Form **990-PF** Department of the Treasury **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

	22, 2017	, and ending	DEC 31, 2017	Open to Public Inspection
Name of foundation			A Employer identification	number
WILLIAM & SUSAN MATHESON F	OUNDATION. IN	IC	82-3801384	
Number and street (or P.O. box number if mail is not delivered to street a		Room/suite	<b>B</b> Telephone number	
2118 RIDGE HAVEN COURT			(920) 632-	4112
City or town, state or province, country, and ZIP or foreign p  DE PERE, WI _54115	ostal code		C If exemption application is pe	ending check here
Check all that apply: X Initial return	Initial return of a f	ormer public charity	D 1 Foreign organizations	s, check here
Final return	Amended return		2 Foreign organizations me	eting the 85% test
Address change	Name change		2 Foreign organizations me check here and attach co	mputation
Check type of organization: X Section 501(c)(3) ex		4	E If private foundation sta	
Section 4947(a)(1) nonexempt charitable trust  Fair market value of all assets at end of year  J Accounting	Other taxable private founds	Accrual	under section 507(b)(1)	
· \	ther (specify)	L Accitual	F If the foundation is in a under section 507(b)(1)	
\$ 500,067. (Part I, column		s.)	(1)	(O), GROOK ROLL
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	500,000.		· N/A	
2 Check if the foundation is not required to attach Sch. 8	· 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		4 :	
3 Interest on savings and temporary cash investments				*
4 Dividends and interest from securities			<del></del>	<u> </u>
5a Gross rents	1/2	\$1.7		
h Net rental income or (loss)	<u> </u>		<del>\                                    </del>	*
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	****		<del>                                     </del>	<u>, , , , , , , , , , , , , , , , , , , </u>
Gross sales price for all assets on line 6a  7 Capital gain net income (from Part IV line 2)		0.	1	· · · · · · · · · · · · · · · · · · ·
8 Net short-term capital gain		** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, , , , , , , , , , , , , , , , , , ,	, × (
9 Income modifications		4 /		
10a Gross sales less returns and allowances		<b>2</b>	·	
b Less Cost of goods sold	*	( )	,	, ,
c Gross profit or (loss)		``		
11 Other income	F00 000	ļ——— <del>—</del>		
12 Total. Add lines 1 through 11	500,000.	0.	<del> </del>	
<ul><li>13 Compensation of officers directors trustees etc</li><li>14 Other employee salaries and wages</li></ul>		0.	<del>                                     </del>	<del> </del>
15 Pension plans, employee benefits			<del> </del>	
•			<del>                                     </del>	1
b Accounting tees				
b Accounting fees c Other professional EacEIVED 17 Interest 18 Taxes MAY 1 0 2018 19 Deprecuation and depletion 20 Occupancy 21 Travel, conferences days Eactings				
9 17 Interest				
17 Interest 18 Taxes & MAY 1 0 2018 19 Deprequation and depletion			<u></u>	
19 Deprediation and depletion				
20 Occupancy 21 Travel conferences and Feetings UT		<u> </u>	<del>                                     </del>	
22 Printing and publications 23 Other expenses				
22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions gifts grants paid	<del></del>	<u> </u>	<del> </del>	<del> </del>
expenses Add lines 13 through 23	0.	0.		}
25 Contributions, gifts, grants paid	0.			(
26 Total expenses and disbursements				
Add lines 24 and 25	0.	0.		
27 Subtract line 26 from line 12	F00-10-1	,		
Excess of revenue over expenses and disbursements	500,000.			
b Net investment income (if negative, enter -0-)	<u> </u>	0.	NT / 3	<b></b>
C Adjusted net income (if negative enter -0-)	1	·	N/A	

D	art	Balance Sheets Atlached schedules and amounts in the description	Beginning of year				End o	of year	
	u( t	column should be for end-of year amounts only	(a) B	ook Value		(b) Book Value		(c) Fair Market Value	
	1	Cash - non-interest-bearing			<u> </u>				
ĺ	2	Savings and temporary cash investments				500,00	0.	500,067.	
	3	Accounts receivable	22 th 7	, 35¢ \					
		Less: allowance for doubtful accounts							
	4	Pledges receivable ▶		À *	/	* '	<u></u>	500	
		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	F	** > .	7	<b>*</b>		,	
		Less; allowance for doubtful accounts							
s	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges			1				
As	10a	Investments - U.S. and state government obligations							
		Investments - corporate stock							
		Investments - corporate bonds							
		Investments land buildings and equipment basis	\$	~ 4. A 1. A	sil "	A 38.5		ž ' ž ' '	
		Less accumulated depreciation			1				
	12	Investments - mortgage loans		· · · · · · · · · · · · · · · · · · ·					
	13	Investments - other							
	14	Land, buildings, and equipment basis	3 32	12 %	\$2.	, ×	4	y 12 4	
		Less accumulated depreciation						<del> </del>	
	15	Other assets (describe ► )			T				
	16	Total assets (to be completed by all filers - see the							
		instructions. Also, see page 1, item ()		0.		_ 500,00	0.	500,067.	
	17	Accounts payable and accrued expenses						, ,	
	18	Grants payable							
s	19	Deferred revenue							
abilities	20	Loans from officers directors trustees and other disqualified persons							
abil	21	Mortgages and other notes payable			L			] ′′	
ڌ	22	Other liabilities (describe )							
	23	Total liabilities (add lines 17 through 22)		0.			0.		
		Foundations that follow SFAS 117, check here						S	
		and complete lines 24 through 26, and lines 30 and 31	į.		l			, (** <sup>*</sup>	
Ses	24	Unrestricted			ļ				
<u>a</u>	25	Temporarily restricted			ļ			] , "	
Ва	26	Permanently restricted			<u> </u>			<b>]</b> ` ,	
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here	Į					,	
Ē		and complete lines 27 through 31		_			_		
S	27	Capital stock, trust principal, or current funds		0.	ļ		0.	<u> </u>	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	<u> </u>		0.	] ' '	
Ä	29	Retained earnings, accumulated income, endowment, or other funds		0.	<u> </u>	500,00			
Š	30	Total net assets or fund balances		0.	<b>↓</b>	500,00	00.	4	
				^		F00 00	٠.	ļ	
	31	Total liabilities and net assets/fund balances	Щ	0.	ــــــــــــــــــــــــــــــــــــــ	500,00	<del>, , , , , , , , , , , , , , , , , , , </del>		
P	art	Analysis of Changes in Net Assets or Fund B	alances						
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30				Τ	T	
•		st agree with end-of-year figure reported on prior year's return)					1	0.	
2		r amount from Part I, line 27a					2	500,000.	
		r increases not included in line 2 (itemize)					3	0.	
		lines 1, 2, and 3					4	500,000.	
		eases 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 o	olumn (h) lu	ne 30				500 000	

WILLIAM & SUSAN MATHESON FOUNDATION, INC

82-3801384

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Form 990-PF (2017 Part IV   Ca		& SUSAN MATE			ON,	IN	IC	82	<u>2-380</u>	1384	Page 3
	ist and describe the kind	(s) of property sold (for exar ; or common stock, 200 shs	mple, real esta		P	low ac - Purc - Dona		(c) Date a	acquired ay, yr )	(d) Date (mo., day	sold , yr )
1a		·	-		-	Don	4000				
b	NONE										
C											
d					<u> </u>						
е	·····		ı		L.,						
(e) Gross sa	ales price (f	Depreciation allowed (or allowable)	10,	st or other basis expense of sale					ain or (loss) (f) minus (		
a					1						
<u>b</u>											
C					$\rightarrow$						
<u>d</u>					-						
Complete only	for accets chowing gain in	n column (h) and owned by t	ho foundation	on 12/31/60	-			(I) Causa (C	ol (b) soun		
(i) FMV as of		(j) Adjusted basis as of 12/31/69	( <b>k</b> ) E:	xcess of col. (i) col (j), if any				(I) Gains (Co of (k), but n Losses (		n -0-) <b>or</b>	
a											
b		• •									·
C											
d											
е											
2 Capital gain net	income or (net capital los	s) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$	r in Part I, line - in Part I, line	7 e 7	}	2					
If gain, also ente	er in Part I, line 8, column	efined in sections 1222(5) an			}						
If (loss), enter -(	0- in Part I, line 8 alification Under:	Section 4940(e) for	Reduced	Tax on Net	Inve	stm	ent Inc	ome			
										N/A	
(For optional use b)	oomestic private founda	tions subject to the section 4	1940(a) lax oli	net investment in	come.	,				N/A	
If section 4940(d)(2	2) applies, leave this part l	blank.									
		2 tax on the distributable am section 4940(e). Do not com	, ,		od?					Yes [	No
		umn for each year; see the ir			ntries.						
Base	(a) period years r tax year beginning in)	(b) Adjusted qualifying dis		Net value of no	(c)	ıtable-	use asset	s	Distrib (col. (b) div	(d) oution ratio rided by col (	c))
	2016	<del>-</del>							,	, (	
	2015										
	2014										
	2013										
	2012										
· -											
2 Total of line 1, o	column (d)							2			
<ol><li>Average distribution</li></ol>	ition ratio for the 5-year b	ase period - divide the total (	on line 2 by 5.	0, or by the numb	er of y	ears					
the foundation b	nas been in existence if les	ss than 5 years						3			
4 Enter the net val	lue of noncharitable-use a	ssets for 2017 from Part X,	line 5					4			<del></del>
5 Multiply line 4 b	y line 3							5			
6 Enter 1% of net	investment income (1% o	of Part I, line 27b)						6			
7 Add lines 5 and	6							7			
. , ,	distributions from Part X	,						8	_		
If line 8 is equal See the Part VI		check the box in Part VI, line	e 1b, and com	plete that part usir	ng a 19	% tax ı	ate.				

Form 990-PF (2017) WILLIAM & SUSAN MATHESON FO	OUNDATION, INC 82-380	
Part VI Excise Tax Based on Investment Income (Section		instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here		
Date of ruling or determination letter (attach copy of lett		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check h	iere  and enter 1%	0.
of Part I, line 27b		* * * * * * * * * * * * * * * * * * * *
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, e	The state of the s	· · · · ·
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations		0.
3 Add lines 1 and 2	3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations		0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter	-0-	0.
6 Credits/Payments*		* * * * * * * * * * * * * * * * * * * *
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0.	`
<b>b</b> Exempt foreign organizations - tax withheld at source	6b 0.	
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	
d Backup withholding erroneously withheld	6d O.	_ <u>``</u>
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 222		0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount ove	I I I	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded ▶   11	
Part VII-A Statements Regarding Activities		Yes No
1a During the tax year, did the foundation attempt to influence any national, state, or lo	cal legislation or did it participate or intervene in	
any political campaign?		1a X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political		1b X
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and	copies of any materials published or	
distributed by the foundation in connection with the activities.		1c X
c Did the foundation file Form 1120-POL for this year?	was the wast	1c A
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed du		**
(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation m	·	^; , , ,
e Enter the reimbursement (if any) paid by the foundation during the year for political managers. ► \$ 0 •	expenditure tax imposed on foundation	
	to the IDCO	2 X
2 Has the foundation engaged in any activities that have not previously been reported	to the thor	2 X
If "Yes," attach a detailed description of the activities.	varaing instrument extrales of incorporation or	
3 Has the foundation made any changes, not previously reported to the IRS, in its gov	-	3 X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		4a X
4a Did the foundation have unrelated business gross income of \$1,000 or more during b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	48 12
5 Was there a liquidation, termination, dissolution, or substantial contraction during the		5 X
If "Yes," attach the statement required by <i>General Instruction T</i>	ne year	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sai	ticfied aither:	
, , , , , , , , , , , , , , , , , , , ,	ished effici	¥. 63
By language in the governing instrument, or     By state legislation that offestively amende the governing instrument so that or	pandatory directions that conflict with the state law	
By state legislation that effectively amends the governing instrument so that no meaning in the governing instrument?	andatory directions that conflict with the state law	6 X
remain in the governing instrument?	a " complete Part II, col. (a), and Part VV	7 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes	s, complete rait ii, coi. (c), and rait xv	
8a Enter the states to which the foundation reports or with which it is registered. See ii	netrustions	
WI	istructions	-
	to the Attorney Congrel (or designets)	-
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF	to the Attorney General (or Gestgnate)	8b X
of each state as required by General Instruction G? If "No," attach explanation	ing of cooking 4042(1)(2) or 4042(1)(E) for color-de-	8b X
9 Is the foundation claiming status as a private operating foundation within the meani		9 X
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Y		<del>                                     </del>
10 Did any persons become substantial contributors during the tax year? if Yes," attach	a schedule listing their names and addresses DIMT 1	10   X

L'G	IT 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			
	section 512(b)(13)? If "Yes," attach schedule. See instructions			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ► N/A	<u> </u>	41	1.0
14		632	-41.	12_
4-	Located at ► 2118 RIDGE HAVEN COURT, DE PERE, WI  Section (ACCOVA) and a section of the court o	112		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	NT.	/A	
40	and enter the amount of tax-exempt interest received or accrued during the year  At any time during salandar year 2017, did the foundation base an attraction as a generative as attraction as a part of the salandar ways a basel.	1//	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,	10	162	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	16		<u> </u>
	foreign country			4 .
∘Pa	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year, did the foundation (either directly or indirectly)	<del></del>	* * *	. 🔻
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No	/	* .	`
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			,
	for the benefit or use of a disqualified person)?		, ,	
	(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			
	termination of government service, if terminating within 90 days.)	v j %		`, *^
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	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	4 44	. X.	3.
	before the first day of the tax year beginning in 2017?	1c		X
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)).			
а	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 <b>not</b> 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		٠,٠,٠	î.
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			Î
	<b>&gt;</b>			
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	>*	,	6 1
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		•	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b	<u> </u>	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

orm 990-PF (2017) WILLIAM & SUSAN MATHESON			82-38013	04	Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4/20 May Be Re	equirea (continu	ued)	Van	No
5a During the year, did the foundation pay or incur any amount to				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		0
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indirec			*	'
any voter registration drive?			s X No		7
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No	- 13	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				
4945(d)(4)(A)? See instructions			s X No	^	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo				`
the prevention of cruelty to children or animals?		·	s X No		<b>–</b>
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und		n Regulations	,,,, L		1
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	+
Organizations relying on a current notice regarding disaster assistance, check h					*
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					
expenditure responsibility for the grant?	N	/A Ye	es L No	İ	
If "Yes," attach the statement required by Regulations section 53 4945-5(d)			Ĩ	\$ ;	$\{\cdot\}$
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		[ <del>1</del>		,
a personal benefit contract?		Y€	es X No	Ch -	++
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870	6. H	ا	. 🔻 .	2.	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	-/*	
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Truste		anara Himbly	N/A	7b	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Man	agers, nigniy			•
List all officers, directors, trustees, and foundation managers and the	er compensation.			<del></del>	
Elat un officero, un cotoro, u doccoo, una roundador. maragore una c		(c) Compensation	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid,	and deferred	(e) Ex accoun allowa	t, other
VILLIAM J. MATHESON		enter -0-) EASURER; 1	compensation DIRECTOR	anowa	ances
2118 RIDGE HAVEN CT	ENDOIDENI, IK.	LABORDIC, I	INDOION	Ì	
DE PERE, WI 54115	1.00	0.	0.		0.
			DIRECTOR	<del>                                     </del>	<u> </u>
2118 RIDGE HAVEN CT	VICE INDE, DE		INDOIGN		
DE PERE, WI 54115	1.00	0.	0.		0.
	DIRECTOR	<u> </u>		<u> </u>	
2118 RIDGE HAVEN CT	DINECTOR				
DE PERE, WI 54115	0.50	0.	0.		0.
	DIRECTOR			<u> </u>	
2118 RIDGE HAVEN CT				1	
DE PERE, WI 54115	0.50	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoun	pense
NONE	devoted to position		compensation	allow	ances
NONE					
			<del> </del>		
			1		
				<del> </del>	
				<del> </del>	
			<u> </u>	<del>                                     </del>	
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · ·	1	<b>—</b>		0

Form 990-PF (2017) WILLIAM & SUSAN MATHESON FOUNDATI  Part VIII * Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	<del></del>	3801384 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1 N/A		
2		
3		
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 li	nes 1 and 2	Amount
1 N/A		_
2		
		_
All other program-related investments. See instructions.  3		
		1
Table Addings 1 Abrough 2		0.
Total. Add lines 1 through 3	<u>_</u>	1 0.

Page 8

WILLIAM & SUSAN MATHESON FOUNDATION, INC

Pá	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0. 500,067.
b	Average of monthly cash balances	1b	500,067.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	500,067.
е	Reduction claimed for blockage or other factors reported on lines 1a and	,	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	500,067.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,501.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	492,566.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	675.
_	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.)	d certain	
1	Minimum investment return from Part X, line 6	1	675.
	Tax on investment income for 2017 from Part VI, line 5		
	Income tax for 2017 (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	675.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	675.
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	675.
_	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	0.
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	, .	
a	Suitability test (prior IRS approval required)	3a	
	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	0.
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	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	e section

Form 990-PF (2017) WILLIAM &	SUSAN MATHESON	N FOUNDATION,	INC 82-	3801384 Page 9
Part XIII Undistributed Income	see instructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2016	2016	2017
<ol> <li>Distributable amount for 2017 from Part XI, line 7</li> </ol>				675.
2 Undistributed income, if any, as of the end of 2017	m <sup>6</sup> . ** * * 12 . 32		I state for war , we	* */
a Enter amount for 2016 only			0.	[
<b>b</b> Total for prior years	1. 14 th to a 1 th 1 th 1 th 1		· 7 %	
		0.	, 1, 2,	
<b>3</b> Excess distributions carryover, if any, to 2017:	X * * * & * . A 1 & 4 *	ENTER OF THE P	, ** *	,
a From 2012			`	\\$   o*
<b>b</b> From 2013		7 × 2 0 0 2 2	, , , , , , , , , , , , , , , , , , , ,	* 3
<b>c</b> From 2014	1 .,			, , ,
d From 2015		i e i v. ,	* * * * * * * * * * * * * * * * * * * *	,
e From 2016		* * *		7
f Total of lines 3a through e	0.	· · · · · · · · · · · · · · · · · · ·	W	* `<.5
4 Qualifying distributions for 2017 from	2 4 8 4 4 h 1 8 4 4 4 4 .	* 1 4 /2 / 1 /2 *	, , , , , , , ,	
Part XII, line 4 ► \$ 0.	21.			, v ,
<u> </u>			0.	" 'y'', ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
a Applied to 2016, but not more than line 2a	2 *** 2 * 2 * 3 * X	**************************************	<u> </u>	* ^ *
<b>b</b> Applied to undistributed income of prior		٥.		
years (Election required - see instructions)	7 5 4 4 4 4 4 A A A A A A A A A A A A A A	L	)	J-1
c Treated as distributions out of corpus	0.			18 Sec. 19 19 19 19 19 19 19 19 19 19 19 19 19
(Election required - see instructions)			X *	0.
d Applied to 2017 distributable amount	0.	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2017 (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.			MARIE CON	
a Corpus Add lines 3f 4c, and 4e Subtract line 5	0.	^	<u> </u>	
<b>b</b> Prior years' undistributed income. Subtract	11/48/4/3/3/5/5			
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

d Subtract line 6c from line 6b. Taxable amount - see instructions

e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.

f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)

8 Excess distributions carryover from 2012 not applied on line 5 or line 7

9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a

0	Analysis of line 9.	
	a Excess from 2013	L
	<b>b</b> Excess from 2014	
	c Excess from 2015	

d Excess from 2016 e Excess from 2017

0.

0.

0.

0.

0.

M - - XAD

For	rm 990-PF (2017) <b>WILLIA</b>	M & SUSAN MA	THESON FOUN	DATION, INC		1384 Pagê 10
P	Part XIV Private Operating	Foundations (see in	structions and Part VII	A, question 9)	N/A	
1	a If the foundation has received a ruling	g or determination letter tha	t it is a private operating			
	foundation, and the ruling is effective	for 2017, enter the date of	the ruling	▶		
	<b>b</b> Check box to indicate whether the for	undation is a private operati	ng foundation described i	n section	4942(j)(3) or 494	2())(5)
2	a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					
	each year listed					
	<b>b</b> 85% of line 2a					
	c Qualifying distributions from Part XII	, [				
	line 4 for each year listed					
	d Amounts included in line 2c not					
	used directly for active conduct of			/	/	
	exempt activities	}			1	
	e Qualifying distributions made directly	v				
	for active conduct of exempt activitie					
	Subtract line 2d from line 2c					
3						
	alternative test relied upon:  a "Assets" alternative test - enter:					
	(1) Value of all assets		,	./		
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)	}	1			
	<b>b</b> "Endowment" alternative test - enter					
	2/3 of minimum investment return					
	shown in Part X, line 6 for each year listed			1		
	c "Support" alternative test - enter:					
	(1) Total support other than gross					
	investment income (interest,	1				
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt			İ		
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	<i>f</i>	† · · · · · · · · · · · · · · · · · · ·			
P	Part XV.   Supplementary In	formation (Comple	te this part only i	the foundation	had \$5,000 or more	in assets
		g the year-see instr			•	
1	Information Regarding Founda	tion Managers:	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	a List any managers of the foundation	=	than 2% of the total contr	ibutions received by the	foundation before the close	of any tax
	year (but only if they have contribute			,		, .
S	SEE STATEMENT 2					
	b List any managers of the foundation	who own 10% or more of th	ne stock of a corporation (	or an equally large porti	on of the ownership of a part	nership or
	other entity) of which the foundation	has a 10% or greater intere	st.			
N	ONE					
2	Information Regarding Contrib	ution, Grant, Gift, Loan,	, Scholarship, etc., Pre	ograms:		
	Check here <b>X</b> if the foundation	on only makes contributions	to preselected charitable	organizations and does i	not accept unsolicited reques	sts for funds If
	the foundation makes gifts, grants, et	tc., to individuals or organiz	ations under other conditi	ons, complete items 2a,	b, c, and d	
_	a The name, address, and telephone nu	umber or email address of th	he person to whom applic	ations should be addres	sed <sup>-</sup>	
	·					
	b The form in which applications shoul	ld be submitted and informa	ition and materials they sh	ould include.		
	c Any submission deadlines:					
	d Any restrictions or limitations on awa	ards, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors.	

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ed business income		ided by section 512, 513 or 514	(e)
g, <b>2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion	Amount	function income
a					
b			1		
c			<del> </del>		† <del></del>
d	I		<b> </b>		<del>                                     </del>
e	)	<del></del>	<del> </del>		
f			+		<del> </del>
g Fees and contracts from government agencies			<del> </del>		
Membership dues and assessments			<del>                                     </del>	<del> </del>	<del> </del>
3 Interest on savings and temporary cash	ļ		†	<del> </del>	<del> </del>
investments	ŀ				
4 Dividends and interest from securities		<u> </u>	†	<b></b>	<del> </del>
5 Net rental income or (loss) from real estate:	** ***	3 × 7 × 3	1, 17	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
a Debt-financed property	***	*	<del> **                                   </del>		
b Not debt-financed property		<del>                                     </del>	<del> </del>		
6 Net rental income or (loss) from personal	ļ		+		<del> </del>
· · ·	ŀ				
roperty 7 Other investment income	<del>                                     </del>	<del></del>	<del>                                     </del>	<del> </del>	<del> </del>
8 Gain or (loss) from sales of assets other			<del> </del>	<del> </del>	<del> </del>
•			1		
than inventory  Net income or (loss) from special events	<del> </del>		<del>                                     </del>	<del>                                     </del>	<del> </del>
10 Gross profit or (loss) from sales of inventory	<del> </del>		┼	<del> </del>	<del></del>
11 Other revenue.		<del></del>	┼	<del> </del>	<del> </del>
	1		}		
a	<b> </b>	<del> </del>	┼┈╴		
	1	<del></del>	┼──		<del></del>
d	1	<u> </u>	<del>                                     </del>		<del></del>
	<del> </del>		+-	<del> </del>	<del> </del>
e	<u> </u>	0.	,×	0.	0.
13 Total Add line 12, columns (b), (d), and (e)	- X F	<u> </u>	<u> </u>	13_	0.
(See worksheet in line 13 instructions to verify calculations.)				13 <u>-</u>	<del>`</del>
					<del></del>
Part XVI-B Relationship of Activities to	o the Acco	emplishment of Exe	empt	Purposes	
Line No Explain below how each activity for which inco	ime is reported	in column (e) of Part XVI-A	4 contrib	outed importantly to the accor	nnlishment of
the foundation's exempt purposes (other than			1 0011(11)	sated importantly to the decor	npharment of
					<del></del>
		······································			
				<del></del>	······································
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				<del></del>	<del></del>
				<del></del>	

0/11/990-FF (2017	7) WIDDIAM & SUSAN MATHESON FOUNDATION, INC.	02-3001304
Part XVII	Information Regarding Transfers to and Transactions and Relations	hips With Noncharitable
	Exempt Organizations	•
4 Did the organ	granton directly or indirectly engage in any of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with any other control of the following with a second of the second of the following with a second of the se	F04(a)

1	Did the or	ganization directly or indir	rectly engage in any	of the followin	ig with any other organization	on described in sect	ion 501(c)		Yes	No
•					to political organizations?		0.1 00 1(0)	<u> </u>		
a Transfers from the reporting foundation to a noncharitable exempt organization of						,	,			
-	(1) Cash				, <u>.</u>			1a(1)		X
	(2) Other							1a(2)		X
b	Other tran							1.5/-/		,
_		of assets to a noncharitat	ble exempt organizat	tion				16(1)		X
		hases of assets from a nor	, -					1b(2)		X
		al of facilities, equipment,		gamzan				1b(3)		X
	` '	bursement arrangements	or other debate					1b(4)		X
		s or loan guarantees						1b(5)		X
		rmance of services or me	mhershin or fundrau	sına salıcıtatın	ne			1b(6)		X
c		f facilities, equipment, mai						1c		X
	•		- ·		•	ways show the fair i	market value of the goods, ot		els	
٠							or sharing arrangement, sho		010,	
		i) the value of the goods, o			Ja robe than tan mantor rate	io in any transaotion	or onaming arrangement, and			
(a) L	<del>`</del>	(b) Amount involved	<del> </del>		e exempt organization	(d) Description	n of transfers transactions and sh	arıng arr	angemen	its
<del>``</del>		<del></del>		N/A		<del></del>	<del></del>			
									_	
			L							
		· · · · · · · · · · · · · · · · · · ·	ļ							
					<del></del>		·			
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			L			_ <u></u>				
2a		•	•		or more tax-exempt organi	zations described	_	_		_
		501(c) (other than section		ction 527?			L	Yes	LX	No
<u> </u>	If "Yes," co	omplete the following sche			1 4 5 7 7 7	T	7.5			
		(a) Name of org	anization	<del></del>	(b) Type of organization		(c) Description of relationship	ıp		
		N/A					<del></del>			
				<del></del>	-	-				
						ļ				
		<del></del>	<del></del>			<del> </del>	— <del></del>			
	Under	penalties of periury 1 declare th	hat I have examined this	return including	accompanying schedules and st	atements, and to the he	st of my knowledge			
Sig					taxpayer) is based on all informa		as any knowledge May	the IRS on with th		
He		11:11	Clari	<b>.</b> .	15 5 19	PRESI		n below		7
		nature of officer or trustee	31/11/a	4000	Date	Title		.  Yes		」No
	Loigi	Print/Type preparer's na		Prenarer's s		Date	Check If PTIN			
Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Paid RYAN LAUGHLIN, CP RYAN LAUGHLIN, CP 05/03/18 P00										
					' '	671	586			
Pr	eparer	Firm's name WIP		L-11114 TI		100/00/10	Firm's EIN ► 39-07			
Use Only				ュノ						
	•	Firm's address ▶ PO	BOX 1223	7	<del></del>		+			
GREEN BAY, WI 54307-2237 Phone no 920.662.0016						ი1 რ				
				343	· 200,			_		(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

Name of the organization

Employer identification number

	<u> </u>	LLIAM & SUSAN MATHES	ON FOUNDATION,	_INC	82-3801384		
Organiz	ation type (check	e)					
Filers o	f:	Section:					
Form 990 or 990 EZ		501(c)( ) (enter number) org.	anization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
527 political organization							
Form 990-PF		cion					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundat	ion				
	nly a section 501(c	covered by the <b>General Rule</b> or a <b>Spe</b> '), (8), or (10) organization can check bo		ile and a Special F	Rule See instructions		
X	•	filing Form 990, 990-EZ, or 990-PF that one contributor Complete Parts I and II			•		
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.						
but it m	ust answer "No" o	it isn't covered by the General Rule and Part IV, line 2, of its Form 990, or check e filing requirements of Schedule B (Fo	the box on line H of its Fori				

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

Name of organization

Employer identification number

## WILLIAM & SUSAN MATHESON FOUNDATION, INC

82-3801384

Part I`	Contributors (see instructions) Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM AND SUSAN MATHESON  2118 RIDGE HAVEN CT  DE PERE, WI 54115	\$500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occuplete 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
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del> .		\$	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 Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## WILLIAM & SUSAN MATHESON FOUNDATION, INC

82 - 3801384

Part II	Noncash Property (see instructions) Use duplicate copies of Par	rt 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
3453 11-01-	17		90, 990-EZ, or 990-PF) (201

Employer identification number

	<u>M &amp; SUSAN MATHESON FOUN</u>	IDATION, INC	82-3801384
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III. enter the total of exclusively religious.	olumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this into once) \$
	Use duplicate copies of Part III if additional	al space is needed	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, ar	•	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 gif	t
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	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 gif	t
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 1
NAME OF CONTRIBUTOR	ADDRESS	
WILLIAM J. MATHESON	2118 RIDGE HAVEN COURT DE PERE, WI 54115	
SUSAN M. MATHESON	2118 RIDGE HAVEN COURT DE PERE, WI 54115	

FORM 990-PF PART XV - LINE 1A STATEMENT 2
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

WILLIAM J. MATHESON SUSAN M. MATHESON