

Department of the Treasure

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052 20**18**

Open to Public Inspection

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning , 2018, and ending 20 Name of foundation A Employer identification number RONALD L OLSON CHARITABLE FOUNDATION INC. 20-3102236 Number and street (or P.O. box number if mail is not delivered to street address) Hoom/suite B Telephone number (see instructions) **716 PINE STREET** 920-432-4391 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here **GREEN BAY, WI 54301** Initial return of a former public charity G Check all that apply. ☐ Initial return D 1. Foreign organizations, check here ☐ Final return □ Amended return 2. Foreign organizations meeting the 85% test, ☐ Address change □ Name change check here and attach computation E. If private foundation status was terminated under Check type of organization: Section 501(c)(3) exempt private foundation \ \ section 507(b)(1)(A), check here . ▶ 🔲 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method: ☐ Cash ☑ Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col. (c), ▶□ line 16) ▶ \$ (Part I, column (d) must be on cash basis.) 312,722 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes books the amounts in column (a) (see instructions)) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 235,000 2 Check ► ☐ if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments Dividends and interest from securities 4 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . . 8 Net short-term capital gain q Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold . . . C Gross profit or (loss) (attach schedule) . 11 Other income (attach schedule) . . . Total. Add lines 1 through 11 . . . 12 235,000 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) . . . 2 17 ত 18 Taxes (attach schedule) (see instructions) . . . 19 Depreciation (attach schedule) and depletion . . . 20 21 Travel, conferences, and meetings . . . 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 176.466 26 Total expenses and disbursements. Add lines 24 and 25 176,466 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 58,534 **Net investment income** (if negative, enter -0-) . Adjusted net income (if negative, enter -0-) . 58,537

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)



Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	254,185	312,72	2 312,722
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less ⁻ allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less. allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Æ	10a	Investments—U.S and state government obligations (attach schedule)			
	b	Investments corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment. basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments – mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment. basis ▶			
		Less accumulated depreciation (attach schedule) ▶		•	
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item l)	254,185	312,72	2 312,722
	17	Accounts payable and accrued expenses			
Ø	18	Grants payable			1
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
ja	21	Mortgages and other notes payable (attach schedule)			j
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)			
' ^		Foundations that follow SFAS 117, check here ▶ □			
Balances		and complete lines 24 through 26, and lines 30 and 31.			
Ě	24	Unrestricted	254,185	312,72	2
ā	25	Temporarily restricted			
	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here ▶ □			
or Fund		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			Ţ
SS	29	Retained earnings, accumulated income, endowment, or other funds			Ī
¥.	30	Total net assets or fund balances (see instructions)			
Net Assets	31	Total liabilities and net assets/fund balances (see			
		instructions)	254,185	312,72	2
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colui			
		of-year figure reported on prior year's return)			254,185
2		r amount from Part I, line 27a			58,534
3	Othe	er increases not included in line 2 (itemize) Interest income		3	3
4	Add	lines 1, 2, and 3		4	312,722
5	Decr	reases not included in line 2 (itemize) ▶		5	0
6	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5) — I	30 6	312,722	

Part	V Capital Gains and	Losses for Tax on Investn	nent Income			
		nd(s) of property sold (for example, real e ise, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
<u>b</u>					= .	
<u>C</u>			 _			
<u>d</u>						+
<u> </u>	T					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) s (f) minus (g))
<u>a</u>						
<u>b</u>						
<u>d</u> e						
	Complete only for assets sho	owing gain in column (h) and owned	L bv the foundation	on 12/31/69.	// O = = = /O	-1 (1-1)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	(k) Excess of col (i) over col (j), if any		ol (h) gain minus ot less than -0-) or (from col (h))
а						
b				•		
c						
<u>d</u>						
e						
2	Capital gain net income of		also enter in Pa , enter -0- in Pai		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- ın)	3	
Part		ler Section 4940(e) for Redu			_	
		vate foundations subject to the				
Was t		e this part blank. section 4942 tax on the distribu qualify under section 4940(e). Do			base period?	☐ Yes ☐ No
1		ount in each column for each ye			akıng anv entries	
Cale	(a) Base period years endar year (or tax year beginning in)	(b)		(c) f noncharitable-use a	Di Di	(d) stribution ratio) divided by col (c))
	2017	′ -			(86, (8)	, airiasa sy ser (e//
	2016					
	2015	*				
	2014					
	2013					
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period—divoundation has been in existence				
4	Enter the net value of non-	charitable-use assets for 2018 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4			. 8	10/ tox ==t= 0== "
	Part VI instructions.	ater than line 7, check the box in	ran vi, line Ib	, and complete	iliai pari using a	170 tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstru	ıctioı	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)					
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1			
	here ► ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0			
3	Add lines 1 and 2		1			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1			
6	Credits/Payments:					
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) . 6c					
d -	Backup withholding erroneously withheld			J		
7	· · · · · · · · · · · · · · · · · · ·		0			
8 9	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded 11	-				
Part						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		1		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		1		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		$\overline{}$		
d						
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. ▶ \$			لـــــا		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		✓		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	6	✓			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	✓			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	$\overline{}$			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
,	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"	_				
	complete Part XIV	9		✓	. 4	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10	✓_			

Part	VII-A Statements Rega	arding Activities (continued)					
					Yes	No	
11	meaning of section 512(b)(13)?	did the foundation, directly or indirectly, own a lift "Yes," attach schedule. See instructions		11		1	
12		stribution to a donor advised fund over which the if if "Yes," attach statement. See instructions.		12		1	
13	· · · · · · · · · · · · · · · · · · ·	the public inspection requirements for its annual retu		13	√		
	Website address ▶						
14	The books are in care of ► A Located at ► 716 PINE STREET	TTORNEY KENNETH G. CALEWARTS		0-432- 4305-0			
15							
	and enter the amount of tax-exempt interest received or accrued during the year						
16		ear 2018, did the foundation have an interest in or			Yes	No	
		er financial account in a foreign country?		16		/	
	the foreign country ►	tions and filing requirements for FinCEN Form 11	4. If "Yes, enter the name of				
Part		arding Activities for Which Form 4720 May	Be Required			<u>'</u>	
		checked in the "Yes" column, unless an excep			Yes	No	
1a		ation (either directly or indirectly):					
		ange, or leasing of property with a disqualified pe					
		money to, or otherwise extend credit to (or acc					
	· · ·						
	• •	r facilities to (or accept them from) a disqualified p ay or reimburse the expenses of, a disqualified pe					
		sets to a disqualified person (or make any of eithe					
	the benefit or use of a disq						
		operty to a government official? (Exception. Che					
		ike a grant to or to employ the official for a					
	-	service, if terminating within 90 days.)					
D		(1)-(6), did any of the acts fail to qualify under)-3 or in a current notice regarding disaster assist		1b			
	- ·	rent notice regarding disaster assistance, check h		10			
С		a prior year in any of the acts described in 1a, of					
		, , ,		1c		1	
2	operating foundation defined in	income (section 4942) (does not apply for years n section 4942(j)(3) or 4942(j)(5)).					
а		lid the foundation have any undistributed income					
		ginning before 2018?	∐Yes ∐No				
h	Are there any years listed in 2	, 20 , 20 , 20	rovisions of section 4942/a\/2\				
_		of assets) to the year's undistributed income? (If					
	all years listed, answer "No" a	nd attach statement—see instructions.)		2b			
С	•	42(a)(2) are being applied to any of the years listed	d in 2a, list the years here.				
3a	▶ 20 , 20 , 20 , Did the foundation hold more	than a 2% direct or indirect interest in any busing	ess enterprise	-			
Oa							
b	If "Yes." did it have excess be	usiness holdings in 2018 as a result of (1) any p	ourchase by the foundation or	1			
		26, 1969; (2) the lapse of the 5-year period (or I					
		1943(c)(7)) to dispose of holdings acquired by gift					
	the 10-, 15-, or 20-year first foundation had excess busines	t phase holding period? (Use Schedule C, For				 	
40		,		3b 4a		1	
4a b		g the year any amount in a manner that would jeop nvestment in a prior year (but after December 31,		70		V	
-		been removed from jeopardy before the first day of		4b		1	

Par	VII-B Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	d (contir	nued)			
5a	During the year, did the foundation pay or incur a	any am	ount to							Yes	No
	(1) Carry on propaganda, or otherwise attempt to						☐ Yes	✓ No			1
	(2) Influence the outcome of any specific public		-		•	-	_	_			- 1
	directly or indirectly, any voter registration dri						☐ Yes	✓ No			l
	(3) Provide a grant to an individual for travel, stu	-		-			∐ Yes	✓ No			
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions			_			□ v oo	[] No			
	(5) Provide for any purpose other than religious,						∐ Yes	✓ No			
	purposes, or for the prevention of cruelty to c						□Yes	✓ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the						_	_			
•	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regarding	ng disa	ster assistan	ce, che	ck here .			ightharpoons			
С	If the answer is "Yes" to question 5a(4), does t										
	because it maintained expenditure responsibility		-				☐ Yes	☐ No			ì
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).									Ì	
6a	Did the foundation, during the year, receive any		-	-	-	emiums					1
	on a personal benefit contract?						Yes	_ ☑ No	<u></u>		ب_
b	Did the foundation, during the year, pay premium	ns, aire	ctly or indire	ctiy, on	a personal	benem	contract		6b		 i
7a	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a	a narty:	to a prohibite	d tay ch	elter transac	etion?	☐Yes	✓ No			
b	If "Yes," did the foundation receive any proceeds						_	_	7b		
8	Is the foundation subject to the section 4960 ta										Ī
	remuneration or excess parachute payment(s) du						☐ Yes	✓ No			
Par	t VIII Information About Officers, Direc	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and found						ontribution				
	(a) Name and address	hou	e, and average rs per week ed to position	(If n	mpensation lot paid, ter -0-)	emplo	yee benefit erred compe	plans	(e) Expe	nse ac allowar	
RONA	LD L OLSON	PRESI	DENT								
		0 HRS			0			0			0
			REASURER		0			0			0
716 PI	NE STREET, GREEN BAY, WI 54301	0 HRS.		-							
-											
								J			
2	Compensation of five highest-paid employed "NONE."	es (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uctions	s). If n	one,	enter
			(b) Title, and				(d) Contribu	utions to	(e) Expe	nse an	count
	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to p	week T	(c) Compe	nsation	plans and compens	deferred		allowar	
NONE											
-			-		-						
											
	••••••	•									
								-			
Total	number of other employees paid over \$50,000 .		<u></u>					. ▶			
									0 0		(0040)

3 Fi	ve highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		
		-
	mber of others receiving over \$50,000 for professional services	0
Part IX	-A Summary of Direct Charitable Activities	
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4 —		<u> </u>
		
	······································	
Part IX	-B Summary of Program-Related Investments (see instructions)	
	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
	r program-related investments. See instructions	+
All other	- program routed introdutions declinationions	
_		
All other	······································	
_		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn touna	ations,
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	
b	Average of monthly cash balances	1b	283,454
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	283,454
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	283,454
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	4,252
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	279,202
6	Minimum investment return. Enter 5% of line 5	6	13,960
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► ☐ and do not complete this part.)	oundatio	าร
1	Minimum investment return from Part X, line 6	1	13,960
2a	Tax on investment income for 2018 from Part VI, line 5	,	
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	(
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,960
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	13,960
6	Deduction from distributable amount (see instructions)	6	(
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	13,960
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	\$176,466
b	Program-related investments—total from Part IX-B	1b	
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	\$176,466
5 ~	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	ď
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	\$176,466
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether	

Part	XIII Undistributed Incom	ne (see instructio	ons)			
			(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2016 line 7					12.000
2	Undistributed income, if any, as of	,				13,960
a	Enter amount for 2017 only.					
a b	Total for prior years: 20,			0	0	
3	Excess distributions carryover,			U		
о a	From 2013	197,035	-			
a b	From 2014	238,250				
C	From 2015	255,700				
d	From 2016	194,655	İ			
e	From 2017					
f	Total of lines 3a through e .		4 077 420			
	_		1,077,430			
4	Qualifying distributions for 201 line 4. ▶ \$ 176,466					
а	Applied to 2017, but not more		_		0	
b	Applied to undistributed incom					
	(Election required—see instruc			0		
С	Treated as distributions out of required—see instructions).		o	i		j
d	Applied to 2018 distributable a	,				13,960
е	Remaining amount distributed	i	162,506			
5	Excess distributions carryover	· .	10_,000			·
_	(If an amount appears in colun					
	amount must be shown in colu	ımn (a).)	0			0
6	Enter the net total of each indicated below:	ch column as				
а	Corpus. Add lines 3f, 4c, and 4e	e. Subtract line 5	1,239,936			
b	Prior years' undistributed in	1				
				o		
С	Enter the amount of prior year					
	income for which a notice of					
	been issued, or on which the					
	tax has been previously assess	ŀ		0		
d	Subtract line 6c from line amount—see instructions .	e 6b. Taxable				
е	Undistributed income for 201			0		
C	4a from line 2a Taxable					
	instructions				0	
f	Undistributed income for 2018	3. Subtract lines				······································
•	4d and 5 from line 1. This a					
	distributed in 2019					0
7	Amounts treated as distribution	ns out of corous				
•	to satisfy requirements impo					
	170(b)(1)(F) or 4942(g)(3) (El-					
	required—see instructions) .		o			
8	Excess distributions carryover	from 2013 not				
	applied on line 5 or line 7 (see		197,035			
9	Excess distributions carry					
	Subtract lines 7 and 8 from line	e6a	1,042,901			
10	Analysis of line 9					
a	Excess from 2014	238,250				
b	Excess from 2015	255,700				
C	Excess from 2016	207,300				
d	Excess from 2017	191,790				
е	Excess from 2018	162,506				

	0-PF (2018)	. ,			2)	Page 10
Part	XIV Private Operating Foundat	ions (see instru	ctions and Par	t VII-A, question 9	9)	
1a	If the foundation has received a ruling				_	
	foundation, and the ruling is effective for		-			a)
b	Check box to indicate whether the found		operating found		ection4942(j)(3) or 🗌 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	1,00,0	(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	each year listed					
b	85% of line 2a					
	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter					
	(1) Value of all assets (2) Value of assets qualifying under			+		. .
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3	•••				
	of minimum investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test-enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
/	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		n (Complete th	is part only if	the foundation I	nad \$5,000 or mo	ore in assets a
	any time during the year-	see instruction	ıs.)			
1	Information Regarding Foundation N	fanagers:				
а	List any managers of the foundation w	ho have contribu	ited more than 2	% of the total cont	tributions received	by the foundation
	before the close of any tax year (but or	nly if they have co	ontributed more t	han \$5,000). (See s	section 507(d)(2).)	
RONA	LD L OLSON					
b	List any managers of the foundation v	who own 10% o	more of the sto	ock of a corporation	n (or an equally la	rge portion of the
	ownership of a partnership or other en	tity) of which the	foundation has a	10% or greater int	terest.	
NONE						
2	Information Regarding Contribution,	Grant, Gift, Loa	n, Scholarship,	etc., Programs:		
	Check here ► ✓ If the foundation of unsolicited requests for funds. If the fo					
	complete items 2a, b, c, and d. See ins	structions.				
а	The name, address, and telephone nur	nber or email add	dress of the pers	on to whom applic	ations should be ac	ldressed [.]
b	The form in which applications should	be submitted and	d information and	I materials they sho	ould include:	
С	Any submission deadlines:					
ــــــــــــــــــــــــــــــــــــــ	Any restrictions or limitations or services	anda anah aa b		aroon chamistis f	oldo kindo -£	hitutions or sales
a	Any restrictions or limitations on awa factors.	arus, such as b	y geographical a	areas, charitable fi	ieias, kinas ot inst	litutions, or othe

3 Grants and Contributions Paid During	the Year or Approve	ed for Futi	ure Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
a Paid during the year STATEMENT 1				176,466
Total			▶3;	a 176,466
b Approved for future payment				
Total	<u></u>			<u> </u>

Рa	$\alpha \lambda$	MFA Analysis of Income-Producing Ac	invine2				
Ente	r gro	oss amounts unless otherwise indicated.	-	usiness income		on 512, 513, or 514	(e) Related or exempt
1	Pro	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
•	a	•					
	b		-				
	c						_
	d						
	e						
	f		·				
	-	Fees and contracts from government agencies					
2	-	mbership dues and assessments					
2 3		rest on savings and temporary cash investments					
4		idends and interest from securities			-		
			······································				
5		rental income or (loss) from real estate			+		
		Debt-financed property			<u> </u>		
_		Not debt-financed property					
6		rental income or (loss) from personal property			 		
7		er investment income					
8		n or (loss) from sales of assets other than inventory			ļ		
9		income or (loss) from special events					
10		ess profit or (loss) from sales of inventory					
11		er revenue. a					
	b						
	С						
	d						
	е	ototal. Add columns (b), (d), and (e)					
12	Sub	ototal. Add columns (b), (d), and (e)		ľ			
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	C
13 (See	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	 ıs.)			13	Q
13 (See Pa	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 (See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes		

Part	XVII	Information Organization	n Regarding Tran	sfers to and Tra	nsaction	s and Re	elationshi	ps With	Nonchai	ritable	e Exe	mpt
1	in se		directly or indirectly eather than section								Yes	No
а	_		porting foundation to	a noncharitable ex	empt ora	anızatıon o	of:					1
										1a(1)		~
		ther assets .								1a(2)		1
b		r transactions.										
			a noncharitable exer	mpt organization						1b(1)		$\overline{}$
			ets from a noncharita							1b(2)		7
			, equipment, or other						• •	1b(3)		1
			rrangements						•	1b(4)		1
		oans or loan gua							•	1b(5)		· /
		_	ervices or membershi						• •	1b(6)		7
С			quipment, mailing lis							1c		1
			of the above is "Yes								fair m	
•			ther assets, or service									
			on or sharing arrange									
(a) Line		b) Amount involved		aritable exempt organiza			tion of transfe					
(4) 2	,,,,	3 ,7 111100111 111101100	(0) 110110	amadio onomproigame	-	(d) Descrip	THOM OF TRAINING		5110, and 5112	ang an	u. igum	
			_									
		-				-						—
	-+											
	-								 			
				·								
			···		_							
												
					-							
	_											
2a			ectly or indirectly aff							_	_	_
			501(c) (other than sec	tion 501(c)(3)) or in	section 5	27?				□ Ye	es ✓	No
b	If "Ye	s," complete the	following schedule.									
		(a) Name of organ	ization	(b) Type of o	rganization			(c) Descript	on of relation	nship		
٥.			declare that I have examined						of my knowled	ige and	belief, it	is true,
Sign	Lone	ct, and complete pecia	aration of preparer (other tha	n taxpayer) is based on all	Information o	i wnich prepa	rer has any kno	wieage	May the If	RS discu	iss this	return
Here		TO THE	5		Sec.	/Treas.			with the p			
	Sign	ature of officer or trus	stee	Date	Title				See instru		<u> </u>	
Paid		Print/Type preparer	's name	Preparer's signature			Date	Che	ck 🗍 ıf	PTIN		
Prepa	arer								employed			
Use (Firm's name ▶	·				•	Firm's EIN	<u> </u>			
Joe (Jilly	Firm's address ▶						Phone no				

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

2018

Employer identification number

RONALD L OLSON CHARITABLE FOUNDATION INC. 20-3102236 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 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** 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 331/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization

Employer identification number

<u>RONALD</u>	L OLSON CHARITABLE FOUNDATION INC.		20-3102236
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RONALD L OLSON 1760 MANZANITA LANE RENO, NV	\$ 235,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

Part II No	ncash Property (see instructions). Use duplicate co	ppies of Part II if additional spa	ice is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Part III

Employer identification number

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$				
	Use duplicate copies of Part III if additional space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
-		(e) Trans	fer of gift		
	Transferee's name, address, a			ship of transferor to transferee	
-	Transfered 5 flames, address, and En 1 4		relation	ising of transferor to transferoe	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Trans	fer of gift		
	Transferee's name, address, a			ship of transferor to transferee	
-	Transfer do d'Hame, duditos, d		. Totalion	and or transfer to transfer to	
(a) No					
(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 Relation			ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	•				
F	(e) Transfer of gift				
				ship of transferor to transferee	
ſ					

RONALD LOLSON CHARITABLE FOUNDATION INC.

EIN: 20-3102236

TAX YEAR: 2018 FORM 990-PF

PART XV SUPPLEMENTAL INFORMATION LINE 3 - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR APPROVED FOR FUTURE PAYMI

PER THE CHECK LEDGER:

Recipient

	Relationship to any foundation manager or substantial
Name and address (home or business)	contributor
Ribbion of Hope	
421 George Street #199	
De Pere, WI 54115	N/A
Eastsnore Industries	
813 Rabias Street	
Algoma, WI 54201	N/A
American Red Cross	
2600 W. Wisconsin Ave.	
Milwaukee, WI 53233	N/A
Marine Toys for Tots Foundation	
3034 W. Foster Ave.	
Chicago, IL 60625 National Multiple Schloris	N/A
4600 Kietzke Lane, Suite K225	
Reno, NV 89502	N/A
Special Ulympics	14/15
5670 Wynn Road, Suite H	
Las Vegas, NV 89118	N/A
Schriners Hospitals	
2900 Rocky Point Drive	
Tampa, FL 33607	N/A
Algoma High School District	
1715 Division Street	
Algoma, WI 54201	N/A
	•
Hot August Nights Foundation	
1425 E. Greg Street	
Sparks, NV 89431	N/A
, , , , , , , , , , , , , , , , , , , ,	11/0

The Salvation Army	
615 Slaters Lane	
Alexandia, VA 22313 Community Outreach	N/A
2530 Cannan Street	
Reno, NV 89512	N/A
North Shore Animal League America	
25 Davis Avenue	
Port Washington, NY 11050	N/A
Friends' of Ace High School 2800 Vassar Street	
Reno, NV 89502	N/A
Historic Hawaii Foundation	14/ 🔿
680 Iwilei Road, Suite 690	
Honolulu, HI 96817	N/A
Community Foundation of Western	
Nevada	
1885 South Arlington Ave., Suite 103	
Reno, NV 89509	N/A
Food Bank of No. Nevada	
550 Italy Drive	
McCarran, NV 89434	N/A
March of Dimes	
1000 Bible Way #43	
Reno, NV 86502 United way of wortnern inevada and the	N/A
Sierra	
639 Isbell Rd. #460	
Reno, NV 89509	N/A
US Deputies Sheriffs Association	
2909 S. Spruce	
Wichita, KS 67216 Bishop Museum	N/A
bishop museum	
1525 Bernice St.	
1525 Bernice St. Honolulu, HI 96817	N/A
	N/A
Honolulu, HI 96817 National Corvette Iviuseum 350 Corvette Dr.	N/A
Honolulu, HI 96817 National Corvette Museum 350 Corvette Dr. Bowling Green, KY 42101	N/A N/A
Honolulu, HI 96817 National Corvette Iviuseum 350 Corvette Dr. Bowling Green, KY 42101 Consumer Reports Foundation	
Honolulu, HI 96817 National Corvette Museum 350 Corvette Dr. Bowling Green, KY 42101 Consumer Reports Foundation 101 Truman Avenue	N/A
Honolulu, HI 96817 National Corvette Iviuseum 350 Corvette Dr. Bowling Green, KY 42101 Consumer Reports Foundation	

•		
•	Nevada Humane Society	
	2825 Longley Ln B,	
	Reno, NV 89502	N/A
	National Law Enforcement Iviemorial	
	Fund	
	PO Box 97072	
	Washington, DC 20090-7072	N/A
	Dharmakaya Buddhist Center of Keno 501 West First St. 1A	
	Reno, NV 89503-0000 Irondog K9 International	N/A
	PO Box 1983	
	Merrified, VA 22116-1983	
	American Heart Association	N/A
	P.O. Box 78851	
	Phoenix, AZ 85062-8851	B1 / A
	American Cancer Society	N/A
	P.O. Box 19110	
	Las Vegas, NV 89132-0110	N1 / A
	Kenown Children's Hospital	N/A
	P.O. Box 40937	
	Reno, NV 89504	NI/A
	Northern Nevada Children's Cancer Fund	N/A
	3550 Barron Way #9a	
	Reno, NV 89511	N/A
	National Police Association	N/A
	8710 Bash St.	
	Indianapolis, IN 46250	N/A
	Macular Degeneration Research	11/7
	P.O. Box 515	
	Northampton, MA 01061-01515	N/A
	Teen Challenege	,,
	P.O. Box 24309	
	San Jose, CA 95154	N/A
	Cops Direct	IN/A
	2400 Camino Ramon, Suite 105	
		NI/A
	San Ramon, CA 94583	N/A
	Muscular Dystrophy Association	
	P.O. Box 97075	
	Washington, DC 20077-7258	N/A
	Alzheimer's Disease Research	
	22512 Gateway Center Drive	
	Clarksburg, MD 20871	N/A
	CACTP	
,	7111 Sweetgum Road	
	Fairview, TN 37062-9384	N/A

•

Project K9 Hero 535 Griswold St., STE 111 #105 Detriot, MI 48226-3673

N/A

Foundation status of			
recipient	Purpose of grant or contribution Provides Tinancial assistance to breast cancer patients that live	Amou	nt
	work or receive treatment in		
501(c)(3)	Brown or Kewaunee counties.	\$	7,500.00
501(c)(3)	Assist citizens with disabilities. Provides emergency assistance, disaster relief, and disaster	\$	10,000.00
501(c)(3)	preparedness education	\$	1,000.00
,	Distributes toys to children whose parents cannot afford to buy them gifts		·
501(c)(3)	for Christmas.	\$	1,500.00
501(c)(3)	Helps people affected by MS through advocating, research and educating. Provides sports training and	\$	15,000.00
501(c)(3)	competition for athletes with cognitive disabilities.	\$	2,000.00
501(c)(3)	Provided specialize care to children.	\$	2,500.00
501(c)(3)	Assistance for education of Algoma students.	\$	50,000.00
	Provides children in need or at risk with a more meaningful and productive life through the availability of continuing and		
501(c)(3)	higher education	\$	4,785.00
(-/(-/	-	~	.,,

501(c)(3)	The advancement of the Christian religion of education, the relief of poverty, and other charitable objects beneficial to society or the community of mankind as a whole". Provides the nignest quality health care and	\$	2,500.00
501(c)(3)	support services to the most vulnerable people	\$	10,000.00
501(c)(3)	No-kill animal rescue and adoption organization	\$	100.00
501(c)(3)	Tuition-free charter school and trade school. Promtes the preservation of historic	\$	10,000.00
501(c)(3)	buildings, sites and communities relating to the history of Hawaii.	\$	5,000.00
501(c)(3)	Distributes toys to children whose parents cannot afford to buy them gifts for Christmas.	\$	20,000.00
501(c)(3)	Delivers food to emergency food pantries, congregate feeding sites, shelters, senior centers, and child nutrition program sites.	\$	10,000.00
501(c)(3)	Promotes health of all moms and babies	\$	300.00
501(c)(3)	Fundraising and support services to charitable organizations.	\$	1,000.00
501(c)(3)	National organization dedicated to officer survival training of the men and women of law enforcement	\$	1,100.00
501(c)(3)	Museum of history and science.	\$	1,500.00
501(c)(3)	Car museum	\$	1,000.00
501(c)(3) 501(c)(3)	Provides consumer safety and unbiased, reliable product reviews. Medical	\$ \$	300.00 900.00

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501(c)(3)	Animal protection organization	\$	4,000.00	
, 501(c)(3)	Honors U.S. law enforcement officers who have died in the line of duty.	\$	250.00	
501(c)(3)	Promotes Buddhist religion.	\$	5,000.00	
501(c)(3)	Trains police dogs.	\$	2,000.00	
, 501(c)(3)	Promotes heart health.	\$	1,500.00	
501(c)(3)	Promote cancer research.	\$	1,000.00	
501(c)(3)	Children's hospital	\$	1,000.00	
501(c)(3)	Relieve financial/emotion burden of childhood cancer on local children	\$	500.00	
501(c)(3)	Help police achieve goals	\$	200.00	
501(c)(3)	Research to prevent, treat and cure age- related macular degeneration	\$	500.00	
501(c)(3)	Brings hope for teens trapped in drug and alcohol abuse.	\$	500.00	
501(c)(3)	Supplies law enforcement agencies with items or training.	\$	706.00	
501(c)(3)	Helps those living with neuromuscular disease.	* \$	· 1,000.00	
501(c)(3)	Funds research and educates the public about Alzheimer's disease.	\$	200.00	
501(c)(3j	Educates the public and promotes cander prevention and treatment methods.	\$	25.00	

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501(c)(3)

Helps fund costs related to police dogs.

100.00

176,466.00