

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

*Internal Revenue Service Go to www	.irs.gov/Form990PF for inst	ructions and the latest info		Open to Public Inspection
For calendar year 2017 or tax year beginning SE	29, 2017	, and ending	DEC 31, 2017	<u> </u>
Name of foundation			A Employer identification	n number
. <u>LINDA</u> J. AND MICHAEL D. HE	RSHBERGER		_	
FAMILY FOUNDATION, INC.			82-2920163	<u> </u>
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
4100 MISTY VALLEY DRIVE			608.833.44	155
City or town, state or province, country, and ZIP or foreign MIDDLETON, WI 53562-1068	postal code		C If exemption application is p	pending, check here
G Check all that apply X Initial return	Initial return of a f	ormer public charity	D 1. Foreign organization	is, check here
Final return	Amended return			
Address change	Name change		2 Foreign organizations m check here and attach c	eeting the 85% test, omputation
H Check type of organization X Section 501(c)(3) 6	exempt private foundation	714	E If private foundation sta	atus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1	
1 Fair market value of all assets at end of year J Accoun	ting method X Cash	Accrual	F If the foundation is in a	60-month termination
	Other (specify)		under section 507(b)(1	
\$ 95,085. (Part I, colu	mn (d) must be on cash basi	is.)		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	102,300.		N/A	
2 Check if the foundation is not required to attach Sch B				i
Interest on savings and temporary cash investments				
4 Dividends and interest from securities				i
5a Gross rents				
b Net rental income or (loss)				i i
62 Net gain or (loss) from sale of assets not on line 10				1
Gross sales price for all b assets on line 6a				
b assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Not obout form applied gain		0.		I
8 Net short-term capital gain				
9 Income modifications Gross sales less returns				
10a and allowances			·,··	
b Less Cost of goods sold c Gross profit or (loss)				†···
11 Other income				
12 Total. Add lines 1 through 11	102,300.	0.		i
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages		-		
15 Pension plans, employee benefits			·· ·· ··	<u> </u>
16a Legal fees STMT 1	2,131.	0.		2,131.
νη				
c Other professional tees				
c Other professional tees				
18 Taxes 6				
to 19 Denremation and depletion				
20 Occupant NUV 1 3 2018				
20 Occupanty 21 Travel, conferences, and meetings				
22 Printing and pooling in N UT				
o 23 Other expenses STMT	84.	0.		84.
24 Total operating and administrative expenses. Add lines 13 through 23				
expenses. Add lines 13 through 23	2,215.	0.		2,215.
25 Contributions, gifts, grants paid	5,000.			5,000.
26 Total expenses and disbursements.				
Add lines 24 and 25	7,215.	0.		7,215.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	95,085.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)			N/A	

c Adjusted net income (if negative, enter -0-)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

LINDA J. AND MICHAEL D. HERSHBERGER FAMILY FOUNDATION, INC. Form 990-PF (2017) 82-2920163 Page 2 Beginning of year Part II Balance Sheets Atlached schedules and amounts in the description column should be for end of year amounts only End of year (a) Book Value (b) Book Value (c) Fair Market Value 20,085. 20,085. 1 Cash - non-interest-bearing 75,000. 75,000. 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 7 Other notes and loans receivable Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S and state government obligations **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment, basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 95,085. 95,085. instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 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 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright [X]$ Vet Assets or Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 0. 95,085. 29 Retained earnings, accumulated income, endowment, or other funds 95,085 30 Total net assets or fund balances 0. 0. 95,085 31 Total liabilities and net assets/fund balances

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l Part III	Analysis of	Cnanges	in Net	Assets	or Fund	Balances

_			_	
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1		0.
2	Enter amount from Part I, line 27a	2		95,085.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		95,085.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	Γ	95,085.

LINDA J. AND MICHAEL D. HERSHBERGER FAMILY FOUNDATION, INC. Form 990-PF (2017) 82-2920163 Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold (for example, real estate, (d) Date sold (mo., day, yr) (mo , day, yr) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation 1a NONE b d (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) ((e) plus (f) minus (g)) plus expense of sale b C Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col (j), if any If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income N/A (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (d)
Distribution ratio
(col. (b) divided by col. (c)) (a)
Base period years
Calendar year (or tax year beginning in) (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 201<u>6</u> 2015 2014 2013 2012 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4

Form 990-PF (2017)

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.

LINDA J. AND MICHAEL D. HERSHBERGER

m 990-PF (2017) FAMILY FOUNDATION, INC.				920163	Page 4
art VI Excise Tax Based on Investment Income (Section	4940(a), 4940)(b), 4940(e), or 4	948 - s	ee instruct	ions)
Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" or	line 1.			
Date of ruling or determination letter (attach copy of lette	er if necessary-see	ınstructions)	ll_		
Domestic foundations that meet the section 4940(e) requirements in Part V, check his			1		0.
of Part I, line 27b					
: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, el	nter 4% of Part I. In	ne 12. col (b).			İ
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	•	. , ,	2		0.
Add lines 1 and 2	o,, oo.o, oo.	• 1	3		0.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	only others enter -	O-)	4		0.
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -	• • • • • • • • • • • • • • • • • • • •	0)	5		0.
Credits/Payments	· ·		-		 -
2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.			ł
	6b	0.	1		1
Exempt foreign organizations - tax withheld at source		0.	1 1		1
: Tax paid with application for extension of time to file (Form 8868)	6c	0.	1 1		
I Backup withholding erroneously withheld	6d		┥╾╦╌│┈		
Total credits and payments Add lines 6a through 6d			7		0.
Enter any penalty for underpayment of estimated tax. Check here if Form 2220	U is attached		8		0.
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9		0.
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	paid	, •	10		
Enter the amount of line 10 to be Credited to 2018 estimated tax		Refunded -	11		
art VII-A Statements Regarding Activities					
During the tax year, did the foundation attempt to influence any national, state, or loc	cal legislation or did	it participate or intervene	ın	<u></u>	Yes No
any political campaign?				1a	X
Did it spend more than \$100 during the year (either directly or indirectly) for political	I purposes? See the	instructions for the defin	nition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and of	copies of any materi	als published or			1
distributed by the foundation in connection with the activities.					
Did the foundation file Form 1120-POL for this year?				1c	Х
Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur	ring the year				
(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation ma	anagers.▶ \$	0.			l i
Enter the reimbursement (if any) paid by the foundation during the year for political e	· · · · · · · · · · · · · · · · · · ·		_		
managers ▶ \$ 0.	·				[
Has the foundation engaged in any activities that have not previously been reported to	to the IRS?			2	
If "Yes," attach a detailed description of the activities					
Has the foundation made any changes, not previously reported to the IRS, in its gove	erning instrument, a	rticles of incorporation in	ır	1 1	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	arring monto ornorit, a	thorough moorporation, t	•	3	·
Did the foundation have unrelated business gross income of \$1,000 or more during t	29				ΙX
-					<u> </u>
It "Ves " has it filed a tay return on Form QQN-T for this year?			N/	4a	X
If "Yes," has it filed a tax return on Form 990-T for this year?	the year?		N /2	4a 4b	X
Was there a liquidation, termination, dissolution, or substantial contraction during the	the year?		N/2	4a	
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i>	the year? e year?		N/	4a 4b	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section $508(e)$ (relating to sections 4941 through 4945) satisfies	the year? e year?		N/	4a 4b	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied by language in the governing instrument, or	the year? e year? sfied either			4a 4b	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied by language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no ma	the year? e year? sfied either	hat conflict with the state		A 4b 5	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied by language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no main remain in the governing instrument?	the year? e year? sfied either andatory directions t			A 4a 4b 5	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied by language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no ma	the year? e year? sfied either andatory directions t			A 4a 4b 5	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisful By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mair remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	the year? e year? sfied either andatory directions t ," complete Part II, c			A 4a 4b 5	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no maremain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Enter the states to which the foundation reports or with which it is registered. See instantial contraction during the	the year? e year? sfied either andatory directions t ," complete Part II, c			A 4a 4b 5	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no maremain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Enter the states to which the foundation reports or with which it is registered. See instance.	the year? e year? sfied either andatory directions t ," complete Part II, c	ol. (c), and Part XV		A 4a 4b 5	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisful By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no main remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Enter the states to which the foundation reports or with which it is registered. See instance will be answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the year? e year? sfied either andatory directions t ," complete Part II, c	ol. (c), and Part XV		A 4a 4b 5	X X X X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no maremain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Enter the states to which the foundation reports or with which it is registered. See instance.	the year? e year? sfied either andatory directions t ," complete Part II, c	ol. (c), and Part XV		A 4a 4b 5	X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisful By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no main remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Enter the states to which the foundation reports or with which it is registered. See instance will be answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the year? e year? sfied either andatory directions t ," complete Part II, c structions.	ol. (c), and Part XV ral (or designate)	e law	A 4a 4b 5	X X X X
Was there a liquidation, termination, dissolution, or substantial contraction during the If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisful By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no main remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," Enter the states to which the foundation reports or with which it is registered. See instance with the states to which the foundation furnished a copy of Form 990-PF to of each state as required by <i>General Instruction G2</i> If "No," attach explanation."	the year? e year? sfied either andatory directions t ," complete Part II, c structions. to the Attorney Gene	ol. (c), and Part XV ral (or designate) (3) or 4942(j)(5) for cale	e law	A 4a 4b 5	X X X X

LINDA J. AND MICHAEL D. HERSHBERGER

Form 990-PF (2017) FAMILY FOUNDATION, INC. 82-2920163 Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? Х If "Yes," attach statement, See instructions 12 X 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A Website address 14 The books are in care of LINDA J. HERSHBERGER Telephone no ▶ 608.833.4455 Located at ▶ 4100 MISTY VALLEY DRIVE, MIDDLETON, ZIP+4 ▶53562 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 Yes No 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly). Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X 1c before the first day of the tax year beginning in 2017? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2017) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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? 4h Form 990-PF (2017)

Form 990-PF (2017)

Total number of other employees paid over \$50,000

LINDA J. AND MICHAEL D. HERSHBERGER

	<u>920163</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) (Compensation
NONE		
	1	
	- 	
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
	_	
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Exper	nses
37/3		
1 N/A		
2		
3		
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amou	ınt
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.
	Form 990	0-PF (2017)

82-2920163 Page 8

F	ATT X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а		1a	0.
b		1b	11,680.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	11,680.
	Reduction claimed for blockage or other factors reported on lines 1a and		•
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	11,680.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	175.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,505.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	148.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ □ and do not complete this part)	id certain	
1	Minimum investment return from Part X, line 6	1	148.
2a	Tax on investment income for 2017 from Part VI, line 5		
 b	Income tax for 2017. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	148.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	148.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	148.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	7,215.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	7,215.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	7,215.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years	ualifies for the	section

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				148.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years.				
1	***************************************	0.		•
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 ⁻ ► \$ 7,215.	ļ			
a Applied to 2016, but not more than line 2a			0.	
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				148.
e Remaining amount distributed out of corpus	7,067.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,067.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		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 instr.			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.			
B Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	7,067.			
O Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017 7,067.				

723581 01-03-18

year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

SEE STATEMENT 5

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

listed

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed.

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

c Any submission deadlines

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

FAMILY FOUNDATION, INC.

82-2920163 Page 11

Supplementary Information		Da		
3 Grants and Contributions Paid During the Recipient	If recipient is an individual.	Payment	T	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid dunng the year				
BLACKHAWK EVANGELICAL FREE CHURCH,	N/A .	PC	RELIGIOUS SUPPORT FOR	
INC. 9620 BRADER WAY			REACH CAMPAIGN	
MIDDLETON, WI 53562				5,000.
				, -
		İ		
		İ		
	_			
	•	1		
	•			
Total	<u>.</u>	<u> </u>	▶ 3a	5,000.
b Approved for future payment			1	
, , , , , , , , , , , , , , , , , , , ,				
NONE				
)				
	-			
Total	<u> </u>	1	▶ 3b	0.
10101				

FORM 990-PF (2017) FAMILY FOUNDATION	990-PF (2017) FAMILY FOUNDATION, INC.			82-	<u> 2920163 Pa</u>
Part XVI-A Analysis of Income-Product	ing Activiti	es			
Enter gross amounts unless otherwise indicated	Unrelated	d business income		by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exemp function income
a					

g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal

property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory

11 Other revenue.

12 Subtotal Add columns (b), (d), and (e)

13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)

0. 0. 13

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

Form **990-PF** (2017)

[Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did th	e organization directly or indi	rectly engage in any of the follow	ving with any other organizati	on described in sec	tion 501(c)		Yes	No
(other	than section 501(c)(3) organ	nizations) or in section 527, relati	ng to political organizations?					
a Transi	fers from the reporting founda	ation to a noncharitable exempt o	organization of,					
(1) C	ash					1a(1)		<u>X</u>
(2) 0	ther assets					1a(2)		<u>X</u>
b Other	transactions							
	ales of assets to a noncharital	· -				1b(1)		X
٠,		ncharitable exempt organization				1b(2)		X
	ental of facilities, equipment,					. 1b(3)		X
	eimbursement arrangements					1b(4) 1b(5)		X
· · · · · · · · · · · · · · · · · · ·								X
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees								X
d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other						1c	atc	
		oundation. If the foundation rece			-	•	E15,	
		other assets, or services received		io in any transaono	in or sharing arrangem	oni, 3000 m		
(a) Line no	(b) Amount involved	(c) Name of noncharital		(d) Description	on of transfers, transactions	s, and sharing arra	ıngemen	ts
	<u></u>	N/A	-· <u>-</u>	, ,		-		
					<u> </u>			
				-				—
2a Is the	foundation directly or indirect	I tly affiliated with, or related to, or	ne or more tay-evemnt organi	l				
		n 501(c)(3)) or in section 527?	ie or more tax-exempt organi	zations described		Yes	X	No
	" complete the following sche							J 140
<u>, , , , , , , , , , , , , , , , , , , </u>	(a) Name of org		(b) Type of organization	Ι	(c) Description of rela	ationship		
	N/A		1,7,7		_ <u>-ii-</u>	·		
			1					
		that I have examined this return, includir aplete. Declaration of preparer (other tha				May the IRS d		
Sign " Here		6				return with the shown below?		
11 10 111222211								J No
	Signature of officer or trastee		Date	Title	Charle if I	TIM		
	Print/Type preparer's na	nme Preparer's	signature	Date	Check if F self- employed	PTIN		
Paid	STEVE SILV	מימימים אמי מים	SILVER, CPA	10/30/18		P01269	795	
Prepare		ER TILLY VIRCHO	<u>.</u>		Firm's EIN ► 39			—
Use On	Tilling hame P 2222C	TY IIDDI ATVCUC	OH KIMODE, DDI	L	LILLIA EIN P 33	00333.		
	Firm's address ▶ PO	BOX 7398			+			
		DISON, WI 53707	7-7398		Phone no 608	.249.60	522	
	1111				17 110110 110 000	Form 99 0		(2017)
							,	,

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

LINDA J. AND MICHAEL D. HERSHBERGER 82-2920163 FAMILY FOUNDATION, INC. Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

LINDA J. AND MICHAEL D. HERSHBERGER

FAMILY FOUNDATION, INC.

Employer identification number

82-2920163

LWILL	I FOUNDATION, INC.		2-2920103
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA J. HERSHBERGER 4100 MISTY VALLEY DRIVE MIDDLETON, WI 53562	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHAEL D. HERSHBERGER 936 SOUTH HOWARD AVENUE, #426 TAMPA, FL 33606	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 s	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
723452 11-01	-17	Schedule B (Form :	990, 990-EZ, or 990-PF) (2017)

19381030 144198 143067

Name of organization

LINDA J. AND MICHAEL D. HERSHBERGER

FAMILY FOUNDATION, INC.

Employer identification number

82-2920163

WMIDI	•		-2920103
Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		s	
(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

53 11-01-1	17	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2

Employer identification number

LINDA	J.	AND	MICHAEL	D.	HERSHBERGER

	FOUNDATION, INC.		82-2920163				
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the folio	in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry For organizations				
	Use duplicate copies of Part III if addition	al space is needed	ress for the year (Enter Inis Inio Once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of git	rt				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(a) r urpose or grit	(c) Osc of gift	(a) Description of now girl is need				
	(e) Transfer of gift						
	Transferee's name, address, 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, address, 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 o		Relationship of transferor to transferee				

FORM 990-PF	LEGAL	FEES S		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
AXLEY BRYNELSON, LLP - LEGAL FORMATION	2,131.	0.		2,131.	
TO FM 990-PF, PG 1, LN 16A	2,131.		2,1		
FORM 990-PF	XPENSES	S	TATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EXPENSE	84.	0.		84.	
TO FORM 990-PF, PG 1, LN 23	84.	0.		84.	

FORM 990-PF LIS	F OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 3		
NAME OF CONTRIBUTOR	ADDRESS			
LINDA J. HERSHBERGER	4100 MISTY VALLEY DRIVE MIDDLETON, WI 53562			
MICHAEL D. HERSHBERGER	936 SOUTH HOWARD AVENUE #-	426		

	OF OFFICERS, DI		STAT	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
LINDA J. HERSHBERGER 4100 MISTY VALLEY DRIVE MIDDLETON, WI 53562	DIRECTOR/PRESIDI	ENT 0.	0.	0.
MICHAEL D. HERSHBERGER 936 SOUTH HOWARD AVENUE, #426 TAMPA, FL 33606	DIRECTOR/TREASUR 2.00	RER	0.	0.
JENNA M. HERSHBERGER 4100 MISTY VALLEY DRIVE MIDDLETON, WI 53562	DIRECTOR/VP 1.00	0.	0.	0.
BENJAMIN G. HERSHBERGER 4100 MISTY VALLEY DRIVE MIDDLETON, WI 53562	DIRECTOR/SECRETA	ARY	0.	0.
DANIEL M. HERSHBERGER 4100 MISTY VALLEY DRIVE MIDDLETON, WI 53562	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII =	0.	0.	0.

FORM 990-PF PART XV - LINE 1A STATEMENT 5
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

LINDA J. HERSHBERGER MICHAEL D. HERSHBERGER