







For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation JOHN AND ENGRID MENG INC		A Employer identification number 39-1432568	
Number and street (or P.O. box number if mail is not delivered to street address) 301 N BROADWAY NO 202		Room/suite	B Telephone number (see instructions) (920) 347-4654
City or town, state or province, country, and ZIP or foreign postal code DE PERE, WI 54115		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <div><input type="checkbox"/> Initial return      <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return      <input type="checkbox"/> Amended return <input type="checkbox"/> Address change      <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 13,065,122		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,174,806			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments	42,385	42,385		
	4 Dividends and interest from securities . . .	114,637	109,044		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	659,487			
	b Gross sales price for all assets on line 6a 3,656,846				
	7 Capital gain net income (from Part IV, line 2) . . .		1,064,827		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	 17,678	17,678		
	12 Total. Add lines 1 through 11 . . . . .	2,008,993	1,233,934		
	13 Compensation of officers, directors, trustees, etc.	81,954	27,045		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	 7,213	0		0
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .	 42,034	42,034		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	 13,188	4,261		0
	19 Depreciation (attach schedule) and depletion . . .	 12,089	0		
	20 Occupancy . . . . .	12,000	6,000		0
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	 17,864	3,515		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	186,342	82,855		0
	25 Contributions, gifts, grants paid . . . . .	1,335,859			1,335,859
	26 Total expenses and disbursements. Add lines 24 and 25	1,522,201	82,855		1,335,859
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	486,792			
	b Net investment income (if negative, enter -0-)		1,151,079		
c Adjusted net income (if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	306,570	291,083	291,083
	<b>2</b> Savings and temporary cash investments . . . . .	375,431	260,057	260,057
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ 130,000 Less: allowance for doubtful accounts ▶ _____ 0	90,000	130,000	130,000
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	6,993,967	7,678,504	9,354,069
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	1,862,728	1,729,221	1,737,319
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	200,000	200,000	207,508
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ 367,561 Less: accumulated depreciation (attach schedule) ▶ _____ 160,515	215,785	207,046	46,531
<b>15</b> Other assets (describe ▶ _____)	877,790	912,713	1,038,555	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	10,922,271	11,408,624	13,065,122	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	2,450	2,011	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	2,450	2,011	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	10,919,821	11,406,613	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	10,919,821	11,406,613	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	10,922,271	11,408,624		

Part III Analysis of Changes in Net Assets or Fund Balances		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	10,919,821
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	486,792
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	11,406,613
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	11,406,613

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; 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.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	1,064,827
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	925,233	11,658,564	0.079361
2017	1,041,385	11,826,867	0.088052
2016	774,988	10,096,401	0.076759
2015	527,896	10,211,068	0.051698
2014	366,646	9,671,414	0.037910


<b>2</b> Total of line 1, column (d)	<b>2</b>	0.333780
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.066756
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	12,067,243
<b>5</b> Multiply line 4 by line 3	<b>5</b>	805,561
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	11,511
<b>7</b> Add lines 5 and 6	<b>7</b>	817,072
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	1,335,859

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	11,511
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	11,511
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	11,511
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	6,600
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	15,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	21,600
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	10,089
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 10,089 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>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.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> On foundation managers. <b>▶</b> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> 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? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> WI		
<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 designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
<b>9</b> 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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	Yes	

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>ANGELA CHETCUTI</u> Telephone no. ► <u>(920) 347-4564</u>			

Located at ► 301 N BROADWAY 202 DE PERE WIZIP+4 ► 54115

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	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. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN C MENG 1218 FOX RIVER DR DE PERE, WI 54115	PRESIDENT 0.00	0	0	0
ENGRID H MENG 1218 FOX RIVER DRIVE DE PERE, WI 54115	VICE-PRESIDENT 0.00	0	0	0
GERALD C CONDON JR 1120 FOX RIVER DRIVE DE PERE, WI 54115	SECRETARY 0.00	0	0	0
ANGELA CHETCUTI 301 N BROADWAY STE 202 DE PERE, WI 54115	TREASURER 20.00	81,954	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				<b>0</b>


**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) 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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> NONE	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> NONE	0
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b> 	0
Total. Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	11,607,525
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	643,483
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	12,251,008
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	12,251,008
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	183,765
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	12,067,243
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	603,362

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	603,362
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	11,511
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	11,511
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	591,851
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	591,851
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	591,851

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,335,859
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,335,859
<b>5</b>	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. . . . .	<b>5</b>	11,511
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,324,348

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				591,851
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				30,419
<b>c</b> From 2016. . . . .				279,794
<b>d</b> From 2017. . . . .				467,698
<b>e</b> From 2018. . . . .				355,457
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,133,368			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____ 1,335,859				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				591,851
<b>e</b> Remaining amount distributed out of corpus	744,008			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,877,376			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	1,877,376			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				30,419
<b>b</b> Excess from 2016. . . . .				279,794
<b>c</b> Excess from 2017. . . . .				467,698
<b>d</b> Excess from 2018. . . . .				355,457
<b>e</b> Excess from 2019. . . . .				744,008

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(i)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

**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 . . . . .

**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

## Part XV

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

See Additional Data Table

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

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

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

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

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

**c** Any submission deadlines:

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	1,335,859
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated.

[illegible]

## Part XVII

	Yes	No
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1a(1)		No
1a(2)		No

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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>		<b>No</b>
--------------	--	-----------

<b>1b(3)</b>		<b>No</b>
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<b>1b(4)</b>		<b>No</b>
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<b>1b(5)</b>	<b>No</b>
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<b>1b(6)</b>		<b>No</b>
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1c		No
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value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	*****	2020-10-27	*****	May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	GERALD C CONDON JR			
	Firm's name ► GERALD C CONDON JR AND ASSOCIATES			
	Firm's address ► 200 SO WASHINGTON ST STE 301 GREEN BAY, WI 543014200			
	Firm's EIN ► 39-1731751			Phone no. (920) 432-6466

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

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, (a) 2-story brick warehouse; 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.)
ASSOC S/T COMMON TRUST FUND		2019-01-01	2019-12-31
ASSOC L/T COMMON TRUST FUND		2018-01-01	2019-12-31
SCH 1 - ASSOC TRUST 6007		2019-01-01	2019-12-31
SCH 2 - ASSOC TRUST 6007		2018-01-01	2019-12-31
PIMCO ALL ASSET ALL AUTH SEC LIT		2018-01-01	2019-11-15
SCH 3 - ETRADE SEC	P	2019-01-01	2019-12-31
SCH 4 - ETRADE SEC	P	2018-01-01	2019-12-31
BLACKSTONE GROUP	P	2019-01-01	2019-12-31
BLACKSTONE GROUP	P	2018-01-01	2019-12-31
SCH 5 - UBS FIN 29620	P	2018-01-01	2019-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,139			1,139
4,413			4,413
441,795		495,659	-53,864
2,876,318		1,845,199	1,031,119
78			78
24,185		24,008	177
48,694		42,047	6,647
2			2
71			71
206,745		180,000	26,745

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			1,139
			4,413
			-53,864
			1,031,119
			78
			177
			6,647
			2
			71
			26,745

**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>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
200 SH PROSHARES TRUST	P	2018-01-01	2019-04-30
UNITED HEALTH CARE ADJ BASIS	D	2016-12-16	2019-12-31
JP MORGAN CHASE ADJ BASIS	D	2016-12-16	2019-12-31
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
14,212		5,106	9,106
			0
			0
39,194			39,194

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			9,106
			0
			0
			39,194

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

JOHN C MENG
ENGRID H MENG



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMIGOS DE PATZUN 24616A BRIGHTON DRIVE VELENCIA, CA 91355	NONE	PUBLIC	GENERAL FUND	200
CUP O JOY232 S BROADWAY GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	100
DE PAUW UNIVERSITY - ANNUAL FUND PO BOX 37 GREENCASTLE, IN 46135	NONE	PUBLIC	GENERAL FUND	500
<b>Total . . . . . ▶ 3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ENCOMPASS EARLY EDUCATION AND CARE INC PO BOX 1627 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	101,000
FISH OF SANIBEL-CAPTIVA INC 2430 PERIWINKLE WAY SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	26,600
GREEN BAY AREA PUBLIC SCHOOLS 200 S BROADWAY GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAKE A WISH FOUNDATION 100 W COLLEGE AVE STE 50E APPLETON, WI 54911	NONE	PUBLIC	GENERAL FUND	1,000
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	NONE	PUBLIC	GENERAL FUND	29,000
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total . . . . .</b> ► <b>3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NWTC EDUCATIONAL FOUNDATION INC PO BOX 19042 GREEN BAY, WI 54307	NONE	PUBLIC	GENERAL FUND	11,500
OKLAHOMA STATE UNIVERSITY FOUNDATION 400 S MONROE STILLWATER, OK 74074	NONE	PUBLIC	GENERAL FUND	10,000
WI DENTAL ASSOC FOUNDATION 6737 W WASHINGTON ST STE 2360 WEST ALLIS, WI 53214	NONE	PUBLIC	GENERAL FUND	500
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARMY WAR COLLEGE FOUNDATION INC 122 FORBES AVENUE CARLISLE, PA 17013	NONE	PUBLIC	GENERAL FUND	1,000
BELLIN COLLEGE OF NURSING 3201 EATON ROAD GREEN BAY, WI 54311	NONE	PUBLIC	GENERAL FUND	1,000
BIG ARTS900 DUNLOP RD SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	24,000
<b>Total . . . . . ▶ 3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF GREEN BAY 311 S ONEIDA STREET GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	50,000
BROWN COUNTY UNITED WAY 112 N ADAMS ST STE 202 GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	10,000
CENTER FOR CHILDHOOD SAFETY 842 MILITARY AVENUE GREEN BAY, WI 54304	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CEREBRAL PALSY INC 2801 S WEBSTER AVENUE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	4,000
CHARITY WATCHPO BOX 578460 CHICAGO, IL 60657	NONE	PUBLIC	GENERAL FUNDS	50
CHILD FUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	NONE	PUBLIC	GENERAL FUND	400
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLINIC FOR THE REHABILITATION OF WILDLIFE - CROW PO BOX 150 SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	100
CURATIVE CONNECTIONS 2900 CURRY LANE GREEN BAY, WI 54308	NONE	PUBLIC	GENERAL FUND	15,000
DUCKS UNLIMITEDPO BOX 421826 PALM COAST, FL 321421826	NONE	PUBLIC	GENERAL FUND	35
<b>Total . . . . . ▶ 3a</b>				1,335,859



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ECUMENICAL PARTNERSHIP FOR HOUSING P O BOX 524 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	51,000
ENCOMPASS CHILD CARE INC P O BOX 1627 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	500
FAMILY SERVICES OF NORTHEAST WISCONSIN PO BOX 22308 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FIRST UNITED PRESBYTERIAN CHURCH 605 N WEBSTER AVENUE DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUNDS	6,580
FOUNDATIONS - HEALTH & WHOLENESS INC 130 E WALNUT ST 706 GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	5,000
FREEDOM HOUSE MINISTRIES 2997 ST ANTHONY DRIVE GREEN BAY, WI 54311	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF BAY BEACH 2200 RIVERSIDE DRIVE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	35,000
FRIENDS OF THE BROWN COUNTY LIBRARY 515 PINE STREET GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	100
GOLDEN HOUSE 1120 UNIVERSITY AVENUE GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	10,000
<b>Total . . . . .</b> ► <b>3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER GREEN BAY COMMUNITY FOUNDATION 310 W WALNUT STE 350 GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	80,000
GREATER GREEN BAY HABITAT FOR HUMANITY 811 PACKERLAND DRIVE GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	600,000
GREEN BAY BOTANICAL GARDEN 2600 LARSEN ROAD GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	150
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HERITAGE HILL FOUNDATION 2640 S WEBSTER AVENUE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	500
HOUSE OF HOPE 1660 CHRISTIANA STREET GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	100
HOWE COMMUNITY RESOURCE CENTER 526 SOUTH MONROE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	10,000
<b>Total . . . . .</b> ► <b>3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIBERTAS TREATMENT CENTER 1701 DOUSMAN STREET GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	500
LITERACY GREEN BAY 424 S MONROE AVENUE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	100
NEIGHBORWORKS GREEN BAY 437 S JACKSON STREET GREEN BAY, WI 54301	NONE	PUBLIC	ADOPT A HOME FD	25,949
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEIGHBORWORKS GREEN BAY 437 S JACKSON STREET GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	41,100
NEVILLE PUBLIC MUSEUMPO BOX 325 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	250
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	10,000
<b>Total . . . . .</b> ► <b>3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEWTON NORTH HIGH SCHOOL 457 WALNUT STREET NEWTONVILLE, MA 02460	NONE	PUBLIC	GENERAL FUND	1,700
OPTIONS FOR INDEPENDENT LIVING INC PO BOX 11967 GREEN BAY, WI 54307	NONE	PUBLIC	GENERAL FUND	30,500
PAULS PANTRY1529 LEO FRIGO WAY GREEN BAY, WI 54302	NONE	PUBLIC	GENERAL FUND	3,000
<b>Total . . . . . ▶ 3a</b>				1,335,859



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PHI GAMMA DELTA EDUCATIONAL FOUNDATION PO BOX 4599 LEXINGTON, KY 40544	NONE	PUBLIC	GENERAL FUND	500
RAWHIDEE7475 RAWHIDE ROAD NEW LONDON, WI 54961	NONE	PUBLIC	GENERAL FUND	100
ROTARY FOUNDATION OF GREEN BAY INC PO BOX 524 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	2,500
<b>Total . . . . . ▶ 3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
THE SALVATION ARMY 626 UNION COURT GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	9,845
SANIBEL CONGREGATIONAL UNITED CHURCH OF CHRIST 2050 PERIWINKLE WAY SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	10,000
SANIBEL HISTORICAL SOCIETY 950 DUNLOP ROAD SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total . . . . . ▶ 3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANIBEL-CAPTIVA CONSERVATION FOUNDATION PO BOX 839 SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	1,000
SCHOLARSHIPS INC 2050 RIVERSIDE DRIVE STE 311 GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	1,000
SMITHSONIAN INSTITUTE PO BOX 9016 PITTSFIELD, MA 01202	NONE	PUBLIC	GENERAL FUND	75
<b>Total . . . . . ▶ 3a</b>				1,335,859

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JOHNS HOMELESS SHELTER PO BOX 1743 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	2,100
UNION CONGREGATIONAL CHURCH 716 S MADISON ST GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	23,000
UNITED WAY SANIBEL CAPTIVA 7273 CONCOURSE DR FT MYERS, FL 33908	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITY HOSPICE 2366 OAK RIDGE CIRCLE DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUND	3,800
UW-GREEN BAY FOUNDATION 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	PUBLIC	GENERAL FUND	42,500
WABASH COLLEGE GREATER WABASH FDN PO BOX 352 CRAWFORDSVILLE, IN 47933	NONE	PUBLIC	GENERAL FUND	2,000
<b>Total . . . . .</b> ► <b>3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WGPU (FL PBS)1051 FGCU BLVD FT MYERS, FL 33965	NONE	PUBLIC	GENERAL FUND	75
WILLOW TREE CORNERSTONE CHILD ADVOCACY CENTER 503 S MONROE AVENUE GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	2,500
WISCONSIN PUBLIC RADIOPO BOX 697 RACINE, WI 53401	NONE	PUBLIC	GENERAL FUND	50
<b>Total . . . . . ▶ 3a</b>				1,335,859

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	NONE	PUBLIC	GENERAL FUND	50
GREATER GREEN BAY YMCA INC 235 N JEFFERSON STREET GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	20,500
YWCA230 S MADISON ST GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	250
<b>Total . . . . . ▶ 3a</b>				1,335,859

**TY 2019 All Other Program Related Investments Schedule**

**Name:** JOHN AND ENGRID MENG INC  
**EIN:** 39-1432568

Category	Amount
NONE	0



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

## TY 2019 Depreciation Schedule

**Name:** JOHN AND ENGRID MENG INC

**EIN:** 39-1432568

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FLOORING IN NEW OFFICE	2012-05-04	20,393	3,487	SL	39.0000000000000	523	0		
WINDOW SEAT CUSHIONS	2012-10-16	641	306	200DB	7.0000000000000	14	0		
DRAPERIES	2012-10-16	4,155	1,984	200DB	7.0000000000000	93	0		
SMALL TABLE IN BREAKROOM	2012-06-27	920	439	200DB	7.0000000000000	21	0		
2 WINDSOR CHAIRS	2012-06-27	1,178	563	200DB	7.0000000000000	26	0		
GALLERIA 8 X 10 RUG	2012-06-27	3,040	1,452	200DB	7.0000000000000	68	0		
TWO SEAT ARM CHAIR	2012-06-27	1,155	551	200DB	7.0000000000000	26	0		
WINDSOR CHAIR	2012-06-27	903	431	200DB	7.0000000000000	20	0		
2 SIDE TABLES	2012-06-27	1,450	693	200DB	7.0000000000000	32	0		
RED VASE LAMP	2012-06-27	250	119	200DB	7.0000000000000	6	0		
BRASS REEDED STICK LAMP	2012-06-27	275	131	200DB	7.0000000000000	6	0		
2 LIGHT FIXTURES IN BATHROOM	2012-06-27	756	361	200DB	7.0000000000000	17	0		
BATHROOM MIRROR	2012-06-27	285	136	200DB	7.0000000000000	6	0		
CONSOLE TABLE	2012-06-27	1,428	682	200DB	7.0000000000000	32	0		
FOYER 5 X 7 OUSHAK RED/BROWN RUG	2012-06-27	920	439	200DB	7.0000000000000	21	0		
LIGHT FIXTURE	2012-06-27	498	238	200DB	7.0000000000000	11	0		
PORCELAIN LAMP	2012-06-27	275	131	200DB	7.0000000000000	6	0		
LEVERRE CARVED MIRROR	2012-06-27	525	250	200DB	7.0000000000000	12	0		
3 HALLWAY CEILING MOUNT FIXTURES	2012-06-27	1,494	714	200DB	7.0000000000000	33	0		
HALLWAY CONSOLE TABLE	2012-06-27	1,290	616	200DB	7.0000000000000	29	0		

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BRASS/JADE TABLE LAMP	2012-06-27	225	107	200DB	7.000000000000	5	0		
KIDNEY SHAPED DESK - ANGELA'S OFFICE	2012-09-11	5,930	2,833	200DB	7.000000000000	132	0		
WINDSOR CHAIR - ANGELA'S OFFICE	2012-06-27	903	431	200DB	7.000000000000	20	0		
9 X 12 RUG - ANGELA'S OFFICE	2012-06-27	4,100	1,959	200DB	7.000000000000	91	0		
SIDE TABLE	2012-06-27	625	298	200DB	7.000000000000	14	0		
GEORGETOWN FLOOR LAMP	2012-06-27	275	131	200DB	7.000000000000	6	0		
48" ROUND WORK TABLE	2012-08-02	2,730	1,304	200DB	7.000000000000	61	0		
76" CHERRY CONFERENCE TABLE	2012-08-02	3,444	1,645	200DB	7.000000000000	77	0		
8 CHIPPINDALE SIDE CHAIRS	2012-08-02	6,720	3,210	200DB	7.000000000000	150	0		
66" KITTINGER CUSTOM ROLL TOP DESK	2012-08-02	20,128	9,615	200DB	7.000000000000	449	0		
SOFA	2012-08-02	3,256	1,555	200DB	7.000000000000	73	0		
2 MARTHA WASHINGTON CHAIRS	2012-08-02	2,200	1,051	200DB	7.000000000000	49	0		
2 ROUND LAMP TABLES	2012-08-02	1,920	917	200DB	7.000000000000	43	0		
CHEST	2012-08-02	1,313	627	200DB	7.000000000000	29	0		
2 PORCELAIN JAR LAMPS	2012-08-02	446	213	200DB	7.000000000000	10	0		
2 9 X 12 RUGS - JACK'S OFFICE	2012-08-02	8,502	4,061	200DB	7.000000000000	190	0		
CEILING FIXTURE - SITTING AREA	2012-08-02	1,798	859	200DB	7.000000000000	40	0		
12' HALLWAY RUNNER	2012-09-11	1,140	545	200DB	7.000000000000	25	0		
18' HALLWAY RUNNER	2012-10-16	1,810	865	200DB	7.000000000000	40	0		
NEW OFFICE RENOVATIONS	2012-07-10	165,461	27,579	SL	39.000000000000	4,243	0		

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
MONDOPAD	2012-03-22	5,306	2,653	200DB	5.000000000000	0	0		
SIGN	2012-11-01	1,195	570	200DB	7.000000000000	27	0		
APPLIANCES	2012-06-27	1,684	804	200DB	7.000000000000	38	0		
LEASEHOLD IMPROVEMENTS - 301 N BROADWAY	2012-06-27	70,314	11,719	SL	39.000000000000	1,803	0		
INFOCUS 55 IN. MONDOPAD	2012-06-27	5,044	2,522	200DB	5.000000000000	0	0		
SCANNER, WIRELESS HEADSET	2012-09-19	549	274	200DB	5.000000000000	0	0		
COMPUTER MONITOR WITH SPEAKERS	2012-10-09	425	212	200DB	5.000000000000	0	0		
FRAMING AND MOUNTING OF UNITY PHOTOS	2012-12-06	864	413	200DB	7.000000000000	19	0		
SECURE DOOR ENTRY SYSTEM FOR 301 BROADWAY	2012-03-20	1,995	953	200DB	7.000000000000	44	0		
LEASEHOLD IMPROVEMENTS - WALLPAPER	2012-03-22	286	47	SL	39.000000000000	7	0		
9448925-IN COMPUTER/PRINTER/MEMORY	2014-06-10	1,792	844	200DB	5.000000000000	52	0		
HP ELITEDESK 800 COMPUTER	2019-12-31	2,600		200DB	5.000000000000	2,600	0		
LASERJET PRO 500 PRINTER	2019-12-31	750		200DB	5.000000000000	750	0		

## TY 2019 Investments Corporate Bonds Schedule

**Name:** JOHN AND ENGRID MENG INC

**EIN:** 39-1432568

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BONDS CORP	1,729,221	1,737,319

**TY 2019 Investments Corporate Stock Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
STOCKS	7,057,010	9,354,069
2012 BASIS ADJUSTMENT	7,254	0
2016 BASIS ADJUSTMENT	166,453	0
2017 BASIS ADJUSTMENT	68,146	0
2019 BASIS ADJUSTMENT	379,641	0

**TY 2019 Investments - Other Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS - BAIRD	AT COST	200,000	207,508

# TY 2019 Land, Etc. Schedule

**Name:** JOHN AND ENGRID MENG INC

**EIN:** 39-1432568

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FLOORING IN NEW OFFICE	20,393	4,010	16,383	
WINDOW SEAT CUSHIONS	641	641	0	
DRAPERIES	4,155	4,155	0	
SMALL TABLE IN BREAKROOM	920	920	0	
2 WINDSOR CHAIRS	1,178	1,178	0	
GALLERIA 8 X 10 RUG	3,040	3,040	0	
TWO SEAT ARM CHAIR	1,155	1,155	0	
WINDSOR CHAIR	903	903	0	
2 SIDE TABLES	1,450	1,450	0	
RED VASE LAMP	250	250	0	
BRASS REEDED STICK LAMP	275	275	0	
2 LIGHT FIXTURES IN BATHROOM	756	756	0	
BATHROOM MIRROR	285	285	0	
CONSOLE TABLE	1,428	1,428	0	
FOYER 5 X 7 OUSHAK RED/BROWN RUG	920	920	0	
LIGHT FIXTURE	498	498	0	
PORCELAIN LAMP	275	275	0	
LEVERRE CARVED MIRROR	525	525	0	
3 HALLWAY CEILING MOUNT FIXTURES	1,494	1,494	0	
HALLWAY CONSOLE TABLE	1,290	1,290	0	
BRASS/JADE TABLE LAMP	225	225	0	
KIDNEY SHAPED DESK - ANGELA'S OFFICE	5,930	5,930	0	
WINDSOR CHAIR - ANGELA'S OFFICE	903	903	0	
9 X 12 RUG - ANGELA'S OFFICE	4,100	4,100	0	
SIDE TABLE	625	625	0	
GEORGETOWN FLOOR LAMP	275	275	0	
48" ROUND WORK TABLE	2,730	2,730	0	
76" CHERRY CONFERENCE TABLE	3,444	3,444	0	
8 CHIPPINDALE SIDE CHAIRS	6,720	6,720	0	
66" KITTINGER CUSTOM ROLL TOP DESK	20,128	20,128	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
SOFA	3,256	3,256	0	
2 MARTHA WASHINGTON CHAIRS	2,200	2,200	0	
2 ROUND LAMP TABLES	1,920	1,920	0	
CHEST	1,313	1,313	0	
2 PORCELAIN JAR LAMPS	446	446	0	
2 9 X 12 RUGS - JACK'S OFFICE	8,502	8,502	0	
CEILING FIXTURE - SITTING AREA	1,798	1,798	0	
12' HALLWAY RUNNER	1,140	1,140	0	
18' HALLWAY RUNNER	1,810	1,810	0	
NEW OFFICE RENOVATIONS	165,461	31,822	133,639	
MONDOPAD	5,306	5,306	0	
SIGN	1,195	1,195	0	
APPLIANCES	1,684	1,684	0	
LEASEHOLD IMPROVEMENTS - 301 N BROADWAY	70,314	13,522	56,792	
INFOCUS 55 IN. MONDOPAD	5,044	5,044	0	
SCANNER, WIRELESS HEADSET	549	549	0	
COMPUTER MONITOR WITH SPEAKERS	425	425	0	
FRAMING AND MOUNTING OF UNITY PHOTOS	864	864	0	
SECURE DOOR ENTRY SYSTEM FOR 301 BROADWAY	1,995	1,995	0	
LEASEHOLD IMPROVEMENTS - WALLPAPER	286	54	232	
9448925-IN COMPUTER/PRINTER/MEMORY	1,792	1,792	0	
HP ELITEDESK 800 COMPUTER	2,600	2,600	0	
LASERJET PRO 500 PRINTER	750	750	0	



**TY 2019 Legal Fees Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
GERALD C. CONDON	7,213	0		0

**TY 2019 Other Assets Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER INVESTMENTS - UBS 19442	868,237	902,665	1,021,773
THE BLACKSTONE GROUP	9,065	8,976	16,782
ACCRUED INTEREST - ASSOCIATED TRUST	488	1,072	

**TY 2019 Other Expenses Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE EXPENSE	402	201		0
OFFICE SUPPLIES	2,332	1,166		0
TELEPHONE	2,805	1,403		0
DUES & SUBSCRIPTIONS	1,489	745		0
POSTAGE	1,192	0		0
COMPUTER & INTERNET EXPENSE	7,456	0		0
OFFICE MAINTENANCE	1,955	0		0
COMMUNICATION EXPENSE	173	0		0
ETRADE REDEMPTION FEE	50	0		0
ANNUAL REPORT	10	0		0

## TY 2019 Other Income Schedule

**Name:** JOHN AND ENGRID MENG INC

**EIN:** 39-1432568

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
THE BLACKSTONE GROUP	32	32	32
SKYBRIDGE MULTI ADV	17,646	17,646	17,646

**TY 2019 Other Professional Fees Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ASSOC TRUSTEE FEES	40,452	40,452		0
THE BLACKSTONE GROUP	9	9		0
ROBERT W BAIRD 7339	1,573	1,573		0

**TY 2019 Substantial Contributors  
Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

Name	Address
JOHN ENGRID MENG	1218 FOX RIVER DRIVE DE PERE, WI 54115

**TY 2019 Taxes Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES W/H-ASSOCIATED	1,999	1,999		0
EMPLOYER FICA/MED EXPENSE	6,852	2,261		0
2019 ESTIMATED TAXES	4,336	0		0
FOREIGN TAXES W/H - ETRADE	1	1		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491309010680	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			OMB No. 1545-0047  <b>2019</b>
Name of the organization JOHN AND ENGRID MENG INC				Employer identification number 39-1432568	

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, 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  
JOHN AND ENGRID MENG INC

Employer identification number  
39-1432568

**Part I**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE  DE PERE, WI 54115	\$ 580,182	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE  DE PERE, WI 54115	\$ 17,060	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE  DE PERE, WI 54115	\$ 575,064	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	JERE DHEIN 2555 PARKWOOD DRIVE  GREEN BAY, WI 54304	\$ 2,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization JOHN AND ENGRID MENG INC	Employer identification number 39-1432568
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	2913 SH APPLE, INC.	\$ 580,182	2019-06-26
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>2</u>	9 SH AMAZON.COM, INC.	\$ 17,060	2019-06-26
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>3</u>	4170 SH DANAHER CORP	\$ 575,064	2019-08-27
(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
-		\$	

Name of organization JOHN AND ENGRID MENG INC	Employer identification number 39-1432568
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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
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	