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DLN: 93491135027848

2017

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 www.irs.gov/form990pf.

Open to Public Inspection

| | | ndar year 2017, or tax year | beginning 01-01-20 |)17 , a | nd er | nding 12-31- | | |
|---------------------------------------|--|---|--|-----------------------|----------|---|---|---|
| | | indation HARITABLE TRUST | | | | | entification numbe | ır |
| | | | | | | 39-6777005 | | |
| | lumber and street (or P O box number if mail is not delivered to street address) Room/suite N8499 COUNTY TRUNK Y | | | | | B Telephone number (see instructions) (920) 261-4469 | | |
| | | , state or province, country, and ZIP or N, WI 53094 | foreign postal code | | | C If exemption | application is pendin | g, check here |
| i Ch | neck al | I that apply | ☐ Initial return of a☐ Amended returnge ☐ Name change | former public charity | , | 2 Foreign of test, chec | ganizations, check horganizations meeting k here and attach co | the 85% mputation |
| I Ch | eck ty | pe of organization 🗹 Section 5 | 501(c)(3) exempt private i | foundation | | | undation status was n 507(b)(1)(A), chec | |
| | Section | 4947(a)(1) nonexempt charitable | e trust 🔲 Other taxable | e private foundation | | | | |
| of y | year <i>(f</i> | xet value of all assets at end irom Part II, col (c), \$ 106,623 | J Accounting method ☐ Other (specify) (Part I, column (d) must | be on cash basis) | ual | | 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 | 4. | N | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (equal the amounts in column (a) (see | | expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , schedule) | received (attach | | | | | |
| | 2 | Check ► ✓ If the foundation is r | not required to attach | | | | | |
| | 3 | Interest on savings and temporar | ry cash investments | | | | | |
| | 4 | Dividends and interest from secu | rities | | | | | |
| | 5a | Gross rents | | | | | | |
| | b | Net rental income or (loss) | | | | | | |
| E | 6a | Net gain or (loss) from sale of as | sets not on line 10 | | | | | |
| Revenue | ь 7 | Gross sales price for all assets on Capital gain net income (from Pa | - | | | 0 | | |
| | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allov | wances | | | | | |
| | b | Less Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach sche | edule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | | |
| | 12 | Total. Add lines 1 through 11 | | C | | 0 | | |
| | 13 | Compensation of officers, director | rs, trustees, etc | (| D | 0 | | (|
| | 14 | Other employee salaries and wag | jes | | | | | |
| e e | 15 | Pension plans, employee benefits | | | | | | |
| ۲ <u>۱</u> | 16a | Legal fees (attach schedule) | | | | | | |
| × | b | Accounting fees (attach schedule |) | 500 | | 0 | | 500 |
| ъ П | С | Other professional fees (attach so | chedule) | | | | | |
| 2 | 17 | Interest | | | | | | |
| 7 2 | 18 | Taxes (attach schedule) (see inst | tructions) | | | | | |
| <u> </u> | 19 | Depreciation (attach schedule) ar | nd depletion | | | | | |
| | 20 | Occupancy | | | | | | |
| 7 | 21 | Travel, conferences, and meeting | | | | | | |
| 5 | 22 | Printing and publications | | | | | | |
| 5 | 23 | Other expenses (attach schedule | | 247 | <u>'</u> | 0 | | 247 |
| Operating and Administrative Expenses | 24 | Total operating and administr | • | | | | | |
| <u></u> | | Add lines 13 through 23 | | 747 | - | 0 | | 747 |
| _ | 25 | Contributions, gifts, grants paid | | 8,456 | | | | 8,456 |
| | 26 | Total expenses and disbursen | nents. Add lines 24 and | 9,203 | 3 | 0 | | 9,203 |
| | 27 | Subtract line 26 from line 12 | | | | | | |
| | a b | Excess of revenue over expen disbursements Net investment income (if neg. | | -9,203 | 3 | 0 | | |
| | С | Adjusted net income(if negative | | | | | | |
| or | | work Reduction Act Notice, see | · | | Щ, | Cat No. 11280 | <u> </u> | |

| | 1 | Cash—non-interest-bearing | 116,521 | 106,623 | 106,623 |
|----------------|-----|--|---------|---------|---------|
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 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) | | | |
| | ь | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | ınstructions Also, see page 1, item I) | 116,521 | 106,623 | 106,623 |
| | 17 | Accounts payable and accrued expenses | 695 | | _ |
| | 18 | Grants payable | | | |
| les | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ıab | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe >) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | 695 | 0 | |
| | | Foundations that follow SFAS 117, check here ▶ | | | |
| ses | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 3alance | 24 | Unrestricted | | | |
| 쿒 | 25 | Temporarily restricted | | | |

115,826

115,826

116,521

106,623

106,623

106,623

2

3 4

5

6

115,826

106,623

106,623 Form **990-PF** (2017)

0

-9,203

Net Assets or Fund

26

27

28

29

30

31 Part III

2

3

4

Permanently restricted . .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions) .

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

Retained earnings, accumulated income, endowment, or other funds

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

(a)

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

7 Add lines 5 and 6

instructions

8 Enter qualifying distributions from Part XII, line 4

Page **3**

(d)

| | (a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | ai estate, | How acquired P—Purchase D—Donation | Date acquired (mo , day, yr) | Date sold (mo , day, yr |
|---|---|-------------------------------------|--|---|---|
| 1a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or oth plus expens | er basis | Gain c | h) or (loss) o) minus (g) |
| <u>a</u> | | | | | |
| b | | | | | |
| <u>c</u> | | | | | |
| d | | | | | |
| e | | | 12/21/60 | | |
| Complete only for asset | s showing gain in column (h) and ow | | | | (I) h) gain minus |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of over col(j | col (ı) | col (k), but not | less than -0-) or om col (h)) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| • | e or (net capital loss) gain or (loss) as defined in sections art I, line 8, column (c) (see instructi | . , | | 2 | |
| ın Part [°] I, line 8 | | | } | 3 | |
| art V Qualification | Under Section 4940(e) for Re | educed Tax on Net Ir | vestment In | icome | |
| r optional use by domestic p | private foundations subject to the se | ction 4940(a) tax on net ii | nvestment incon | ne) | |
| Yes," the foundation does n | ne section 4942 tax on the distributa ot qualify under section 4940(e) Do | not complete this part | | | es 🗸 No |
| | mount in each column for each year, | see instructions before m | akıng any entrie | | |
| (a) Base period years Calendar ear (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-u | use assets | (d) Distribution rat (col (b) divided by c | |
| 2016 | 8,869 | | 117,321 | | 0 075596 |
| 2015 | 9,180 | | 126,285 | | 0 072693 |
| 2014 | 12,850 | | 138,195 | | 0 092985 |
| 2013 | 12,709 | | 150,746 | | 0 084307 |
| 2012 | 11,050 | | 152,636 | 1 | 0 072394 |
| 2 Total of line 1, column (| • | | 2 | | 0 397975 |
| | o for the 5-year base period—divide | | by the 3 | | 0 079595 |
| | ndation has been in existence if less oncharitable-use assets for 2017 fron | | : : : 4 | | 108,421 |
| 5 Multiply line 4 by line 3 | | • | 5 | 1 | 8,630 |
| - I talapiy line + by line 5 | | | · · · -3 | + | 0,030 |

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

(b)

6

7

8

(c)

0

8,630 9,203

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

7b

| | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, |
|-----------|--|
| Part VIII | and Contractors |
| | |

| | | ma then compensation | (see instructions). | |
|--|---|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | |
| BRUCE J LOEB | TRUSTEE | 0 | | 0 0 |
| N8499 COUNTY TRUNK Y | 0 00 | | | |
| WATERTOWN, WI 53094 | | | | |
| 2 Compensation of five highest-pa | id employees (other than | those included on line 1 | | one, enter "NONE." |
| (a) Name and address of each employee p more than \$50,000 | Title, and average hours per week (b) devoted to positio | (c) Compensation | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid ov | er \$50,000 . | | | 0 |
| 3 Five highest-paid independent c | <u> </u> | | | |
| (a) Name and address of each perso | • | · · · · · · · · · · · · · · · · · · · | e of service | (c) Compensation |
| NONE | ir paid more than \$50,000 | (6) 199 | s or service | (c) compensation |
| 10112 | | - | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | \dashv | | |
| Fotal number of others receiving over \$5 | 0.000 for professional service | .s | | 0 |
| Part IX-A Summary of Direct | · · · · · · · · · · · · · · · · · · · | | | |
| ist the foundation's four largest direct charitable | | clude relevant statistical inform | ation such as the number of | |
| organizations and other beneficiaries served, cor | ferences convened, research pape | ers produced, etc | | |
| 1 | | | | Expenses |
| ± | | | | Expenses |
| | | | | Expenses |
| | | | | Expenses |
| 2 | | | | Expenses |
| 3 | | | | Expenses |
| 3 | | | | Expenses |
| 3 | | | | Expenses |
| 2 | | | | Expenses |
| 2 3 4 Part IX-B Summary of Progra | m-Related Investments | s (see instructions) | | Expenses |
| 2 | | | and 2 | Amount |
| 2 3 4 Part IX-B Summary of Progra | | | and 2 | |
| 2 3 4 Part IX-B Summary of Progra Describe the two largest program-related inv | | | and 2 | |
| 2 3 4 Part IX-B Summary of Progra Describe the two largest program-related inv | | | and 2 | |
| 2 3 4 Part IX-B Summary of Progra Describe the two largest program-related inv | | | and 2 | |
| 2 3 4 Part IX-B Summary of Progra Describe the two largest program-related inv | | | and 2 | |
| 2 3 4 Part IX-B Summary of Progra Describe the two largest program-related inv | | | and 2 | |
| 2 3 4 Part IX-B Summary of Progra Describe the two largest program-related inv | estments made by the foundation | | and 2 | |
| 2 Part IX-B Summary of Progra Describe the two largest program-related inv 1 | estments made by the foundation | | and 2 | |
| 2 Part IX-B Summary of Progra Describe the two largest program-related inv 1 2 All other program-related investments | estments made by the foundation | | and 2 | |
| 2 Part IX-B Summary of Progra Describe the two largest program-related inv 1 2 All other program-related investments 3 | estments made by the foundation | | | |

4

5

6

1a

1b

2

3a 3b

4

5

5.421

5.421

5,421

9,203

9.203

9,203

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Distributable amount before adjustments Subtract line 2c from line 1.

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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 paid (including administrative expenses) to accomplish charitable, etc., purposes

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 (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

3

4 5

6

1

2

3

4

5

Part XII

Page 9

5,421

5,421

Form 990-PF (2017)

0

| , | |
|------|---|
| XIII | J |

Part

| J-PF (20 | 01/) | | | |
|----------|----------------------|------|---------------|--|
| XIII | Undistributed Income | (see | instructions) | |

| -PF | (20 | 17 |) | |
|-----|-----|----|---|--|
| 1 | | | - | |

- 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.
- **b** Total for prior years Excess distributions carryover, if any, to 2017
- a From 2012. **b** From 2013. . . .
- c From 2014. . .

- d From 2015. e From 2016.

c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2017

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

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 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

indicated below:

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

same amount must be shown in column (a))

- 5.940 f Total of lines 3a through e.
- 2.866 3,003
- 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

5.172 5,940

2.866

3.003

3.782

3.418 5,172

- (Election required—see instructions).

(a)

Corpus

20.399

3.782

24,181

3.418

20,763

0

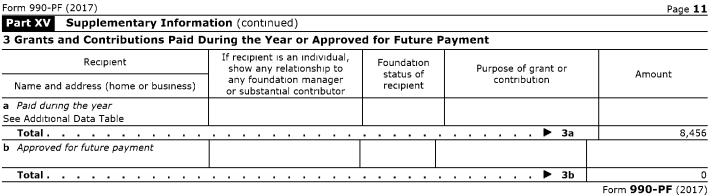
(b)

Years prior to 2016

(c)

2016

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



| Enter gross amounts unless otherwise indicated | | Unrelated business income | | Excluded by section | (e) Related or exempt | |
|--|--|--|----------------------|---------------------------------|--------------------------|--------------------------------------|
| | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | and contracts from government agencies ship dues and assessments. | | | | | |
| Interes | st on savings and temporary cash | | | | | |
| | ds and interest from securities | | | | | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | nvestment income. | | | | | |
| Gain o | r (loss) from sales of assets other than | | | | | |
| | ory | | | | | |
| | rofit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| d | | | | | | |
| d e | | | 0 | | (| |
| d e ! Subtota ! Total. / | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | 0 | 1 | 3 |)) |
| de Subtota Total. / | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | ations) | | | | |
| d e Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo art XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculated and the color of the co | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | |
| de Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|
| de Subtota Total. / (See wo art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Add line 13 instructions to verify calculus. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ations) e Accomplishi income is reporte | ment of Exemp | ot Purposes Part XVI-A contribu | 3 | (|

| orm 99 | 0-PF (2 | (017) | | | | | | | Pa | ge 13 |
|--------------|-----------|--|------------------------|------------------|----------------------------|-----------------|---|--|--|--------------|
| Part | XVII | Information Re Exempt Organi | | ransfers To a | and Transactio | ns and Relat | ionships With Nonc | haritable | | |
| | | anization directly or in ode (other than sectio | | | | | ation described in section al organizations? | 501 | Yes | No |
| a Tran | nsfers fr | om the reporting foun | dation to a r | oncharitable exe | empt organization | of | | | | |
| (1) | Cash. | | | | | | | 1a(1) | | No |
| (2) | Other | assets | | | | | | 1a(2) | | No |
| b Oth | er trans | actions | | | | | | | | |
| (1) | Sales | of assets to a nonchari | itable exemp | t organization. | | | | . 1b(1) | | No |
| (2) | Purcha | ises of assets from a n | oncharitable | exempt organiz | ation | | | . 1b(2) | | No |
| | | of facilities, equipmer | • | | | | | . 1b(3) | | No |
| | | ursement arrangemen | | | | | | 1b(4) | | No |
| | | or loan guarantees. | | | | | | 1b(5) | | No |
| ٠. | | nance of services or m | • | - | | | | 1b(6) | | No |
| | - | facilities, equipment, n | | | | | always show the fair ma | 1c | | No |
| | ny trans | | ngement, sh | | i) the value of the | goods, other as | ived less than fair marke sets, or services received of transfers, transactions, ai | d | ngemer | nts |
| | | | | | | | | | | |
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| des | cribed in | dation directly or indirent a section 501(c) of the mplete the following so (a) Name of organizatio | Code (other chedule | than section 50 | | tion 527? | | . Yes | ✓ | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | of my | | , it is true, c | | | | nying schedules and state er than taxpayer) is base | | | |
| Sign Here | * | **** | | | 2018-05-14 | ***** | | May the IRS di return with the prepa | | |
| | s | ignature of officer or ti | rustee | | Date | Title | | below (see instr)? [| √ Yes | □ No |
| | | Print/Type preparer's | name | Preparer's Sigr | nature | Date | Check if self- | IN P00970 | 170 <i>6</i> | |
| Daid | | JULIE SCHROEDER | | | | 2018-05-14 | employed ▶ ✓ | 7009/0 | ספיינ | |

Preparer Use Only Firm's name ▶ CHORTEK LLP Firm's address ► N16W23217 STONE RIDGE DR WAUKESHA, WI 53188

Phone no (262) 522-8227

Firm's EIN ▶42-0993792

| 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 PO BOX 1643 WAUKESHA, WI 53187 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 75 | | | |
| AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 85062 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 175 | | | |
| ARBOR DAY FOUNDATION 211 NORTH 12TH STREET LINCOLN, NE 68508 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 50 | | | |
| CAMP INTERLAKEN1833 RUTLEDGE ST MADISON, WI 53704 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 200 | | | |
| CHILDREN'S HOSPITAL COLORADO | NONE | PUBLIC | COURAGE CLASSIC | 500 | | | |

| PHOENIX, AZ 85062 | | CHARITY | | |
|--|------|-------------------|--------------------|-----|
| ARBOR DAY FOUNDATION 211 NORTH 12TH STREET LINCOLN, NE 68508 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 50 |
| CAMP INTERLAKEN1833 RUTLEDGE ST MADISON, WI 53704 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 200 |
| CHILDREN'S HOSPITAL COLORADO FOUNDATION 13123 EAST 16TH AVENUE BOX 045 AURORA, CO 80045 | NONE | PUBLIC CHARITY | COURAGE CLASSIC | 500 |

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 | | | | |
| CONSUMER REPORTS FOUNDATION PO BOX 96552 WASHINGTON, DC 20090 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 30 |
| EDUCATIONAL FOUNDATION OF WATERTOWN 111 DODGE ST WATERTOWN, WI 53094 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 500 |
| HUMANE SOCIETY OF JEFFERSON COUNTY W6510 KIESLING RD JEFFERSON, WI 53549 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 75 |
| MAYO CLINICPO BOX 450 ALBERT LEA, MN 56007 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 150 |
| MILWAUKEE PUBLIC MUSEUM 800 WEST WELLS STREET MILWAUKEE, WI 53233 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 90 |

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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, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MDTV EDIENDS INCDO BOY 99202 NONE DUDLIC ODED ATTING EVDENCES

| 147 WEST ROCKWELL CHARITY | MILWAUKEE, WI 53288 | NONE | CHARITY | OPERATING EXPENSES | |
|---------------------------|---|------|---------|--------------------|--|
| | RAINBOW HOSPICE 147 WEST ROCKWELL JEFFERSON, WI 53549 | NONE | | OPERATING EXPENSES | |

75

150

150

| 11 EKSON, WI 55545 | | | | |
|--|------|-------------------|--------------------|--|
| OCK RIVER FREE CLINIC 3995 ANNEX ROAD FFFERSON, WI 53549 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | |
| DECTAL OLYMPICS WISCONSIN | NONE | DI IRI TC | ODERATING EXPENSES | |

| N3995 ANNEX ROAD JEFFERSON, WI 53549 | | CHARITY | | |
|---|------|-------------------|--------------------|--|
| SPECIAL OLYMPICS WISCONSIN 5900 MONONA DRIVE SUITE 301 MADISON WI 53716 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | |

| SPECIAL OLYMPICS WISCONSIN 5900 MONONA DRIVE SUITE 301 MADISON, WI 53716 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 200 |
|--|------|-------------------|--------------------|-----|
| THE CHILD'S PRIMARY SCHOOL | NONE | PUBLIC | JOGATHON | 25 |

| SPECIAL OLYMPICS WISCONSIN 5900 MONONA DRIVE SUITE 301 MADISON, WI 53716 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | : |
|--|------|-------------------|--------------------|---|
| THE CHILD'S PRIMARY SCHOOL | NONE | PUBLIC | JOGATHON | |

| 17 15 15 11 11 11 15 7 15 | | | | |
|--|------|-------------------|----------|----|
| THE CHILD'S PRIMARY SCHOOL 3811 MT ACADIA BLVD SAN DIEGO, CA 92111 | NONE | PUBLIC CHARITY | JOGATHON | 25 |
| | | | | |

| THE CHILD'S PRIMARY SCHOOL 3811 MT ACADIA BLVD SAN DIEGO, CA 92111 | NONE | PUBLIC CHARITY | JOGATHON | |
|--|------|-------------------|----------|-------|
| Total | | | | 8,456 |

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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 | | | | |
| TOMORROW'S HOPE147 W ROCKWELL JEFFERSON, WI 53549 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 1,000 |
| USA OLYMPIC COMMITTEEPO BOX 7010 ALBERT LEA, MN 56007 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 50 |
| VETERANS OF FOREIGN WARS PO BOX 8958 TOPEKA, KS 66608 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 100 |
| WATERTOWN HUMANE SOCIETY 418 WATERTOWER COURT WATERTOWN, WI 53094 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 50 |
| WATERTOWN PUBLIC LIBRARY | NONE | PUBLIC | OPERATING EXPENSES | 100 |

CHARITY

8,456

| ALBERT LEA, MN 56007 | | CHARITY | | |
|---|------|-------------------|--------------------|----|
| VETERANS OF FOREIGN WARS PO BOX 8958 TOPEKA, KS 66608 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 10 |
| WATERTOWN HUMANE SOCIETY | NONE | PUBLIC | OPERATING EXPENSES | 5 |

100 SOUTH WATER STREET

WATERTOWN, WI 53094

Total . .

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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 | | | | |
| WISCONSIN PUBLIC TELEVISION PO BOX 7929 MADISON, WI 53070 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 75 |
| WILDLIFE IN NEED CENTER W349 S1480 S WATERVILLE ROAD OCONOMOWOC, WI 53066 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 50 |
| MILWAUKEE ART MUSEUM 700 N ART MUSEUM DRIVE MILWAUKEE, WI 53202 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 95 |
| WATERORG 117 WEST 20TH STREET SUITE 203 KANSAS CITY, MO 64108 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 250 |
| INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 96 |

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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 | | | | |
| CAPITAL HILL CUSTER SCHOOL PARENT-TEACHER ASSOCIATION 425 C ST NE WASHINGTON, DC 20002 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 50 |
| NEW HOPE ACADEMY 3250 N ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 70 |
| ALZHEIMERS ASSOCIATION 620 S 76TH STREET STE 160 MILWAUKEE, WI 53214 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 75 |
| KIWANIS CLUB OF FORT ATKINSON W6040 LIBERMAN RD FORT ATKINSON, WI 53538 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 50 |
| JEFFERSON COMMUNITY FOUNDATION PO BOX 81 JEFFERSON, WI 53549 | NONE | PUBLIC CHARITY | FIRE DEPT TRUCK | 150 |

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| JJ WATT FOUNDATIONPO BOX 531 PEWAUKEE, WI 53072 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | 3,500 |
|--|------|-------------------|--------------------|-------|
| RAINFOREST FOUNDATION US | NONE | PUBLIC | OPERATING EXPENSES | 250 |

| RAINFOREST FOUNDATION US 1000 DEAN STREET SUITE 430 BROOKLYN, NY 11238 | NONE | PUBLIC CHARITY | OPERATING EXPENSES | |
|--|------|-------------------|--------------------|--|
| | | | | |

| T-1-1 | 1 | | |
|--|---|---------|--|
| 1000 DEAN STREET SUITE 430 BROOKLYN, NY 11238 | | CHARITY | |

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| BROOKLYN, NY 11238 | CHARTT | |
|--------------------|--------|-------|
| Total | | 8,456 |

| efile GRAPHIC print - DO NOT P | ROCESS As Fi | led Data - | | D | LN: 93491135027848 | |
|----------------------------------|--------------|------------|--|------------------------|---|--|
| TY 2017 Accounting Fees Schedule | | | | | | |
| | | | | | | |
| Name: TIKVAH CHARITABLE TRUST | | | | | | |
| EIN: 39-6777005 | | | | | | |
| Accounting Fees Schedule | | | | | | |
| Category | Amount | Net Inve | | Adjusted Net Income | Disbursements for Charitable Purposes | |

ACCOUNTING FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491135027848 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Name: TIKVAH CHARITABLE TRUST | | | | | | |
| EIN: 39-6777005 | | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

DUES AND SUBSCRIPTIONS