FHLMC MULTICLASS MTG 2017-12-15 CAPITAL GAIN DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Gain or (loss) (e) Gross sales price Cost or other basis (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 15.000 8.769 6,231 15,000 10,391 4,609 15,000 8.990 6,010 1.000 1.049 -49 2.000 2,127 -127 6,000 6,366 -366 108.388 108.388 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I 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 (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 6,231 4,609 6,010 -49 -127 -366 108,388

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	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
AMERICAN CANCER SOCIETY - WISCONSIN REGION PO BOX 902 PEWAUKEE, WI 53072	NONE	PUBLIC CHARITY	\$4,000 OPERATING EXPENSES	4,000		
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PUBLIC CHARITY	SCHOLARSHIPS	300		
BACKPACK COALITIONPO BOX 1094 WAUKESHA, WI 53187	NONE	PUBLIC CHARITY	SCHOOL SUPPLIES	2,000		
BIG BROTHERS BIG SISTERS 788 N JEFFERSON ST SUITE 600 MILWAUKEE, WI 53202	NONE	PUBLIC CHARITY	OPERATING EXPENSES	6,000		
BLADDER CANCER ADVOCACY NETWORK 4915 ST ELMO AVENUE SUITE 202 BETHESDA, MD 20814	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,500		

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219,432

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BLOOD CENTER OF SOUTHEASTERN NONE PUBLIC OPERATING EXPENSES 7,000 WISCONSIN CHARITY 638 NORTH 18TH STREET MILWAUKEE, WI 53201 BOYS & GIRLS CLUBS OF GREATER NONE PUBLIC NONE 3,500 MILWAUKEE CHARITY

1558 NORTH 6TH STREET - PO BOX 12486 MILWAUKEE, WI 53212				
CHILDREN'S HOSPITAL AND HEALTH SYSTEM MS 3050 PO BOX 1997 MILWAUKEE, WI 53201	NONE	PUBLIC FOUNDATION	GREATEST NEED	2,500
CHRISTMAS CLEARING COUNCIL PO BOX 34 WAUKESHA, WI 53187	NONE	PUBLIC CHARITY	CHRISTMAS GIFTS TO NEEDY	3,000

	MS 3050 PO BOX 1997 MILWAUKEE, WI 53201		FOUNDATION		
	CHRISTMAS CLEARING COUNCIL PO BOX 34 WAUKESHA, WI 53187	NONE	PUBLIC CHARITY	CHRISTMAS GIFTS TO NEEDY	3,0
1					ſ

CHRISTMAS CLEARING COUNCIL PO BOX 34 WAUKESHA, WI 53187	NONE	PUBLIC CHARITY	CHRISTMAS GIFTS TO NEEDY	3,000
CRIVITZ AREA FOOD PANTRY	NONE	PUBLIC	OPERATING EXPENSES	500

PO BOX 34 WAUKESHA, WI 53187		CHARITY		
CRIVITZ AREA FOOD PANTRY PO BOX 398	NONE	PUBLIC CHARITY	OPERATING EXPENSES	500

WAUKESHA, WI 53187				
CRIVITZ AREA FOOD PANTRY PO BOX 398 CRIVITZ, WI 54114	NONE	PUBLIC CHARITY	OPERATING EXPENSES	

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form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future I	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CURATIVE CARE NETWORK 1000 NORTH 92ND STREET MILWAUKEE, WI 53226	NONE	PUBLIC CHARITY	OPERATING EXPENSES	1,000
DISCOVERY WORLD LTD 500 NORTH HARBOR DRIVE MILWAUKEE, WI 53202	NONE	PUBLIC CHARITY	OPERATING EXPENSE	4,000
EASTER SEALS OF SOUTHEAST WISCONSIN (KIND CARE) 1016 MILWAUKEE AVENUE SOUTH MILWAUKEE, WI 53172	NONE	PUBLIC CHARITY	\$4,000 OPERATING EXPENSES, \$3,000 HEALTHY BABY	7,000
ELMBROOK HUMANE SOCIETY 20950 ENTERPRISE AVENUE BROOKFIELD, WI 53045	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,000
FEEDING AMERICA 1700 W FON DU LAC AVE MILWAUKEE, WI 53205	NONE	PUBLIC CHARITY	\$7,500 FOOD PROGRAMS, \$2,500 HOLIDAY BASKETS	10,000
Total				219,432

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HABITAT FOR HUMANITY - RESTORE NONE PUBLIC OPERATING EXPENSES 2,000 3015 N 114TH ST CHARITY WAUWATOSA, WI 53222 NONE HOPE HOUSE OF MILWAUKEE INC. PUBLIC \$2,000 OPERATING EXPENSES, 6,000 209 WEST ORCHARD ST CHARITY \$2,000 HOLIDAY FUNDING & \$2,000 YOUTH PROGRAM MILWAUKEE, WI 53204 HUNGER TASK FORCE201 S HAWLEY CT 7,000 NONE PUBLIC \$1500 FOOD FOR HOLIDAYS, MILWAUKEE, WI 53214 CHARITY \$2000 FOOD FOR FAMILIES. \$3500 OPERATING EXPENSES IN-TANDEM THEATRE628 N 10TH ST NONE **PRIVATE** OPERATING EXPENSES 500 ORGANIZATION MILWAUKEE, WI 53233 LAKE AREA FREE CLINIC NONE **PUBLIC** \$7,500 OPERATING EXPENSES, 9.000

CHARITY

\$1,500 DENTAL CLINIC

219,432

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856 B ARMOUR ROAD

Total . . .

OCONOMOWOC, WI 53066

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
LITERACY SERVICES OF WISCONSIN INC 555 N PLANKINTON MILWAUKEE, WI 53203	NONE	PUBLIC CHARITY	\$8000 OPERATING EXPENSES	8,000	
LUKE HOMEN MEMORIAL CLASSIC 16520 DEER CREEK PARKWAY BROOKFIELD, WI 53005	NONE	PRIVATE CHARITY	FUNDRAISING	1,400	
LUTHERAN SOCIAL SERVICES - B2 THREE PROGRAM - WAUK CTY 500 RIVERVIEW WAUKESHA, WI 53188	NONE	COUNTY PROGRAM	OPERATING EXPENSES	3,000	
MAKE-A-WISH13195 W HAMPTON AVE BUTLER, WI 53007	NONE	PUBLIC CHARITY	OPERATING EXPENSES	3,000	

OPERATING EXPENSES MARCH OF DIMES NATIONAL OFFICE NONE PUBLIC

2,000 1275 MAMARONECK AVENUE FOUNDATION

WHITE PLAINS, NY 10605

Total . 219,432

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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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
MILWAUKEE ART MUSEUM 700 N ART MUSEUM DRIVE MILWAUKEE, WI 53233	NONE	PUBLIC CHARITY	OPERATING EXPENESES	2,500	
MILWAUKEE CENTER FOR INDEPENDENCE 2020 WEST WELLS STREET MILWAUKEE, WI 53233	NONE	PUBLIC CHARITY	\$5000 OPERATING EXPENSES, \$1100 CAMPAIGN FOR KIDS AUCTION	6,000	
MILWAUKEE MUSLIM WOMEN'S COALITION 5235 S 27TH ST GREENFIELD, WI 53221	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,500	
MILWAUKEE PUBLIC MUSEUM 800 WEST WELLS STREET MILWAUKEE, WI 53233	NONE	PUBLIC CHARITY	5000 OPERATING EXPENSES	5,000	
MILWAUKEE RESCUE MISSION	NONE	PUBLIC	\$3,000 OPERATING EXPENSES,	6,000	

COALITION 5235 S 27TH ST GREENFIELD, WI 53221		CHARITY		
MILWAUKEE PUBLIC MUSEUM 800 WEST WELLS STREET MILWAUKEE, WI 53233	NONE	PUBLIC CHARITY	5000 OPERATING EXPENSES	5,000
MILWAUKEE RESCUE MISSION	NONE	PUBLIC	\$3,000 OPERATING EXPENSES,	6,000

830 NORTH 19TH STREET CHARITY

\$1,500 THANKSGIVING, \$1,500 CHRISTMAS 219,432

MILWAUKEE, WI 53233

Total . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
MILWAUKEE SYMPHONY ORCHESTRA 700 N WATER STREET SUITE 700 MILWAUKEE, WI 53202	NONE	PUBLIC CHARITY	\$5,000 OPERATING EXPENSES, \$555 SALON SERIES	5,555	
MOVEMBER FOUNDATIONPO BOX 1595 CULVER CITY, CA 90232	NONE	PUBLIC CHARITY	RESEARCH	1,500	
MPTV1036 N 8TH ST MILWAUKEE, WI 53233	NONE	PUBLIC CHARITY	OPERATING EXPENSES	3,000	
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	PUBLIC CHARITY	OPERATING EXPENSES	3,000	
NIA IMANI FAMILY INC 1353 NORTH 25TH STREET MII WALKEE WI 53205	NONE	PUBLIC CHARITY	OPERATING EXPENSES	5,000	

Total . 3a 219,432

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
any foundation manager or substantial contributor	recipient				
NONE	PUBLIC CHARITY	\$1500 OPERATING EXPENSES, \$1500 PROGRAM EXPENSES	3,000		
NONE	PUBLIC CHARITY	\$765 FUN-RUN, \$300 JUMP ROPE FOR HEART	765		
NONE	PUBLIC CHARITY	\$4,000 OPERATING EXPENSES, \$1,500 CAPITAL CAMPAIGN, \$3,000 BUILDING FUND	8,500		
NONE	PUBLIC CHARITY	BURN CAMP	2,500		
NONE	PUBLIC CHARITY	OPERATING EXPENSES	5,000		
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  NONE  NONE  NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  PUBLIC CHARITY  PUBLIC CHARITY  NONE  PUBLIC CHARITY  PUBLIC CHARITY  PUBLIC CHARITY  NONE  PUBLIC CHARITY	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  PUBLIC (CHARITY)  S4,000 OPERATING EXPENSES, \$1,500 CAPITAL CAMPAIGN, \$3,000 BUILDING FUND  PUBLIC (CHARITY)  PUBLIC (CHARITY)		

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219,432

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
SHARON LYNNE WILSON CENTER FOR THE ARTS 19805 WEST CAPITOL DRIVE BROOKFIELD, WI 53005	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,000	
SOJOURNER FAMILY PEACE CENTER PO BOX 080319 MILWAUKEE, WI 53208	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,000	
SPECIAL OLYMPICS WISCONSIN PO BOX 8546 MADISON, WI 53708	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,000	
ST JUDES501 ST JUDE PLACE MEMPHIS, TN 381051942	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,000	
STILLWATER CANCER SUPPORT SERVICES	NONE	PUBLIC CHARITY	UNFUNDED COUNSELING	2,500	

219,432

2607 N GRANDVIEW BLVD SUITE 110

WAUKESHA, WI 53188

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount		
<u> </u>	or substantial contributor					
a Paid during the year						
THE SALVATION ARMY EMERGENCY LODGE 1730 N 7TH ST MILWAUKEE, WI 53212	NONE	PUBLIC CHARITY	\$2,000 OPERATING EXPENSES, \$500 ADULT CLOTHES, \$1,000 GREATEST NEED, \$661 50 EMER SHELTER	4,162		
THE SALVATION ARMY 11315 W WATERTOWN PLANK ROAD - PO BOX 26019 WAUWATOSA, WI 53226	NONE	PUBLIC CHARITY	\$2,000 TOYS FOR TOTS, \$1,000 OPERATING EXPENSES, \$1,000 RED KETTLE	4,000		
TOWN OF STEPHENSON FIRE DEPT W12563 RANCH RD CRIVITZ, WI 54114	NONE	PUBLIC CHARITY	GREATEST NEED	1,000		
TWIN BRIDGE RESCUE SQUAD W10262 JESSICA LANE CRIVITZ, WI 54114	NONE	PUBLIC CHARITY	\$1,000 OPERATING EXPENSES, \$500 THANKSGIVING	1,500		
UNITED PERFORMING ARTS FUND 301 W WISCONSIN AVE SUITE 600 MILWAUKEE, WI 53203	NONE	PUBLIC CHARITY	\$2,000 CHILDREN'S PROGRAM FUND RAISER	2,000		
Total				219,432		

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
UWM PECK SCHOOL OF THE ARTS 1440 E NORTH AVE MILWAUKEE, WI 53202	NONE	PUBLIC SCHOOL	OPERATING EXPENSES	1,250	
VARIETY12425 KNOLL ROAD SUITE 110 ELM GROVE, WI 53122	NONE	PUBLIC CHARITY	\$3,500 SUMMER CAMP, \$2,500 OPERATING EXPENSES	6,000	
VETERAN'S OUTREACH OF WI 1357 GREENWAY CROSS 157 MADISON, WI 53713	NONE	PUBLIC CHARITY	OPERATING EXPENSES	500	
VISION FORWARD 912 NORTH HAWLEY ROAD MILWAUKEE, WI 53213	NONE	PUBLIC CHARITY	OPERATING EXPENSES	4,000	

1,000 NONE PUBLIC OPERATING EXPENSES CHARITY

WAGS INC1338 DEWEY CT MADISON, WI 53703

Total . . 219,432 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
WALKER'S POINT YOUTH & FAMILY CENTER 2030 W NATIONAL AVENUE MILWAUKEE, WI 53204	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,000	
WAUKESHA WOMEN'S CENTER 505 NORTH EAST AVENUE WAUKESHA, WI 53186	NONE	PUBLIC CHARITY	\$5,000 OPERATING EXPENSES, \$3,000 PROGRAM & EXPENSES	8,000	
WILDLIFE IN NEED CENTER W349S1480 SOUTH WATERVILLE ROAD OCONOMOWOC, WI 53066	NONE	PUBLIC CHARITY	OPEARTING EXPENSES	8,000	
WISCONSIN HUMANE SOCIETY	NONE	PUBLIC	OPERATING EXPENSES	2,500	

WAUKESHA, WI 53186				
WILDLIFE IN NEED CENTER W349S1480 SOUTH WATERVILLE ROAD OCONOMOWOC, WI 53066	NONE	PUBLIC CHARITY	OPEARTING EXPENSES	8,000
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,500

OCONOMOWOC, WI 53066				ĺ
WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,5
WISCONSIN PUBLIC RADIO	NONE	PUBLIC	OPERATING EXPENSES	2 (

WISCONSIN HUMANE SOCIETY 4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	PUBLIC CHARITY	OPERATING EXPENSES	2,
WISCONSIN PUBLIC RADIO	NONE	PUBLIC	OPERATING EXPENSES	2.

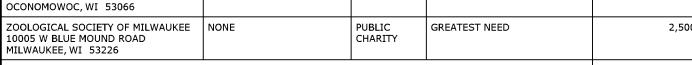
4500 WEST WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	CHARITY	OPERATING EXPENSES	2,500
WISCONSIN PUBLIC RADIO 310 W WISCONSIN AVENUE	NONE	PUBLIC SERVICE	OPERATING EXPENSES	2,000

MILWAORLE, WI 33200				
WISCONSIN PUBLIC RADIO 310 W WISCONSIN AVENUE MILWAUKEE, WI 53203	NONE	PUBLIC SERVICE	OPERATING EXPENSES	2,000

Total				219.432
310 W WISCONSIN AVENUE MILWAUKEE, WI 53203		SERVICE		
WISCONSIN I OBLIC RADIO	IVOIVE	LIOPLIC	OI LIVATING EVI FINDED	2,0

MILWAUKEE, WI 53203	SERVICE	l
Total	 	 219,432

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ZACHARIAH'S ACRES NONE PUBLIC OPERATING EXPENSES 1,500 N74 W35911 SERVANTS WAY CHARITY NONE PUBLIC GREATEST NEED 2,500 CHARITY



Total . . . . . . . . 219,432

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efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -		DLN: 93491221001078			
TY 2017 Accounting Fees Schedule								
Name: KOLAGA FAMILY CHARITABLE TRUST								
<b>EIN:</b> 39-6281716								
Accounting Fees Schedule					1			
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES		2,500		)	2,500			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491221001078
TY 2017 Investments Governments	nent Obligat	ions Schedule	
Name:	KOLAGA FAMI	LY CHARITABLE TRUST	
EIN:	39-6281716		
US Government Securities - End of Year Book Value:		58,651	
US Government Securities - End of Year Fair Market Value:		61,636	
State & Local Government Securities - End of Year Book Value:		0	
State & Local Government Securities - End of Year Fair Market Value:		0	

## TY 2017 Investments - Other Schedule

Name: KOLAGA FAMILY CHARITABLE TRUST

**EIN:** 39-6281716

### **Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
3616 SHS AMCAP FUND CLASS F-2	AT COST	89,248	121,799
7888 SHS AMERICAN BALANCED FUND CLASS F-2	AT COST	237,897	311,501
5766 SHS AMERICAN HIGH INCOME TRUST CLASS F-2	AT COST	73,859	71,769
5995 SHS AMERICAN MUTUAL FUND CLASS F-2	AT COST	144,732	202,568
3788 SHS CAPITAL INCOME BUILDER FUND CLASS F-2	AT COST	140,502	171,123
21,652 SHS DOUBLELINE TOTAL RETURN BOND FUND CLASS I	AT COST	269,604	258,016
10,406 SHS DOUBLELINE CORE FIXED INCOME FUND CLASS I	AT COST	125,638	125,362
5272 SHS FPA CRESCENT PORTFOLIO	AT COST	175,045	212,025
10,299 SHS FPA NEW INCOME INC COM	AT COST	275,796	267,771
2410 SHS FUNDAMENTAL INVESTORS CLASS F-2	AT COST	76,520	112,950
5041 SHS HARBOR BOND FUND INSTITUTIONAL CLASS	AT COST	70,277	65,992
6585 SHS THE HARTFORD CHECKS AND BLANCES FD CLASS I	AT COST	93,522	90,617
13,029 SHS THE HARTFORD BALANCED INCOME	AT COST	235,121	283,732
7800 SHS THE HARTFORD EQUITY INCOME	AT COST	61,695	81,612
12,454 SHS THE HARTFORD FLOATING RATE	AT COST	125,475	123,632
7990 SHS LOOMIS SAYLES STRATEGIC INCOME FUND CLASS A	AT COST	33,890	31,968
2857 SHS NEW PERSPECTIVE FUND CLASS F-2	AT COST	144,342	189,716
1173 SHS NEW WORLD FUND CLASS F-2	AT COST	75,105	97,036
751 SHS PIMCO REAL RETURN FUND INSTITUTIONAL CLASS	AT COST	9,490	8,708
1056 SHS SMALL CAP WORLD FUND CLASS F-2	AT COST	62,147	82,469
8709 SHS THE INCOME FUND OF AMERICA CLASS F-2	AT COST	173,422	233,152
6638 SHS VANGUARD WELLESLEY INCOME FUND	AT COST	281,384	317,915
2154 SHS WASHINGTON MUTUAL INVESTORS FUND CLASS F-2	AT COST	76,541	105,489
1280 SHS EUROPACIFIC GROWTH FUND CLASS F-2	AT COST	76,775	93,414
4514 SHS AMERICAN DEVELOPING WORLD GROWTH AND INCOME FUND	AT COST	53,795	54,449
1021 T ROWE PRICE CAPITAL APPRECIATION	AT COST	394,231	419,754
THE HARTFORD MIDCAP FUND CLASS I	AT COST	28,983	32,889
THE HARTFORD GROWTH OPPORTUNITIES FUND	AT COST	30,550	32,585
INTERNATIONAL GROWTH AND INCOME	AT COST	104,356	111,709

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	DLN: 93491221001078					
TY 2017 Other Professional Fees Schedule							
Name: KOLAGA FAMILY CHARITABLE TRUST							
<b>EIN:</b> 39-6281716							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT FEES	17,869	17,869		0		

FINANCIAL SERVICE FEE