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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491282007158

2017

OMB No 1545-0052

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ıdar year 2017, or tax year beginnin	ig 06-01-20	)17	, a	nd er	iding 05-31-	2018	
	ON H &	ndation CLYMENE M BOND FOUNDATION					<b>A Employer Id</b> 39-1762087	entification numbe	er
	ber and O BOX 2	street (or P O box number if mail is not delivered to 199	street address)	Room/suite			<b>B</b> Telephone nu	mber (see instructio	ns)
		, state or province, country, and ZIP or foreign posta I 54153	l code					application is pendir	ng, check here
			ıal return of a	<i>6</i>			D.1 Famana an		▶ ∟
u Cr	теск ат	''''		Tormer publ	c charity		_	ganizations, check h	▶ ∟
			nended return					ganizations meeting k here and attach co	
			me change				E If private for	undation status was	terminated
	,	pe of organization $lacksquare$ Section 501(c)(3) expression 4947(a)(1) nonexempt charitable trust $lacksquare$	cempt private Other taxabl		ındatıon		under sectio	n 507(b)(1)(A), che	ck here 🕨 느
[ Fai	r mark	et value of all assets at end J Accounting	ng method	☐ Cash	✓ Accrı	ıal	F If the founda	ation is in a 60-mont	th termination
		rom Part II, col (c), \$ 6.231.641	er (specify) Jumn (d) must	be on cash	basis )		under sectio	n 507(b)(1)(B), che	ck here 🕨 느
Dа	rt I	Analysis of Revenue and Expenses	(The total	Ι		Г			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not neequal the amounts in column (a) (see instructions)	ecessarıly	expen	ue and ses per oks	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (a schedule)	ttach		3,000				,,
	2	Check ► ✓ If the foundation is <b>not</b> required Sch B	d to attach						
	3	Interest on savings and temporary cash inve	stments			<del>                                     </del>			
ıe	4	Dividends and interest from securities			172,874	1	172,874		
	5a	Gross rents					· · · · · · · · · · · · · · · · · · ·		
	ь	Net rental income or (loss)				<u> </u>			
	6a	Net gain or (loss) from sale of assets not on	line 10	9	57,366	5			
ē	b	Gross sales price for all assets on line 6a	4,921,001						
Revenue	7	Capital gain net income (from Part IV, line 2		•			60,046		
_	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule) .							
	11	Other income (attach schedule)							
	12	<b>Total.</b> Add lines 1 through 11			233,240		232,920		
	13	Compensation of officers, directors, trustees	, etc		76,943	3	35,471		41,47
	14	Other employee salaries and wages							
es S	15	Pension plans, employee benefits			18,110		9,055		9,05
Administrative Expenses	16a	Legal fees (attach schedule)				1			
ă.	b	Accounting fees (attach schedule)		<b>%</b> J	5,157	7	0		5,15
e E	C	Other professional fees (attach schedule)		<b>9</b> 2J	56,560		56,560		
at [	17	Interest				ļ			
IST.	18	Taxes (attach schedule) (see instructions)		92)	5,088		2,495		2,37
≣	19	Depreciation (attach schedule) and depletion	1	<b>9</b> 23	715	5	0		
P. G	20	Occupancy				1			
<u> </u>	21	Travel, conferences, and meetings			324	1	0		324
ਰ	22	Printing and publications		<b>25.1</b>					90.50
Ĕ	23	Other expenses (attach schedule)		95)	29,689	,	0		29,689
Operating and	24	Total operating and administrative expe			100 55		400 50		20.55
ă C		Add lines 13 through 23			192,586	+	103,581		88,06
_	25	Contributions, gifts, grants paid			308,978	1			308,97
	26	<b>Total expenses and disbursements.</b> Add 25	lines 24 and		501,564	1	103,581		397,04
	27	Subtract line 26 from line 12				1			
	a	Excess of revenue over expenses and disbursements			-268,324	1	420.222		
	b	Net investment income (if negative, enter	•			₩	129,339		
For	C	Adjusted net income(If negative, enter -0- work Reduction Act Notice, see instruction	<u> </u>	<u> </u>		<u> </u>	N- 11300		000 BE (2017
υr	r aver	work Reduction ACL NOTICE, See INSTRUCTIO	7115.			(	Cat No 11289)	s Fo	rm <b>990-PF</b> (2017

4,941,095

4,200

2,183

5,607,044

3,340

5,873,161

5,873,161

5,876,501

0

2,207

2,207

5,604,837

5,604,837

5,607,044

2

3 4

5

6

5,873,161

-268,324

5,604,837

5,604,837 Form **990-PF** (2017)

0

15,767

5,565,692

4,200

2,183

15,767

6,231,641

	1	Cash—non-interest-bearing	75,383	
	2	Savings and temporary cash investments	79,278	
	3	Accounts receivable		
		Less allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule)		
		Less allowance for doubtful accounts ▶		
S	8	Inventories for sale or use		
Assets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)	5,701,658	<b>9</b> 5J
	С	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)	4,200	<b>%</b> J
	14	Land, buildings, and equipment basis ►		
		Less accumulated depreciation (attach schedule) ▶ 3,374	2,897	<b>9</b> €3
	15	Other assets (describe >)	13,085	<b>9</b> 2)
	16	Total assets (to be completed by all filers—see the		
		instructions Also, see page 1, item I)	5,876,501	
	17	Accounts payable and accrued expenses	3,340	
	18	Grants payable		

Loans from officers, directors, trustees, and other disqualified persons

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

Foundations that follow SFAS 117, check here

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

Foundations that do not follow SFAS 117, check here

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

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

Retained earnings, accumulated income, endowment, or other funds

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

Analysis of Changes in Net Assets or Fund Balances

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

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

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

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

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Liabilities

Assets or Fund Balances

Net 30

19

20

21 22

23

24 25

26

27

28

29

31

Part III

2

4

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

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

Decreases not included in line 2 (itemize)

Other liabilities (describe -\_

Page **3** 

Part IV Capital Gains	and Losses for Tax on Invest	ment Income				
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr	<b>I</b>	
<b>1a</b> See Addıtıonal Data Tab	le					
b						
С						
d						
e						
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)		(g) other basis sense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a See Additional Data Tab	le					
b						
С						
d						
e						
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)	
(i) F M V as of 12/31/69	(j)	Excess	(k) s of col (ı) l (j), ıf any	col (k), but i	ol (h) gain minus not less than -0-) <b>or</b> (from col (h))	
a See Additional Data Tab			. (3)) 4		· · · · · · · · · · · · · · · · · · ·	
b						
c						
d						
<u>e</u>		If gain, also enter in F	2	+ -		
<ul><li>2 Capital gain net income</li><li>3 Net short-term capital</li></ul>	e or (net capital loss)	If (loss), enter -0- in		2	60,046	
·	art I, line 8, column (c) (see instructi		)- · · · · . }	3		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment I	ncome		
	private foundations subject to the sec					
(1 of optional use by domestic p	onvace roundations subject to the set	ccion +5+o(a) cax on in	et investment inco	ille /		
If section 4940(d)(2) applies, I Was the foundation liable for th	eave this part blank ne section 4942 tax on the distributa'	ble amount of any vea	r in the base perio	d?	Yes 🗸 No	
	ot qualify under section 4940(e) Do					
<ol> <li>Enter the appropriate ar</li> </ol>	mount in each column for each year,	see instructions before	e making any entri	ies		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharital	ole-use assets	(d) Distribution (col (b) divided l		
2016	278,087		6,027,545		0 046136	
2015	219,161		5,893,667		0 037186	
2014	195,413		6,272,820		0 031152	
2013	204,530		3,250,279		0 062927	
2012	206,970		2,691,683		0 076892	
2 Total of line 1, column (	d)		2		0 254293	
number of years the fou	o for the 5-year base period—divide indation has been in existence if less	than 5 years	<u>3</u>		0 050859	
	oncharitable-use assets for 2017 fron	4		6,605,446		
5 Multiply line 4 by line 3		5		335,946		
	ent income (1% of Part I, line 27b)		6		1,293	
			7		337,239	
	ions from Part XII, line 4 ,				397,045	
If line 8 is equal to or gr instructions	eater than line 7, check the box in Pa	art VI, line 1b, and con	nplete that part us	ing a 1% tax rate	See the Part VI	

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

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	, Foundation Managers,	Highly Paid Employees,
bart ATTT	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor  Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
	<del></del>			
<b>Total</b> number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
<b>-</b>				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

2

3a 3h

4

5

397.045

1.293

395.752

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

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

328.979

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0

(d)

2017

Page 9

٠.	_	•	_	_	_	•	<u>.                                     </u>	'-	_	_	•	,
Ī	3	F	T	7	X	П	ī	I	Г		ī	

**b** Total for prior years

a From 2012. . . . .

**b** From 2013. . . . c From 2014. . . d From 2015. . . . . e From 2016. . . . .

Excess distributions carryover, if any, to 2017

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

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

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

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

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

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

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

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

6 Enter the net total of each column as

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

indicated below:

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

١-	P	F	(	2	0	1	7	)	
1	ł	ł	ī		Г		_	_	

F (20	17)	
ш	Undistributed Income (see instructions)	_

21	017)		
	Undistributed Income (see	ınstruc	ctions)
	_		

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

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

74.254 42,016

(a) Corpus

116.270

68.066

184,336

74.254

110,082

42.016

68.066

0

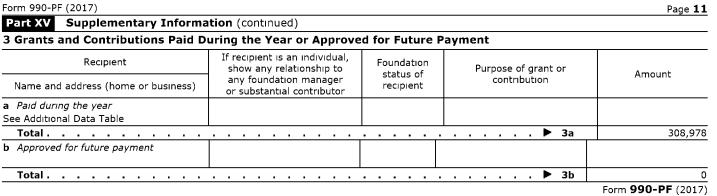
- (b) Years prior to 2016

(c)

2016

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

factors NONE



Part XV	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
f						
g Fees	<b>g</b> Fees and contracts from government agencies					
3 Intere	ership dues and assessments est on savings and temporary cash					
	Investments			14	172,874	
5 Net rental income or (loss) from real estate					1/2/07.	
a Debt-	financed property					
	ebt-financed property					
6 Net re	ental income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than tory			18	57,366	
	ome or (loss) from special events			- 10	2,,000	
	profit or (loss) from sales of inventory					
	revenue <b>a</b>					
			0		230,240	
13 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	P	230,240
(See w	orksheet in line 13 instructions to verify calcu  -B Relationship of Activities to th	iations )				
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )	ıncome ıs report	ed in column (e) of	f Part XVI-A contribu		
	mistractions y					

orm 99	0-PF (2	2017)							Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organi		ransfers To a	nd Transactio	ns and Relatio	nships With Nonchar	table		
		anization directly or in ode (other than sectio					on described in section 501 organizations?		Yes	No
<b>a</b> Tran	sfers f	om the reporting foun	dation to a r	oncharitable exe	empt organization	of				
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
<b>b</b> Othe	er trans	actions								
		of assets to a nonchar	•	-				1b(1)		No
		ases of assets from a r						1b(2)		No
		of facilities, equipmer	•					1b(3)		No
		ursement arrangemen						1b(4)		No
		or loan guarantees.						1b(5)		No
		nance of services or m	•	<del>-</del>				1b(6)		No
	-	facilities, equipment, n						1c		No
							ways show the fair market ad less than fair market val			
							ets, or services received			
		_								
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exer	npt organization	(d) Description of	transfers, transactions, and sh	arıng arra	ngemen	its
	_									
	_									
	_									
	-									
3- I- H										
desc	ribed ii	dation directly or indirent of section 501(c) of the	Code (other					☐ Yes	<b>✓</b>	No
b If "Y	es," co	mplete the following so (a) Name of organization		l (b	Type of organization	ın İ	(c) Description of relat	ionchin		
		(a) Name of organization	лі	(8	y Type of Organization	,,,,	(C) Description of relati	опыпр		
	of my		, it is true, c				ing schedules and statemei than taxpayer) is based or			
Sign	*	****			2018-08-24	*****		the IRS dı	scuss th	nis
Here		1.000			2018-08-24		retur with	n the prepai	rer shov	wn
		ignature of officer or t	rusteo		Date	Title	belov	v	_	
	5	ignature of officer or t	ustee		Date	ritie	(see	ınstr )? 🖸	✓ Yes	□ <sub>No</sub>
		Brint/Type propagation	name	Dranaror's Sian	ature	D-1-	DTIN			
		Print/Type preparer's 	Hallie	Preparer's Sign	acuie	Date	Check if self-			
							employed ▶ □	P00035	5071	
Paid		JAMES A OLSON				2018-08-24				

	_											
-												
-												
desc	cribed	ndation directly or indire in section 501(c) of the complete the following s (a) Name of organization	section 50					on of relationsh				
-												
<u> </u>	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co								pased on all	information of
Sign Here	,	*****		2018-0		2018-08-24	8-08-24		*****		May the IRS discuss this return with the preparer shown	
	,	Signature of officer or t	rustee			Date		Tıtl	e		below (see instr	) <sup>2</sup>
		Print/Type preparer's	s name	Prepa	arer's Sıgr	nature	Date	9		Check if self-	PTIN	0035071
Paid		JAMES A OLSON					20	018-08	8-24	employed ▶ ☐	F0	0033071
Preparent		Firm's name ► SCH	ENCK SC	•			'				Fırm's EIN	▶39-1173131
		Firm's address ► PO BOX 23819  GREEN BAY, WI 543053819									Phone no	(920) 436-7800

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation MERRILL LYNCH 07085 Ρ MERRILL LYNCH 02223 Р MERRILL LYNCH 02229 Ρ MERRILL LYNCH 04019 Р Ρ MERRILL LYNCH 04013 AMERIPRISE FINANCIAL 7526 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 1,327,021 1,275,030 52,038 270,496 275,869 -5,373 455,537 449,461 6,076 1,066,135 1,020,768 45,367 157,899 160,685 -2,7861,679,189 1,643,913 -35,276 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 52,038 -5,373 6,076 45,367 -2,786-35,276

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN BOSTEDT 2,500 VICE-PRESIDENT 0 20.00

PO BOX 299 OCONTO, WI 54153	25 55			
JENNIFER HANNA	PRESIDENT/TREASURER	61,943	18,110	0
PO BOX 299 OCONTO, WI 54153	40 00			

0001110, 111 3 1133				
JENNIFER HANNA	PRESIDENT/TREASURER	61,943	18,110	0
PO BOX 299 OCONTO, WI 54153	40 00			
BETH LARSON	DIRECTOR	2,500	0	0
	1 1 00			

DIRECTOR

DIRECTOR

DIRECTOR

SECRETARY/CHAIRMAN

1 00

1 00

1 00

1 00

2,500

2,500

2,500

2,500

0

O

0

0

PO BOX 299 OCONTO, WI 54153

RONALD DELAIN

PO BOX 299 OCONTO, WI 54153 MARY MCMONAGLE

PO BOX 299 OCONTO, WI 54153 GARY ZIEGELBAUER

PO BOX 299 OCONTO, WI 54153 CHRIS AUGUSTINE

PO BOX 299 OCONTO, WI 54153

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a Tala during the year				
CITY OF OCONTO1210 MAIN STREET OCONTO, WI 54153	NONE	NON-PROFIT	2018 COPPERFEST DONATION	1,000
MY BROTHER'S KEEPER INC	NONE	NON-PROFIT	SPONSOR/CLIENT FEES	14,500

IY BROTHER'S KEEPER INC	NONE	NON-PROFIT	SPONSOR/CLIENT FEES	
039 WEST MASON STREET				
GREEN BAY, WI 54303				

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

1039 WEST MASON STREET GREEN BAY, WI 54303				
NEW COMMUNITY SHELTER INC	NONE	NON-PROFIT	CAPITAL CAMPAIGN/SPONSOR	1,000

301 MATHER STREET	GREEN BAT, III 3 1505				
I GREEN BAY WI 54303		NONE	NON-PROFIT	CAPITAL CAMPAIGN/SPONSOR	1,000

NEW COMMUNITY SHELTER INC 301 MATHER STREET GREEN BAY, WI 54303	NONE	NON-PROFIT	CAPITAL CAMPAIGN/SPONSOR	1,000

Total				308 978
301 MATHER STREET GREEN BAY, WI 54303				
NEW COMMONITY SHELTER INC	INONE	NON-PROFIT	CAPITAL CAMPAIGN/SPONSOR	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OCONTO AREA HUMANE SOCIETY NONE NON-PROFIT SUPPLIES AND/OR EQUIPMENT 2.755 PO BOX 1241 OCONTO, WI 54153

OCONTO COUNTY HISTORICAL SOCIETY PO BOX 272 OCONTO, WI 54153	NONE	NON-PROFIT	CARRIAGE HOUSE - 2ND PAYMENT AND RESTORATION OF BOND PICKLE SIGN	50,000
OCONTO COUNTY UW-EXTENSION 304 WASHINGTON STREET	NONE	NON-PROFIT	4-H SUMMER CAMPS	7,326

OCONTO, WI 54153

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OCONTO UNIFIED SCHOOL DISTRICT NONE NON-PROFIT SCHOLARSHIP PAYMENTS 6,000

400 MICHIGAN AVENUE OCONTO, WI 54153				
OCONTO UNIFIED SCHOOL DISTRICT 400 MICHIGAN AVENUE OCONTO, WI 54143	NONE	NON-PROFIT	MEMORIES MATTER PROGRAM	600

400 MICHIGAN AVENUE OCONTO, WI 54143				
OCONTO UNIFIED SCHOOL DISTRICT 400 MICHIGAN AVENUE OCONTO. WI 54143	NONE	NON-PROFIT	AFTERGLOW 2018	250

0001110,111 51115				
OCONTO UNIFIED SCHOOL DISTRICT 400 MICHIGAN AVENUE OCONTO, WI 54143	NONE	NON-PROFIT	AFTERGLOW 2018	250

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OCONTO UNIFIED SCHOOL DISTRICT 400 MICHIGAN AVENUE OCONTO, WI 54143	NONE	NON-PROFIT	AFTERGLOW 2018	250
Total				308,978

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OCONTO UNIFIED SCHOOL DISTRICT NONE NON-PROFIT **SPONSORSHIPS** 41.914 400 MICHIGAN AVENUE

OCONTO, WI 54153				
RAINBOW HOUSE DOMESTIC ABUSE SERVICES PO BOX 1172 MARINETTE, WI 54143	NONE	NON-PROFIT	VAN	5,000
KINGDOM COME INC	NONE	NON-PROFIT	FOOD PANTRY	25,000

MARINETTE, WI 54143				
KINGDOM COME INC 520 LOCUST STREET OCONTO FALLS, WI 54154	NONE	NON-PROFIT	FOOD PANTRY	25,000

KINGDOM COME INC 520 LOCUST STREET OCONTO FALLS, WI 54154	NONE	NON-PROFIT	FOOD PANTRY	25,0

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ABRAMS SPOTLIGHT PRODUCTIONS INC. NON-PROFIT THEATER SEATING 11,535 NONE PO BOX 172

Total				308,978
HERITAGE HILL2640 S WEBSTER ST GREEN BAY, WI 54301	NONE	NON-PROFIT	TRANSPORTATION OF MIGRANT HOUSE	9,500
CESA 8223 WEST PARK STREET GILLETT, WI 54166	NONE	NON-PROFIT	CONFERENCE ROOM REDESIGN AND TECHNOLOGY	50,000
ABRAMS, WI 54101				

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OCONTO COUNTY LAW ENFORCEMENT NONE NON-PROFIT AWARD BANQUET 3,000 BENEVOLENT ASSOCIATION PO BOX 70 OCONTO FALLS, WI 54154

HSHS ST CLARE MEMORIAL HOSPITAL 855 S MAIN ST OCONTO FALLS, WI 54154	NONE	NON-PROFIT	NURSE'S NOOK PROGRAM	30,000
OCONTO COUNTY SHERIFF'S DEPARTMENT 301 WASHINGTON STREET OCONTO WI 54153	NONE	NON-PROFIT	LEVEL 4 BALLISTKC EQUIPMENT	30,000

<u>'</u>				1
OCONTO COUNTY SHERIFF'S DEPARTMENT 301 WASHINGTON STREET OCONTO, WI 54153	NONE	NON-PROFIT	LEVEL 4 BALLISTKC EQUIPMENT	30,000
Total				308,978

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

SURING PUBLIC SCHOOL 411 E ALGOMA ST SURING, WI 54174	NONE	NON-PROFIT	ATHLETIC UNIFORMS	7,298
OCONTO POLICE DEPARTMENT	NONE	NON-PROFIT	SHOP WITH A COP 2017	1,100

OCONTO POLICE DEPARTMENT 1210 MAIN STREET OCONTO, WI 54153	NONE	NON-PROFIT	SHOP WITH A COP 2017	
WBCAMACC FUND	NONE	NON-PROFIT	MOE & EBBEN SPONSORSHIP	

OCONTO, WI 54153				
WBCAMACC FUND 10000 W INNOVATION DR STE 135	NONE	NON-PROFIT	MOE & EBBEN SPONSORSHIP	

OCONTO, WI 54153				
WBCAMACC FUND 10000 W INNOVATION DR STE 135 MILWAUKEE, WI 53226	NONE	NON-PROFIT	MOE & EBBEN SPONSORSHIP	20

VBCAMACC FUND .0000 W INNOVATION DR STE 135 ⁄ILWAUKEE, WI 53226	NONE	NON-PROFIT	MOE & EBBEN SPONSORSHIP	200

MILWAUKEE, WI 53226		
Total	 	 308,978

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MILES 4 MADYSON INC NONE NON-PROFIT RONALD MCDONALD HOUSE 1.500 1441 KORD COURT FUNDRAISER OCONTO, WI 54153 ດດ

OCONTO COUNTY HEALTH AND HUMAN SERVICES 501 PARK AVENUE OCONTO, WI 54153	NONE	NON-PROFIT	CAR SEAT PROGRAM	1,500
REACH OUT TO HAITI	NON	NON-PROFIT	CHARITABLE OBJECTIVES OF	75

OCONTO, WI 34133				
REACH OUT TO HAITI 168 GUTBRODT ROAD MELROSE, NY 12121	NON	NON-PROFIT	CHARITABLE OBJECTIVES OF ORGANIZATION	

REACH OUT TO HAITI	NON	NON-PROFIT	CHARITABLE OBJECTIVES OF	
168 GUTBRODT ROAD			ORGANIZATION	
MELROSE, NY 12121				

REACH OUT TO HAITI	NON	NON-PROFIT	CHARITABLE OBJECTIVES OF	
168 GUTBRODT ROAD			ORGANIZATION	
MELROSE, NY 12121				

308,978 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LITTLE HEARTS FOR LIFE INC NONE NON-PROFIT PEDIATRIC CARDIAC RESEARCH 500 8187 GRAY LAKE ROAD OCONTO FALLS, WI 54154 3,025

MY BROTHER'S REEPER INC 1463 MAIN STREET GREEN BAY, WI 54302	NONE	NON-PROFIT	ORGANIZATION	
ST ANTHONY SCHOOL	NONE	NON-PROFIT	SCHOOL UNIFORMS	

SREEN BAY, WI 54302				
ST ANTHONY SCHOOL 253 N FRANKLIN STREET	NONE	NON-PROFIT	SCHOOL UNIFORMS	

ST ANTHONY SCHOOL	NONE	NON-PROFIT	SCHOOL UNIFORMS	
253 N FRANKLIN STREET				
DCONTO FALLS, WI 54154				

Y SCHOOL NONE	NON-PROFIT   SCHOOL	UNIFORMS 3,4
KLIN STREET		
LLS, WI 54154		

ST ANTHONY SCHOOL 253 N FRANKLIN STREET DCONTO FALLS, WI 54154	NONE	NON-PROFIT	SCHOOL UNIFORMS	3,400
r				

OCONTO FALLS, WI 54154		
Total	 	308,978

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

a Paid during the year				
OCONTO POLICE DEPARTMENT 1210 MAIN STREET	NONE	NON-PROFIT	SHOP WITH A COP 2017	1,000

OCONTO, WI 54153

or substantial contributor

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Total . 308,978

efile GRAPHIC print - DO NOT PR	OCESS	As Filed D	ata -			DLN: 93491282007158
TY 2017 Accounting Fees Schedule						
	Name:	LEON H 8	& CLYM	IENE M BONI	O FOUNDATION	
	INC					
	EIN:	39-1762	087			
Accounting Fees Schedule						
Category	Amo	ount		investment income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES		5,157		0		5,157

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

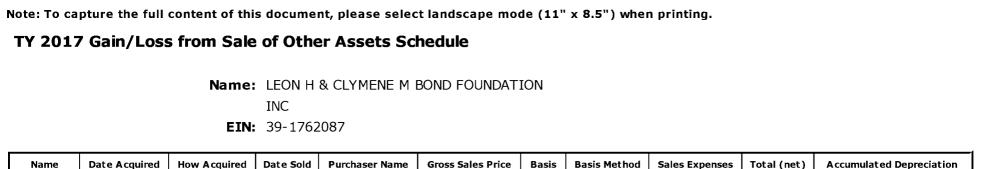
## TY 2017 Depreciation Schedule

Name: LEON H & CLYMENE M BOND FOUNDATION

INC

**EIN:** 39-1762087

Description of Date Cost or Other Prior Years' Computation Method Rate / **Current Year's** Net Investment Adjusted Net Cost of Goods Property Acquired Basis Depreciation Life (# of years) Depreciation Income Income Sold Not Expense Included COMPUTER/SOFTWARE 2010-11-30 894 894 0 % 0 0 COMPUTER/SOFTWARE 2013-11-22 683 479 0 % COMPUTER/SOFTWARE 2013-11-22 216 216 0 % n COMPUTER/SOFTWARE 2013-11-22 47 32 0 % 0 0 835 0 % OFFICE EQUIPMENT 2015-11-27 179 0 327 327 0 % FURNITURE AND 2010-11-30 0 FIXTURES 0 % COMPUTER/SOFTWARE 2017-04-07 836 84 0 0 COMPUTER/SOFTWARE 1,225 123 0 % 2017-03-24 COMPUTER/SOFTWARE 2017-03-24 186 18 0 % 0 0 OFFICE EQUIPMENT 2004-10-08 308 308 0 % 0 0



DLN: 93491282007158

-2,680

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Name ARTWORK

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TY 2017 Investments Corporate Stock Schedule							
Name: L	EON H & CLYME	NE M BOND FOUNDATION					

**End of Year Fair** 

Market Value

5,565,692

Value

4,941,095

INC **EIN:** 39-1762087 Name of Stock **End of Year Book** 

**CORPORATE STOCK** 

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491282007158
TY 2017 Investments - Other	Schedule		
		NE M BOND FOUNDATION	
	INC 39-1762087		
Investments Other Schedule 2			

Investments Other Schedule 2							
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value				
ONEIDA GOLF & RIDING STOCK	AT COST	4.200	4.200				

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## TY 2017 Land, Etc. Schedule

Name: LEON H & CLYMENE M BOND FOUNDATION

INC

**EIN:** 39-1762087

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER/SOFTWARE	894	894	0	
COMPUTER/SOFTWARE	683	479	204	
COMPUTER/SOFTWARE	216	216	0	
COMPUTER/SOFTWARE	47	32	15	
OFFICE EQUIPMENT	835	179	656	
FURNITURE AND FIXTURES	327	327	0	
COMPUTER/SOFTWARE	836	84	752	
COMPUTER/SOFTWARE	1,225	123	1,102	
COMPUTER/SOFTWARE	186	18	168	
OFFICE EQUIPMENT	308	308	0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491282007158
TY 2017 Other Assets Schedule		

Name: LEON H & CLYMENE M BOND FOUNDATION

8,387

8,387

INC

**EIN:** 39-1762087

PREPAID EXCISE TAX

Other Assets Schedule							
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value				
SCULPTURE/PICTURES	13,085	7,380	7,380				

efile GRAPHIC print - DO NOT PROCES	S As Filed Data -		DLN	N: 93491282007158			
TY 2017 Other Expenses Schedule							
Nan	ne: LEON H & CLYM	IENE M BOND FO	UNDATION				
	INC						
EJ	IN: 39-1762087						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
INSURANCE	3,196	0		3,196			
MISCELLANEOUS	999	0		999			

20,000

1,236

20,000

Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Ne Income				

OFFICE SUPPLIES

**SUBCONTRACTORS** 

TECHNICAL SUPPORT

WEBSITE FEES

SEMINARS AND TRAINING

POSTAGE

TELEPHONE

COMPUTER/SOFTWARE

**Adjusted Net** Disbursements for Description Revenue and Net Investment Charitable Expenses per Income Income Books Purposes

45

1,353

45

1,353

MEALS & ENTERTAINMENT	

Other Expenses Schedule

CELLULAR PHONE

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491282007158			
TY 2017 Other Professional Fees Schedule							
Name: LEON H & CLYMENE M BOND FOUNDATION							
INC							
<b>EIN:</b> 39-1762087							
Category	Amount	Net Investment	Adjusted Net	Disbursements			

	<b>IIN:</b> 39-1/0208/			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

56,560

INVESTMENT ADVISOR FEES

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DL	N: 93491282007158			
TY 2017 Taxes Schedule							
Na	me: LEON H & CI	LYMENE M BOND F	OUNDATION				
	INC						
<b>EIN:</b> 39-1762087							
	· · · · · · · · · · · · · · · · · · ·						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Category  FOREIGN TAXES PAID	Amount		•	for Charitable			
		Income	•	for Charitable Purposes			