Form 990-PF

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

OMB No 1545-0052 2017

Department of the Treasury Internal Revenue Service

► 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

Opento Publisher edion.

For ca	<u>lenda</u>	r year 2017 or ta	x year beginnin	ıg		, and ending					
6360	E.	RG FAMILY F DECORAH AV , WI 54902		, INC	:.		В	81-471 Telephone nu	ntification num 3707 mber (see inst 479-019	ructions)	
0.0		, 01202					С	If exemption	application is	pending, chec	k here ►
G Ch	eck a	II that apply:	Initial return		Initial return of a forr	ner public charity	D	1 Foreign organ	nizations, chec	k here	▶ □
			Final return Address char	nge	Amended return Name change			2 Foreign organ	-		الــا ــــ est. check
H Ch		pe of organization	on: X Sec	tion 50	(c)(3) exempt private f			here and atta	ch computatio	กั	· •
					counting method: X C		E	If private four under section		was terminat , check here	ed . ► □
(fro	m Part	t value of all assets a II, column (c), line 16			Other (specify)		F			month termin	ation —
Dave (596.	(Part I	column (d) must be or		Ĺ.,	under section		, check here	<u> </u>
France	E: co sa	nalysis of Revenues (The tolumns (b), (c), a strilly equal the amee instructions).)	total of amounts and (d) may not nounts in colum	neces-	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjus inco		for chapura	irsements aritable ooses asis only)
	1	Contributions, gifts, grants	, etc , received (attach sch		82,318.		¥4X			i di	a Ya esa
2/1	2	Check ► if the foun	ndation is not required to a	sttach Sch. B							
14	3	Interest on savings and ter Dividends and interest from			9.	2.4	9.		b		2
,	1	Gross rents			240.	24	U.		8	77 1	
		Net rental income or (loss)			2. V &				g At	KW Z A	
REV		Net gain or (loss) from sal Gross sales price for		• • • •		and the second second				1	2 P2 - 1
Ž	7	assets on line 6a. Capital gain net inco	ome (from Part IV, lin	ne 2)			<u> </u>		- 0 :	-41x,	
E N U	8	Net short-term capital	-		12					7.6	1000
Ĕ	9	Income modifications Gross sales less	s	• •		4 to 1		Sec. Sec.	2 8 J. Vin J. V. 1988 V	49.1	*
		allowances						144			•
	1 -	Less Cost of goods sold .	L								
		Gross profit or (loss) (atta Other income (attach		•			<u> </u>			13 ¹	45
	''									1:3	
		Total. Add lines 1 t		<u></u>	82,567.	24	9.		0.	Company of the Compan	K y köytös
<i>چ</i> ي	13	Other employee sala		ees, etc .	250.		<u> </u>				 -
3107	15	Pension plans, emple	•		\ <u></u>						
A A	16 a	Legal fees (attach sc	chedule)								
M		Accounting fees (atta		 Ст 1							
A S	17	Other professional fees (a	attach sch) . PAP	.VA . A	2,850.		9.				
P ≤ S E _ T	18	Taxes (attach schedule)(se	ee instrs)								
RR AA	19	Depreciation (attach									13
T-NG A	20	schedule) and deplet Occupancy									
G E	21	Travel, conferences,	•								
N (Š)	22	Printing and publicat Other expenses (atta									
D P	-	Outer expenses (atta	20.7 30.1000.0)								
S E S	24	Total operating and			2 122						
S	25	expenses. Add lines Contributions, gifts, grants		T XV	3,100. 33,030.		10.				33,030.
	26	Total expenses and	disbursements.								
	27	Add fines 24 and 25. Subtract line 26 from		• • •	36,130.		<u>LO.</u>	20.2	0.		33,030.
		Excess of revenue of	over expenses					122			
		and disbursements. Net investment inco		 ar -0 \	46,437.	NOTE AND DESCRIPTION OF THE PERSON OF THE PE	39.		ASSET A B		
		C Adjusted net income	, -	•				16.82 <u>k.51</u> 2	0.	9 Y 134	

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

88,891

6

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.

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Add lines 5 and 6

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Enter qualifying distributions from Part XII, line 4. . .

7

9		L^X
10	X	
~~	DE (C	01.7

and addresses

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 Part XV

8a Enter the states to which the foundation reports or with which it is registered. See instructions

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If 'No,' attach explanation

6

7

86 X

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' complete Part XIV

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

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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?

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PartVII B Statements Regarding Activit		4/20 May be Req	uirea (continuea)	128721
5 a During the year, did the foundation pay or incur a (1) Carry on propaganda, or otherwise attempt	-	n (section 4945(e))?	☐ Yes 🔀	No Yes No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	4955); or to carry		No
(3) Provide a grant to an individual for travel,			—	No S
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc., organi	zation described	Yes X	No S
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes X	No C
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in a constructions	the transactions fail to current notice regarding d	qualify under the excepsaster assistance?	otions	5b N/A
Organizations relying on a current notice rega				70 63
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi			N/A Yes	No
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X	No E
b Did the foundation, during the year, pay prem	ums, directly or indirec	tly, on a personal bene	fit contract?	. 6b X
If 'Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	iction? Yes X	No
b If 'Yes,' did the foundation receive any procee				
Rant VIII Information About Officers, D	rectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,
and Contractors			 	
1 List all officers, directors, trustees, and found				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 3				
		250.	0.	0.
~				
				-
2 Compensation of five highest-paid employees (of	her than those included	on line 1 – see instruction	ns). If none, enter 'NONE	•
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE			<u></u>	
		,		
			1	
Total number of other employees paid over \$50,000)	·		0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managed and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If	none, enter 'NONE.'
(a) Name and address of each person paid more than \$50,000 (b) T	ype of service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part X A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the number of Expenses
1 N/A	
2	
4	
3	
4	
Part X B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on line. 1 N/A	es 1 and 2 Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	···· 0.
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	see instructions.)	······································	·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	<u> </u>	
	Average monthly fair market value of securities	1 a	73,778.
	Average of monthly cash balances	1 b	30,754.
	Fair market value of all other assets (see instructions)	1 c	
	1 Total (add lines 1a, b, and c)	1 d	104,532.
•	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets.	2	0.
3	Subtract line 2 from line 1d	3	104,532.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,568.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	102,964.
6	Minimum investment return. Enter 5% of line 5	6	5,148.
Pai	tXIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting foun	
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	5,148.
2 8	Tax on investment income for 2017 from Part VI, line 5		
1	Income tax for 2017. (This does not include the tax from Part VI) 2b		
•	Add lines 2a and 2b	2 c	5.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,143.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,143.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,143.
Pa	Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1 a	33,030.
ı	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
3	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3 a	
i	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	33,030.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,030.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years.		
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				5,143.
2 Undistributed income, if any, as of the end of 2017:		}		
a Enter amount for 2016 only		, , , , , , , , , , , , , , , , , , ,	176.	<u> </u>
b Total for prior years: 20, 20, 20		0,	\$ 1 X X	(17)
3 Excess distributions carryover, if any, to 2017:		, , ,		
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part				
XII, line 4: \$ 33,030.				
a Applied to 2016, but not more than line 2a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	176.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2017 distributable amount	多种是实现			5,143.
e Remaining amount distributed out of corpus	27,711.			
5 Excess distributions carryover applied to 2017.	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	27,711.			
		*		
b Prior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed		0.		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
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)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	27,711			
10 Analysis of line 9:				
a Excess from 2013 .	\$ 1 C 1			
b Excess from 2014				
c Excess from 2015 .				
d Excess from 2016 .		1		
e Excess from 2017 . 27,711 .	7 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Form 990-PF (2017) HARENBURG FAMILY				81-4713707	
PartXIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2017, enter the date of the	rmination letter that i ruling	it is a private opera	ting foundation, and th	ie ruling ►	
b Check box to indicate whether the foundat	ion is a private ope	rating foundation	described in section	4942(j)(3) or	,4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014/	
each year listed					
c Qualifying distributions from Part XII,					
line 4 for each year listed			 	/	
for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:			J.		
(1) Value of all assets			<u>/</u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:		1			· · · · · · · · · · · · · · · · · · ·
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section)					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	e foundation had	\$5,000 or more	in
assets at any time during th 1 Information Regarding Foundation Manage	_ 	structions.)			
 Information Regarding Foundation Managers a List any managers of the foundation who have 		an 2% of the total of	contributions received	by the foundation befo	ore the
close of any tax year (but only if they have SEE STATEMENT 4	e contributed more	than \$5,00 0). (See	e section 507(d)(2).)		
b List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporate % or greater inte	on (or an equally large rest.	e portion of the owners	ship of
		·			
2 Information Regarding Contribution, Grant, C					
Check here X if the foundation only ma requests for funds. If the foundation make 2a, b, c, and d. See instructions.	kes contributions to signifies, grants, etc.	preselected charitat to individuals or o	ble organizations and o organizations under o	does not accept unsole ther conditions, com	cited iplete items
a The name, address, and telephone number or	r email address of the	e person to whom a	applications should be	addressed	
b The form in which applications should be	submitted and infor	mation and mater	ials they should inclu	do:	
b the form in which applications should be s	submitted and imor	mattori and mater	iais mey should inclu	ue.	
c Any submission deadlines:					
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charit	able fields, kinds of i	nstitutions, or other	factors:
RAA		FAD3101 09/14/17			orm 990-PF (2017)

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3 Grants and Contributions Paid During the Ye	a. c. r.pp.c.ce ici i at		· `	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	{			
SEE STATEMENT 5	Į			
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Total		<u> </u>	► 3a	33,030.
b Approved for future payment				
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Tabel	L	L	<u> </u>	
Total	_ :::		. ► 3b	

inter gros	s amounts unless otherwise indicated.	<u> </u>	ed business income		d by section 512, 513, or 514	(e)
1 Prop	ram service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
a a	Tall Scivice revenue.		 	Loue		
ь——		 		 		
c			 	1		
d				1		
е		-				
f						
g Fees	and contracts from government agencies.					
2 Mem	bership dues and assessments					-
3 Interes	st on savings and temporary cash investments			14	9.	
4 Divid	lends and interest from securities			14	240.	
5 Net r	ental income or (loss) from real estate:			637		
	-financed property	ļ	<u></u>	<u> </u>	<u> </u>	
	debt-financed property		<u></u>			
	ntal income or (loss) from personal property .			<u> </u>		
	r investment income			<u> </u>		
	or (loss) from sales of assets other than inventory			<u> </u>	<u> </u>	
	ncome or (loss) from special events .					
	s profit or (loss) from sales of inventory					
11 Othe	r revenue.	4.4.4		-3.3		
a				ļ		
b				 		
c) 	 		
d		ļ		<u> </u>		·
e		I				
						· · · · · · · · · · · · · · · · · · ·
	otal. Add columns (b), (d), and (e)	1				
13 Total	l. Add line 12, columns (b), (d), and (e).				249.	249.
13 Total See works	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.	ions.)		•	13	249.
13 Total See works Part XV	I. Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the	ions.) e Accompl	ishment of Exemp	t Purp	oses 13	
13 Total See works	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
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13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the
13 Total See works Part XV Line No.	Add line 12, columns (b), (d), and (e). sheet in line 13 instructions to verify calculate. Relationship of Activities to the Explain below how each activity for which it	e Accompl	ishment of Exemp	t Purp	oses A contributed important	ly to the

Form 990-PF (2017) HARENBURG FAMILY FOUNDATION, INC. Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

describ	organization directly ed in section 501(c) to political organiza	of the Code (of	ngage in any of the than section	the following wit 501(c)(3) organ	th any other	er organization or in section 5	า 27,		Yes No
a Transfe	ers from the reporting	g foundation to	a noncharitable	exempt organiza	ation of:				
(1) Cas	sh						-	1 a (1)	X
(2) Oth	ner assets							1 a (2)	X
b Other to	ransactions:								17
(1) Sal	es of assets to a nor	ncharitable exe	mpt organization)				1 b (1)	L X
(2) Pur	rchases of assets fro	m a noncharita	ible exempt orga	nızatıon		•	•	. 1 b (2)	X
(3) Rei	ntal of facilities, equi	pment, or othe	rassets					. 1 b (3)	X
(4) Rei	mbursement arrange	ements						1 b (4)	X
(5) Loa	ans or loan guarantee	es						1 b (5)	X
1 -7	formance of services							. 1 b (6)	X
c Sharing	g of facilities, equipm	nent, mailing lis	its, other assets,	or paid employ	ees			1 c	<u> </u>
d If the a the good any tra	nswer to any of the a ds, other assets, or se nsaction or sharing a (b) Amount involved	arrangement, s	complete the foll the reporting found how in column (column)	i) the value of the	ne goods, o	other assets,	ays show the fair fair market value or services receivaters, transactions, an	red	
N/A	(b) Amount involved	(c) Name (71 HOHERBITEDIC CACIT	pt organization	(0) 0	cscription or dans	ncis, dansacdons, an	u sharing arra	ngements
N/A		 	· · · · · · · · · · · · · · · · · · ·						
		 	······································					····	
		 							
		 							
									
									
		 							
									
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describ b If 'Yes,	oundation directly or in ed in section 501(c) complete the follow	of the Code (o	ther than section	. 501(c)(3)) or in	section 5	27?,		Yes	s X No
(8	a) Name of organizat	ion	(b) Type	of organization		(c)	Description of re	elationship	
N/A									
						- <i>-</i> -			
		 				 			
			ļ <u>-</u>						
Sign Here	penalties of periory, I declar, and complete Declaration	are that I have examin of preparer/tother	ined this return, including than taxpayer) is base	3/26/18	<u>_</u>	Preside	the best of my knowled	May the this retur	IRS discuss n with the shown below?
Sign	ature of officer or trustee	<u>/</u>	<i></i>	Date	Title			X	Yes No
	Print/Type preparer's na	ime	Preparer's	signature	T	Date	Check X if	PTIN	
Paid	DAVID SCHUL	TZ	DO	E-Schu	<u> </u>	3.6.201	Self-employed	P00024	<u> 1315 </u>
Preparer	Firm's name	GOOSSEN &	SCHULTZ CF	AS, LLP			Firm's EIN - 45-	4119992	
Use Only	Firm's address	5215 NORTI	H IRONWOOD	ROAD			·		
		GLENDALE,	WI 53217				Phone no (41	4) 963-	2900
BAA							-	Form 99	0-PF (2017)

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

2017

Name of the organization		Employer identification number
HARENBURG FAMILY FOUNDATION,	INC.	81-4713707
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	n
	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	
FOITH 930-PF		
	4947(a)(1) nonexempt charitable trust trea	ted as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Gener	ral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General	Rule and a Special Rule. See instructions
General Rule		
[X] For an organization filing Form 990, 990-E property) from any one contributor. Comp	EZ, or 990-PF that received, during the year, contlete Parts I and II. See instructions for determini	ributions totaling \$5,000 or more (in money or ng a contributor's total contributions.
Special Rules		
For an organization described in section 5 under sections 509(a)(1) and 170(b)(1)(A)(vi) received from any one contributor, during Form 990, Part VIII, line 1h; or (ii) Form 9	501(c)(3) filing Form 990 or 990-EZ that met the 3 , that checked Schedule A (Form 990 or 990-EZ), Pa the year, total contributions of the greater of (1) 190-EZ, line 1. Complete Parts I and II.	33-1/3% support test of the regulations art II, line 13, 16a, or 16b, and that \$5,000 or (2) 2% of the amount on (i)
For an organization described in section 5 during the year, total contributions of mor purposes, or for the prevention of cruelty	501(c)(7), (8), or (10) filing Form 990 or 990-EZ the than \$1,000 <i>exclusively</i> for religious, charitable to children or animals. Complete Parts I, II, and	nat received from any one contributor, , scientific, literary, or educational III.
during the year, contributions exclusively \$1,000. If this box is checked, enter here charitable, etc., purpose. Don't complete	501(c)(7), (8), or (10) filing Form 990 or 990-EZ the for religious, charitable, etc., purposes, but no sure the total contributions that were received during any of the parts unless the General Rule applies able, etc., contributions totaling \$5,000 or more of	uch contributions totaled more than the year for an exclusively religious, to this organization because
990-PF), but it must answer 'No' on Part IV.	y the General Rule and/or the Special Rules does line 2, of its Form 990, or check the box on line he filing requirements of Schedule B (Form 990, 900, 900, 900, 900, 900, 900, 900	I of its Form 990-EZ or on its Form 990-PF.
Dreat Tot I apel work Reduction Act Notice, see the his		2011-121-12 (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (201)	chedule B	(Form 990,	990-EZ,	or 990-PF)	(2017
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1 of Part I

Name of organization HARENBURG FAMILY FOUNDATION, INC. Page 1 of Employer identification number 81-4713707

Partial Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed
----------------------	--

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS A. HARENBURG 6360 E. DECORAH AVENUE OSHKOSH, WI 54902	\$71 <u>,</u> 259.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PENNY J. HARENBURG 6360 E. DECORAH AVENUE OSHKOSH, WI 54902	\$71,259.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
BAA	TEFA0702L 08/09/17	эспедие В (Form 99	u. 33U-EZ. Of 990-PF) (2017)

1 to 1 of Par Employer identification number 1 of Part II

HARENBURG FAMILY FOUNDATION, INC.

81-4713707

Part II Noncash Property (see instructions)	Use duplicate copies of Part II if additional space is needed
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	50 SHS PATTERSON - UTI ENERGY INC STOCK 450 SHS PATTERSON - UTI ENERGY INC STOCK 1250 SHS KEWAUNEE SCIENTIFIC - STOCK	\$47,259.	12/29/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	50 SHS PATTERSON - UTI ENERGY INC STOCK 450 SHS PATTERSON - UTI ENERGY INC STOCK 1250 SHS KEWAUNEE SCIENTIFIC - STOCK	\$47,259.	12/29/17
(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
]\$	
BAA	Sch	edule B (Form 990, 990-E	Z, or 990-PF) (2017

1 to

1 of Part III

Name of organization
HARENBURG FAMILY FOUNDATION, INC.

Employer identification number 81-4713707

Partill	Exclusively religious, charitable, etc., contributions to organizations de	escribed in section 501(c)(7), (8)
	or (10) that total more than \$1,000 for the year from any one contributor. Complete	columns (a) through (e) and
	the following line entry. For organizations completing Part III, enter the total of exclusively	v religious, charitable, etc

_	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once Se space is needed.	e instruction	s.) * \$N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
			- -		
	Transferee's name, addres	(e) Transfer of gift s. and ZIP + 4	Rela	tionship of transferor to transferee	
				·	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
		(e)			
	Transferee's name, addres	(e) Transfer of gift s, and 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, addres	s, and ZIP + 4	Kela	tionship of transferor to transferee	
(a)	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
(a) No. from Part I	Purpose of gift	Use of gift		Description of how gift is held	
	Transferrate name address	(e) Transfer of gift	Dela	tionship of transforms to transforms	
	Transferee's name, addres			tionship of transferor to transferee	
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FEDERAL STATEMENTS

PAGE 1

HARENBURG FAMILY FOUNDATION, INC.

81-4713707

STATEMENT 1 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX ADVICE AND PREPARATION FEES TOTAL	\$ 2,850. \$ 2,850.	\$ 9. \$ 9.	\$0.	\$0.

STATEMENT 2 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

THOMAS A. HARENBURG

6360 EAST DECORAH AVENUE
OSHKOSH, WI 54902

PENNY J. HARENBURG

6360 EAST DECORAH AVENUE
OSHKOSH, WI 54902

STATEMENT 3 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
THOMAS A. HARENBURG 6360 E. DECORAH AVENUE OSHKOSH, WI 54902	DIRECTOR/PRES. 1.00	\$ 0.	\$ 0.	\$ 0.
PENNY J. HARENBURG 6360 E. DECORAH AVENUE OSHKOSH, WI 54902	DIRECTOR 1.00	0.	0.	0.
SCOT A. HARENBURG 3762 FOND DU LAC ROAD OSHKOSH, WI 54902	DIRECTOR/V PRES 1.00	0.	0.	0.
BECKI WATSON 709 N. SOUTH LONG LAKE ROAD TRAVERSE CITY, MI 49685	DIRECTOR 1.00	0.	0.	0.
VALERIE WILEY 1701 EISENHOWER STREET NEW HOLSTEIN, WI 53061	SEC./TREASURER 1.00	250.	0.	0.
·	TOTAL	\$ 250.	<u>\$</u> 0.	<u>\$</u>

2017

FEDERAL STATEMENTS

PAGE 2

HARENBURG FAMILY FOUNDATION, INC.

81-4713707

STATEMENT 4 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

THOMAS A. HARENBURG PENNY J. HARENBURG

STATEMENT 5 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
BOY SCOUTS OF AMERICA-BAY LAKES COUNCIL 2555 NORTHERN ROAD APPLETON WI 54912		PC	SUPPORT YOUTH LEARNING OPPORTUNITIES	\$ 1,000.
UW OSHKOSH FOUNDATION 625 PEARL AVENUE OSHKOSH WI 54901		PC	SUPPORT UNIVERSITY PROGRAMS AND INITIATIVES	30.
KEWAUNEE SCHOOL DISTRICT 915 3RD STREET KEWAUNEE WI 54216		PC	ALL-INCLUSIVE PLAYGROUND FOR PHYSICALLY DISABLED CHILDREN	10,000.
ZOOLOGICAL SOCIETY OF KEWAUNEE E4280 COUNTY ROAD F KEWAUNEE WI 54216		PC	FUND IMPROVEMENTS TO BRUEMMER PARK ZOO	20,000.
OSHKOSH AREA UNITED WAY 36 BROAD STREET - SUITE 100 OSHKOSH WI 54901		PC	SUPPORT HEALTH, EDUCATION AND FINANCIAL STABILITY OF COMMUNITY MEMBERS	2,000.
			TOŢAI	\$ 33,030.