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.
 Go to www irs gov/Form990PF for instructions and the latest information.

1912

| F                | or cale            | ndar year 2019 or tax year beginning  |  | , and ending              |  |   |
|------------------|--------------------|---|--|---------------------------|--|---|
| ī                | Name of foundation |   |  |                           | A Employer identification  | number  |
|                  | EĹC                | DISE RUEPING ATKINSON FO  | UNDATION, INC                              | c                         | 39-2001599   |   |
|                  |                    | and street (or P Q box number if mail is not delivered to street  | address) 1                                 | Room/suite                | B Telephone number   | . 1   |
| _                |                    | SUNSET CIRCLE   |  |                           | 920-924-93   | 99 ·/   |
|                  |                    | town, state or province, country, and ZIP or foreign p  | ostal code                                 |                           | C If exemption application is po   | ending, check here  |
| G                | Chec               | k all that apply: Initial return  | Initial return of a f                      | former public charity     | D 1 Foreign organizations  | s, check here   |
|                  |                    | Final return  | Amended return                             | •                         |  |   |
|                  |                    | Address change ·  | Name change                                |                           | 2 Foreign organizations me<br>check here and attach co   | eting the 85% test, mputation   |
| Н                | Chec               | k type of organization: X Section 501(c)(3) e   | kempt private foundation                   | M1.                       | E If private foundation sta  | tus was terminated  |
| _[               | s                  | ection 4947(a)(1) nonexempt charitable trust  | Other taxable private found                | ation ( ) ·               | under section 507(b)(1)  | _ [ ]   |
| -1               | Fair m             | arket value of all assets at end of year   J Account  | ing method: X Cash                         | Accrual                   | F If the foundation is in a  | 60-month termination  |
|                  | (from              |   | ther (specify)                             | <u> </u>                  | under section 507(b)(1)  |   |
| _                | ▶\$                | 94,976. (Part I, colur  | nn (d), must be on cash bas                | sis.)                     | •  |   |
| Large<br>Garage  | Pärt:              | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books         | (b) Net investment income | (c) Adjusted net income  | (d) Disbursements<br>for charitable purposes<br>(cash basis only)   |
| _                | 1                  | Contributions, gifts, grants, etc., received  | 35,538.                                    |                           | N/A  |   |
| / <sub>1</sub> y | , 2<br>, 3         | Check it the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments.                           |  |                           |  |   |
| ŀΛ               | 4                  | Dividends and interest from securities  | 1,690.                                     | 1,690.                    |  | STÄTEMENT 2   |
| V                | 58                 | Gross rents · ·   |  |                           |  | CO THE SECTION  |
|                  | l t                | Net rental income or (loss)   | WHIP CHIEF                                 | <b>可是分类的基础及17.5%</b>      |  | 3分6点为2000年小游戏   |
|                  | 68                 | Net gain or (loss) from sale of assets not on line 10 +-  | -126.                                      |                           | <b>对此类似是对源</b>   | STATEMENT 1   |
|                  | 2 t                | Gross sales price for all assets on line 6a 15,412.   | 250-360-006-006-006-006-006-006-006-006-00 | 34.7                      |  |   |
|                  | evenu<br>7         | Capital gain net income (from Part IV, line 2)  |  | 2,706.                    | NOTE OF THE PROPERTY.  |   |
|                  | 8                  | Net short-term capital gain   |  |                           | REC  | EIN ED SOS SE   |
|                  | 9                  | Income modifications  |  |                           |  |   |
|                  | 10a                | Gross sales less returns<br>and allowances  |  |                           |  | 0 1 70020   |
|                  | t                  | Less Cost of goods sold   |  | 4                         |  | 01.4040   |
|                  | 0                  | Gross profit or (loss)  |  |                           |  |   |
|                  | 11                 |   | . 25 100                                   | 4 206                     | - OGD  |   |
| _                |                    | Total. Add lines 1 through 11 '   | 37,102.                                    | 4,396.                    | Output Control of the Control  |   |
|                  | 13                 | Compensation of officers, directors, trustees, etc  | 0.   | 0.                        |  | 0.  |
|                  | - 1 '              | Other employee salaries and wages   |  |                           |  |   |
|                  | - 1                | ,Pension plans, employee benefits<br>Legal fees   |  |                           |  | <u>'</u>  |
| ۵.               | 엘.                 | Accounting fees STMT 3  | 1,250.                                     | 625.                      |  | 625.  |
| (J)              | g ,                | Other professional fees   | . 1,250.                                   | 0251                      |  | 0230  |
| SCANNED          | 回<br>17            | Interest  |  |                           |  |   |
| Z                | te 18              | Taxes STMT 4  | 70.  | 0.                        |  | 0.  |
| ₹.               | 19                 | Depreciation and depletion  |  |                           |  |   |
|                  | 20<br>20           | Occupancy   |  | •                         |  |   |
|                  | ə 21               | Travel, conferences, and meetings   |  | ı                         |  |   |
| 2.5              | 말 22               | Printing and publications   |  |                           |  |   |
| <                | 23                 | Other expenses • STMT 5   | 80.  | 0.                        |  | 0.  |
| <b>&gt;</b>      | 늹 24               | Total operating and administrative  | ,  | -                         |  |   |
| ٥.<br>ا          | Oper               | expenses Add lines 13 through 23  | 1,400.                                     | 625.                      | and any and a recognition of the second  | . 625.  |
| )                | 120                | Contributions, gifts, grants paid   | 40,254.                                    |                           |  | 40,254.   |
| ٠.               | 26                 | * Total expenses and disbursements  |  |                           | ,  | , ,,,,  |
| _                | <del> </del>       | Add lines 24 and 25   | 41,654.                                    | 625.                      | Applications of the property of the common o | 40,879.   |
|                  | 27                 | Subtract line 20 from line 12:  | 4 856                                      |                           |  |   |
|                  |                    | Excess of revenue over expenses and disbursements   | -4,552.                                    | 2 771                     |  |   |
|                  |                    | Net investment income (if negative, enter -0-)  |  | 3,771.                    | NT / A   | Maria Color (1985-1985 - Villago)<br>Maria Color (1985-1986 - Villago)  |
| _                |                    | Adjusted net income (if negative, enter -0-)  |  |                           | N/A  | and Protection of the State of |

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

|  | 2018   | 41,412.                                      | 80,667.                       |   | .513370  |
|--|--|--|-------------------------------|---|----------|
| _  | 2017   | 51,055.                                      | 87,119.                       |   | .586037  |
| _  | 2016   | 62,716.                                      | 82,674.                       |   | .758594  |
| _  | 2015   | 32,493.                                      | 84,877.                       |   | .382825  |
| _  | 2014   | 34,343.                                      | 81,860.                       |   | .419533  |
| 2  |  | as period, divide the total on line 2 by 5 ( | or by the number of veers     | 2 | 2.660359 |
| 3  | Average distribution ratio for the 5-year bathe foundation has been in existence if less |  | o, or by the normber of years | 3 | .532072  |
| 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 |  |  |                               |   | 86,837.  |
| 5  | Multiply line 4 by line 3  |  |                               | 5 | 46,204.  |
| 6  | Enter 1% of net investment income (1% of   | Part I, line 27b)                            |                               | 6 | 38.      |
| 7  | Add lines 5 and 6  |  |                               | 7 | 46,242.  |
| 8  | Enter qualifying distributions from Part XII   | , line 4                                     |                               | 8 | 40,879.  |

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.

| Form 990-PF (2019) ELOISE RUEPING ATKINSON FOUNDA   Part VI   Excise Tax Based on Investment Income (Section 4940)   | TION,                |                             |               | 2001599 Page 4                                 |
|--|----------------------|-----------------------------|---------------|--|
| 78.98.1  |                      |                             | C590x 833     |  |
| 1a Exempt operating foundations described in section 4940(d)(2), check here   and element operating foundations described in section 4940(d)(2), check here        |                      |                             |               |  |
| Date of ruling or determination letter: (attach copy of letter if nec  |                      |                             | 30.00         | 75   |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  | ► and e              | nter 1%                     | 1<br>2007 212 | 75.  |
| of Part I, line 27b  |                      |                             |               |  |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%  |                      |                             |               |  |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of   | ners, enter -0-      | ·) [                        | 2             | 0.   |
| 3 Add lines 1 and 2  |                      |                             | 3             | 75.  |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of   | hers, enter -0       | )-)                         | 4             |  |
| 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-  |                      |                             | 5             | 75.  |
| 6 Credits/Payments:  |                      |                             |               |  |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019  | 6a                   | 0.                          |               | <b>《李尔·苏</b> 德·罗德·罗德                           |
| b Exempt foreign organizations - tax withheld at source  | 6b                   | 0.                          |               |  |
| c Tax paid with application for extension of time to file (Form 8868)  | 6c                   | 0.                          | 4             |  |
| d Backup withholding erroneously withheld  | 6d                   | 0.                          |               |  |
| 7 Total credits and payments. Add lines 6a through 6d  |                      |                             | 7             | 0.   |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta   | ched                 |                             | 8 -           | 0.   |
| 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed  |                      | ▶ [                         | 9             | 75.  |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |                      | <b>•</b>                    | 10            |  |
| 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax   |                      | Refunded                    | 11            |  |
| Part VII A Statements Regarding Activities   |                      | ,                           |               |  |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legisl   | lation or did it     | participate or intervene i  | n             | Yes No   |
| any political campaign?  |                      |                             |               | 1a X   |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos  | ses? See the i       | nstructions for the definit | tion          | 1b X   |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of  |                      |                             |               | 748 888 845                                    |
| distributed by the foundation in connection with the activities  | , any matoria        | io publiched of             |               |  |
| c Did the foundation file Form 1120-POL for this year?   |                      |                             |               | 1c X   |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the   | vear.                |                             |               |  |
| (1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers   |                      | 0.                          |               |  |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expendit   |                      |                             |               |  |
| managers. > \$ 0.  | turo tux impot       | oco on roundation           |               |  |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IR  | 152                  |                             |               | 2 X  |
| If "Yes," attach a detailed description of the activities.   | .0.                  |                             |               |  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing in   | actrument art        | ticles of incorporation or  |               |  |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | isti ument, art      | incies of incorporation, or |               | 3 X  |
|  | 2                    |                             |               | 4a X   |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year  | •                    |                             | N             | /A 4b  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?  The way there a laurdation termination dissolution as substantial contraction during the year? |                      |                             |               | 5 X  |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |                      |                             |               | A-10 10 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| If "Yes," attach the statement required by General Instruction T   | har                  |                             |               |  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit  | Hel.                 |                             |               |  |
| By language in the governing instrument, or  | . d                  | est appelled with the state | la            |  |
| By state legislation that effectively amends the governing instrument so that no mandatory   | directions th        | iat conflict with the state | iaw           |  |
| remain in the governing instrument?  |                      |                             |               | 6 X 7 X  |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl  | iete Part II, co     | ol. (c), and Part XV        |               | 7 X<br>1597/2017/86/891/93/94/63               |
|  |                      |                             |               |  |
| 8a Enter the states to which the foundation reports or with which it is registered. See instruction  | ns. $ ightharpoonup$ | ·                           | _             |  |
| WI   |                      |                             |               |  |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At  | torney Genera        | al (or designate)           |               | 71 6 7 16 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7        |
| of each state as required by General Instruction G2 If "No," attach explanation  |                      |                             |               | 8b X   |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of sec  |                      |                             | dar           |  |
| year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," comp   |                      |                             |               | 9 <u>X</u> ()                                  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul   | le listing their na  | mes and addresses           |               | 10 X   |
|  |                      |                             |               | Form <b>990-PF</b> (2019)                      |

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| Рa  | rtVII-A: Statements Regarding Activities (continued)  |                           |
|-----|---|---------------------------|
|     | . (•  | Yes No                    |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                                |                           |
| • • | section 512(b)(13)? If "Yes," attach schedule. See instructions   | 11   X                    |
| 19  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?            |                           |
| 12  | If "Yes," attach statement. See instructions  | 12 X                      |
| 10  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                   | 13 X                      |
| 13  |   | 10 1 22                   |
|     | Website address $\blacktriangleright$ N/A The books are in care of $\blacktriangleright$ JUDY C. PIERNER  Telephone no $\blacktriangleright$ 920 – 92 | 14-9399                   |
| 14  | Located at ▶ 65 SUNSET CIRCLE, FOND DU LAC, WI  ZIP+4 ▶54   | 935-5777                  |
| 4-  |   | <u> </u>                  |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here   | N/A                       |
|     | and enter the amount of tax-exempt interest received or accrued during the year   | Yes No                    |
| 16  | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,                          | 1 1 1                     |
|     | securities, or other financial account in a foreign country?  | 16 X                      |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                                      |                           |
| n.  | foreign country ►  it VII-B Statements Regarding Activities for Which Form 4720 May Be Required   | 1,1622 <b>14588</b> 22828 |
| Ŗа  |   | FIE VOLVES NO             |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   | Yes No                    |
| 1a  | 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?  |                           |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |                           |
| •   | a disqualified person?  |                           |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  |                           |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  |                           |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available   |                           |
|     | for the benefit or use of a disqualified person)?   |                           |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"   |                           |
|     | if the foundation agreed to make a grant to or to employ the official for a period after  |                           |
|     | termination of government service, if terminating within 90 days.)  |                           |
| b   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                                |                           |
|     | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A   | 1b                        |
|     | Organizations relying on a current notice regarding disaster assistance, check here   |                           |
| C   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected                       |                           |
|     | before the first day of the tax year beginning in 2019?   | 1c X                      |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation                      |                           |
|     | defined in section 4942(j)(3) or 4942(j)(5)):   |                           |
| а   | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines   |                           |
|     | 6d and 6e) for tax year(s) beginning before 2019?   |                           |
|     | If "Yes," list the years <b>&gt;</b>  |                           |
| b   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect                 |                           |
|     | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach                  | 11.28 <b>2028 20</b> 06   |
|     | statement - see instructions.)  N/A   | 2b                        |
| C   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                                      |                           |
|     | <b>&gt;</b>   |                           |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   |                           |
|     | during the year?  |                           |
| b   | If "Yes," did it have excess business holdings in 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 Form 4720,                     |                           |
|     | Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A  | 3b                        |
|     | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                       | 4a X                      |
|     | 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?  | 4b X                      |
|     | Fo  | rm <b>990-PF</b> (2019)   |

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| F  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four                               | dations,    | see instructions )                            |
|----|---|-------------|---|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:                   |             |   |
| а  | Average monthly fair market value of securities   | 1a          | 78,535.                                       |
| ь  | Average of monthly cash balances  | 1b          | 78,535.<br>9,624.                             |
| С  | Fair market value of all other assets   | 1c          |   |
| ď  | Total (add lines 1a, b, and c)  | 1d          | 88,159.                                       |
| e  | Reduction claimed for blockage or other factors reported on lines 1a and  |             |   |
|    | 1c (attach detailed explanation) 1e 0 •   |             |   |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2           | 0.  |
| 3  | Subtract line 2 from line 1d  | 3           | 88,159.                                       |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)                     | 4           | 1,322.  |
| 5  | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4                           | 5           | 86,837.                                       |
| 6  | Minimum investment return Enter 5% of line 5  | 6           | 4,342.  |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an                | d certain   | · <u>····································</u> |
| _  | foreign organizations, check here and do not complete this part.)   |             |   |
| 1  | Minimum investment return from Part X, line 6   | 1           | 4,342.  |
| 2a | Tax on investment income for 2019 from Part VI, line 5  |             |   |
| b  | Income tax for 2019. (This does not include the tax from Part VI.)  |             |   |
| C  | Add lines 2a and 2b   | 2c          | <u>75.</u>                                    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   | 3           | 4,267.  |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4           | 0.  |
| 5  | Add lines 3 and 4   | 5           | 4,267.  |
| 6  | Deduction from distributable amount (see instructions)  | 6           | 0.  |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1                            | 7           | 4,267.  |
| P  | art XII Qualifying Distributions (see instructions)   | -           | <del></del>                                   |
| 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          | 40,879.                                       |
| b  | Program-related investments - total from Part IX-B  | 1b          | 0.  |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                     | 2           |   |
| 3  | Amounts set aside for specific charitable projects that satisfy the:  |             |   |
| а  | Suitability test (prior IRS approval required)  | 3a          |   |
| b  | Cash distribution test (attach the required schedule)   | 3b          |   |
| 4  | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4                      | 4           | 40,879.                                       |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment                                  |             |   |
|    | income. Enter 1% of Part I, line 27b  | _ 5         | 0.  |
| 6  | Adjusted qualifying distributions Subtract line 5 from line 4   | 6           | 40,879.                                       |
|    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qu | ualifies fo | r the section                                 |
|    | 4940(e) reduction of tax in those years.  |             |   |

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Part XIII Undistributed Income (see instructions)

ELOISE RUEPING ATKINSON FOUNDATION, INC

|   | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | ( <b>d)</b><br>2019 |
|---|---------------|----------------------------|-------------|---------------------|
| 1 Distributable amount for 2019 from Part XI,   | Conput        | , vodio piner to 20 io     |             |                     |
| line 7  |               |                            |             | 4,267.              |
| 2 Undistributed income, if any, as of the end of 2019   |               |                            |             |                     |
| a Enter amount for 2018 only  |               |                            | 0.          |                     |
| b Total for prior years:  |               | •                          |             |                     |
|   |               | 0.                         | <u> </u>    |                     |
| 3 Excess distributions carryover, if any, to 2019:  |               |                            |             |                     |
| a From 2014 30,494.   |               |                            |             |                     |
| b From 2015 28, 741.  |               |                            |             |                     |
| c From 2016 58,692.<br>d From 2017 46,739.  |               |                            |             |                     |
| 25 400  |               |                            |             |                     |
| · · · · · · · · · · · · · · · · · · ·   | 202,165.      |                            |             |                     |
| f Total of lines 3a through e   | 202,103.      |                            | <u></u>     |                     |
| 4 Qualifying distributions for 2019 from Part XII, line 4: ►\$ 40,879.  | :             |                            |             |                     |
| -   |               |                            | 0.          |                     |
| a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior                               |               | ···                        |             |                     |
| years (Election required - see instructions)  |               | 0.                         |             |                     |
| c Treated as distributions out of corpus  |               |                            |             |                     |
| (Election required - see instructions)  | 0.            |                            |             |                     |
| d Applied to 2019 distributable amount  |               |                            |             | 4,267.              |
| e Remaining amount distributed out of corpus  | 36,612.       |                            |             | ,                   |
| 5 Excess distributions carryover applied to 2019  |               |                            |             |                     |
| (If an amount appears in column (d), the same amount must be shown in column (a) )                                    | 0.            |                            |             | 0.                  |
| 6 Enter the net total of each column as indicated below:  |               |                            |             |                     |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 238,777.      |                            |             |                     |
| <b>b</b> Prior years' undistributed income. Subtract  |               |                            |             |                     |
| line 4b from line 2b  |               | 0.                         |             |                     |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which |               |                            |             |                     |
| the section 4942(a) tax has been previously assessed  |               | 0.                         |             |                     |
| d Subtract line 6c from line 6b. Taxable  |               |                            |             |                     |
| amount - see instructions   |               | 0.                         |             |                     |
| e Undistributed income for 2018. Subtract line  |               |                            | _           |                     |
| 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.          |                     |
| f Undistributed income for 2019. Subtract   |               |                            |             |                     |
| lines 4d and 5 from line 1. This amount must  |               |                            |             | _                   |
| be distributed in 2020  | " · · -       |                            |             | 0.                  |
| 7 Amounts treated as distributions out of   |               |                            |             |                     |
| corpus to satisfy requirements imposed by   |               |                            |             |                     |
| section 170(b)(1)(F) or 4942(g)(3) (Election  | 0             |                            |             |                     |
| may be required - see instructions)   | 0.            |                            |             |                     |
| 8 Excess distributions carryover from 2014  | 20 404        |                            |             |                     |
| not applied on line 5 or line 7   | 30,494.       |                            |             |                     |
| 9 Excess distributions carryover to 2020.   | 208,283.      |                            |             |                     |
| Subtract lines 7 and 8 from line 6a   | 200,203.      |                            |             |                     |
| 10 Analysis of line 9:<br>a Excess from 2015 28,741.  |               |                            |             |                     |
| 50 600  |               |                            |             |                     |
| 46 500  |               |                            |             |                     |
| c Excess from 2017 46,739.<br>d Excess from 2018 37,499.  |               |                            |             |                     |
| e Excess from 2019 36,612.  |               |                            |             |                     |
| CENCOUS HOINEON SO / CEE  |               |                            |             |                     |

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| Form 990-PF (2019) ELOISE  Part XIV   Private Operating F                            | RUEPING ATK                                     |                            |  | 39-20<br>N/A                | 01599 Page 10     |
|--|---|----------------------------|--|-----------------------------|-------------------|
|  |   |                            |  | N/A                         | <del></del>       |
| 1 a If the foundation has received a ruling of                                       |   |                            |  |                             |                   |
| foundation, and the ruling is effective to   |   |                            | un cootion                                       | ] 4942(j)(3) or 4           | 942())(5)         |
| b Check box to indicate whether the found  | Tax year  | lg louridation described   | Prior 3 years                                    | <u> </u>                    | <u> </u>          |
| 2 a Enter the lesser of the adjusted net   | (a) 2019  | (b) 2018                   | (c) 2017   | (d) 2016                    | (e) Total         |
| income from Part I or the minimum  | \(\(\frac{1}{4}\)\(\frac{1}{2}\)\(\frac{1}{4}\) | (0) 2010                   | (0) 20   | (4) 40 10                   | (0) 10101         |
| investment return from Part X for  |   |                            |  |                             |                   |
| each year listed   |   |                            | <del> </del>                                     |                             |                   |
| <b>b</b> 85% of line 2a  |   |                            | <del> </del>                                     | <del></del>                 |                   |
| c Qualifying distributions from Part XII,  |   |                            |  |                             |                   |
| line 4, for each year listed   |   |                            | <del>                                     </del> | <del></del>                 |                   |
| 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<br>3 Complete 3a, b, or c for the                      |   |                            |  | -                           | <u> </u>          |
| alternative test relied upon:  |   | `                          | `\.  |                             |                   |
| a "Assets" alternative test - enter:   |   |                            |  |                             |                   |
| (1) Value of all assets  |   |                            |  |                             |                   |
| <ul><li>(2) Value of assets qualifying<br/>under section 4942(j)(3)(B)(i)</li></ul>  |   |                            |  |                             |                   |
| b "Endowment" alternative test - enter   |   |                            |  |                             |                   |
| 2/3 of minimum investment return<br>shown in Part X, line 6, for each year<br>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)                                  |   |                            |  |                             | <b>,</b>          |
| (2) Support from general public  |   |                            |  |                             |                   |
| and 5 or more exempt   |   |                            |  |                             |                   |
| organizations as provided in<br>section 4942(j)(3)(B)(iii)                           |   |                            |  |                             |                   |
| (3) Largest amount of support from   |   |                            |  |                             |                   |
| an exempt organization   |   |                            |  |                             |                   |
| (4) Gross investment income  |   |                            |  |                             |                   |
| Part XV Supplementary Info   |   |                            | f the foundation                                 | had \$5,000 or mo           | re in assets      |
| at any time during t   | he year-see instri                              | uctions.)                  |  |                             |                   |
| 1 Information Regarding Foundation   | n Managers:                                     |                            |  |                             |                   |
| a List any managers of the foundation wh   |   |                            | ributions received by the                        | foundation before the clos  | se of any tax     |
| year (but only if they have contributed n  | nore than \$5,000) (See Si                      | ection 507(a)(2).)         |  |                             |                   |
| NONE  b List any managers of the foundation wh                                       | o own 10% or more of the                        | e stock of a corneration   | (or an equally large ports                       | on of the ownership of a p  | artnership or     |
| other entity) of which the foundation ha   |   |                            | (or all equally large porti                      | on or the ownership of a po | arthership or     |
| NONE   |   |                            |  |                             |                   |
| 2 Information Regarding Contributi   | on, Grant, Gift, Loan,                          | Scholarship, etc., Pr      | ograms:  |                             |                   |
| Check here 🕨 🔲 if the foundation of  | only makes contributions t                      | o preselected charitable   | organizations and does                           |                             | ests for funds If |
| the foundation makes gifts, grants, etc.,  | to individuals or organiza                      | tions under other condit   | ions, complete items 2a,                         | b, c, and d.                |                   |
| a The name, address, and telephone number  |   | e person to whom applic    | ations should be addres                          | sed:                        |                   |
| JUDY C. PIERNER, 920   | -921-5159                                       |                            |  |                             |                   |
| 65 SUNSET CIRCLE, FO   | ND DU LAC, V                                    | VI 54935-57                | <u>77                                   </u>     |                             |                   |
| b The form in which applications should b  | e submitted and informat                        | ion and materials they sl  | hould include:                                   |                             |                   |
| c Any submission deadlines:  |   |                            |  |                             |                   |
| NONE  d Any restrictions or limitations on award:                                    | e cuph as by assersables                        | l argae, charitable fields | kinds of institutions or                         | other factors:              |                   |
| STATE OF WISCONSIN   | s, such as by geographica                       | n areas, charnable heids,  | MINDS OF HISHINGHIS, OF                          | טנווט ומטנטוס.              |                   |
|  |   |                            |  |                             |                   |

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ELOISE RUEPING ATKINSON FOUNDATION, INC

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ADULT DAY CARE NONE PUBLIC CHARITY PROVIDE CHEERFUL 420 E MERRILL AVENUE FLOWERS AND FOND DU LAC, WI 54935 DECORATIONS TO INCREASE THE EMOTIONAL 1,350. HEALTH OF PEOPLE WHO AGNESIAN HEALTHCARE FOUNDATION NONE PUBLIC CHARITY PROVIDE CHEERFUL 430 E DIVISION STREET LOWERS AND FOND DU LAC, WI 54935 DECORATIONS TO INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO 100. ASCENSION LUTHERAN CHURCH NONE PUBLIC CHARITY PROVIDE CHEERFUL FLOWERS AND 901 COUNTY ROAD V FOND DU LAC, WI 54935 DECORATIONS TO INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO 196. BEACON HOUSE NONE PUBLIC CHARITY PROVIDE CHEERFUL 166 S PARK AVENUE FLOWERS AND FOND DU LAC, WI 54935 DECORATIONS TO INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO 470. BLUE LINE HOCKEY NONE PUBLIC CHARITY PROVIDE CHEERFUL 550 FOND DU LAC AVE FLOWERS AND FOND DU LAC, WI 54935 DECORATIONS TO INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO 115. SEE CONTINUATION SHEET(S) 40,254. Total b Approved for future payment NONE <u>T</u>otal

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| 3 Grants and Contributions Paid During the | Year (Continuation)                                     |                        | <u></u>                |        |
|--|---|------------------------|------------------------|--------|
| Recipient                                  | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or    | Amount |
| Name and address (home or business)        | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution           | Amount |
| CONGREGATION OF SISTERS OF ST. AGNES       | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| 320 COUNTY ROAD K                          |   |                        | FLOWERS AND            |        |
| FOND DU LAC, WI 54937                      |   |                        | DECORATIONS TO         |        |
|  |   |                        | INCREASE THE EMOTIONAL |        |
|  |   |                        | HEALTH OF PEOPLE WHO   | 1,868  |
| COVENANT UNITED METHODIST CHURCH           | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| 20 N MARR ST                               |   |                        | FLOWERS AND            |        |
| FOND DU LAC, WI 54935                      |   |                        | DECORATIONS TO         |        |
|  |   |                        | INCREASE THE EMOTIONAL |        |
|  |   |                        | HEALTH OF PEOPLE WHO   | 45     |
| DIVINE SAVIOR                              | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| 2817 NEW PINERY ROAD                       |   |                        | FLOWERS AND            |        |
| PORTAGE, WI 53901                          |   |                        | DECORATIONS TO         |        |
| ,  |   |                        | INCREASE THE EMOTIONAL |        |
|  |   |                        | HEALTH OF PEOPLE WHO   | 447    |
| EVANS ELEMENTARY SCHOOL                    | NONE  | GOV                    | PROVIDE CHEERFUL       |        |
| 140 SOUTH PETERS AVENUEFOND                | 101.2   |                        | FLOWERS AND            |        |
| FOND DU LAC, WI 54935                      |   |                        | DECORATIONS TO         |        |
| FORD DO DAC, WI 34933                      |   |                        | INCREASE THE EMOTIONAL |        |
|  |   |                        | HEALTH OF PEOPLE WHO   | 110    |
| TOUR DU LAG GURTOMIAN GOUGOI               | NONE  | PUBLIC CHARITY         | <del></del>            |        |
| FOND DU LAC CHRISTIAN SCHOOL               | NONE  | FUBBLIC CHARITI        | FLOWERS AND            |        |
| 720 RIENZI RD                              |   |                        | DECORATIONS TO         |        |
| FON DU LAC, WI 54935                       |   |                        |                        |        |
|  |   |                        | INCREASE THE EMOTIONAL | 98     |
|  |   | DVIDI TO OVID TIME     | HEALTH OF PEOPLE WHO   |        |
| FOND DU LAC LUTHERAN HOME                  | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| 244 N MACY STREET                          |   |                        | FLOWERS AND            |        |
| FOND DU LAC, WI 54935                      |   |                        | DECORATIONS,           |        |
|  |   |                        | LANDSCAPING, AND       | 25 007 |
|  |   |                        | FURNITURE TO INCREASE  | 25,887 |
| FRIENDSHIP CORNER                          | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| 27 THIRD STREET                            |   |                        | FLOWERS AND            |        |
| FOND DU LAC, WI 54935                      |   |                        | DECORATIONS TO         |        |
|  |   |                        | INCREASE THE EMOTIONAL |        |
|  |   |                        | HEALTH OF PEOPLE WHO   | 110    |
| GRANCARE NURSING AND REHABILITAITON        | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| CENTER                                     |   |                        | FLOWERS AND            |        |
| 517 E DIVISION STREET                      |   |                        | DECORATIONS,           |        |
| FON DU LAC, WI 54935                       |   |                        | LANDSCAPING, AND       |        |
|  |   |                        | FURNITURE TO INCREASE  | 148    |
| GRATITUDE CLUB                             | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| 295 RUGGLES ST                             |   |                        | FLOWERS AND            |        |
| FON DU LAC, WI 54935                       | 54935   |                        | DECORATIONS TO         |        |
|  |   |                        | INCREASE THE EMOTIONAL |        |
|  |   |                        | HEALTH OF PEOPLE WHO   | 75     |
| HABITAT FOR HUMANITY                       | NONE  | PUBLIC CHARITY         | PROVIDE CHEERFUL       |        |
| 65 W SCOTT STREET                          |   |                        | FLOWERS AND            |        |
| FON DU LAC, WI 54935                       |   | •                      | DECORATIONS TO         |        |
| •  |   | 1                      | INCREASE THE EMOTIONAL |        |
|  |   |                        | HEALTH OF PEOPLE WHO   | 70     |
| Total from continuation sheets             | •   |                        |                        | 38,023 |

| Part XV Supplementary Informat            |   | <del></del>          |                                  |        |
|---|---|----------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During th |   |                      |                                  |        |
| Recipient                                 | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)       | any foundation manager<br>or substantial contributor    | recipient            | Contribution                     |        |
| HARBOR HAVEN                              | NONE  | PUBLIC CHARITY       | PROVIDE CHEERFUL                 |        |
| 459 EAST FIRST STREET                     |   |                      | FLOWERS AND                      |        |
| FON DU LAC, WI 54935                      |   | 1                    | DECORATIONS,                     |        |
|   |   |                      | LANDSCAPING, AND                 |        |
|   |   |                      | FURNITURE TO INCREASE            | 106    |
| HOSPICE                                   | NONE  | PUBLIC CHARITY       | PROVIDE CHEERFUL                 |        |
| 400 HWY K                                 |   |                      | FLOWERS AND                      |        |
| FOND DU LAC, WI 54935                     |   |                      | DECORATIONS TO                   |        |
|   |   |                      | INCREASE THE EMOTIONAL           |        |
|   |   |                      | HEALTH OF PEOPLE WHO             | 3,169  |
| LAKEVIEW PLACE                            | NONE  | PUBLIC CHARITY       | PROVIDE CHEERFUL                 |        |
| 517 LUCO RD                               |   |                      | FLOWERS AND                      |        |
| FOND DU LAC, WI 54935                     |   |                      | DECORATIONS TO                   |        |
|   |   |                      | INCREASE THE EMOTIONAL           |        |
|   |   |                      | HEALTH OF PEOPLE WHO             | 434    |
| LINCOLN HOUSE                             | NONE  | PUBLIC CHARITY       | PROVIDE CHEERFUL                 |        |
| 342 FOREST AVENUE                         |   |                      | FLOWERS AND                      |        |
| FOND DU LAC, WI 54935                     |   |                      | DECORATIONS TO                   |        |
|   |   |                      | INCREASE THE EMOTIONAL           |        |
|   |   |                      | HEALTH OF PEOPLE WHO             | 430    |
| MAPLE MEADOWS ASSISTED LIVING             | NONE  | PUBLIC CHARITY       | PROVIDE CHEERFUL                 |        |
| 1001 PRIMOSE LANE                         |   |                      | FLOWERS AND                      |        |
| FON DU LAC, WI 54935                      |   |                      | DECORATIONS,                     |        |
|   |   |                      | LANDSCAPING, AND                 |        |
| <u></u>                                   |   | <u> </u>             | FURNITURE TO INCREASE            | 135    |
| MORAINE PARK TECHNICAL COLLEGE            | NONE  | GOV                  | PROVIDE CHEERFUL                 |        |
| 235 N NATIONAL AVE                        | ļ   |                      | FLOWERS AND                      |        |
| FOND DU LAC, WI 54935                     | •   |                      | DECORATIONS TO                   |        |
|   |   |                      | INCREASE THE EMOTIONAL           |        |
|   |   | <u> </u>             | HEALTH OF PEOPLE WHO             | 504    |
| NAMI FOND DU LAC                          | NONE  | PUBLIC CHARITY       | PROVIDE CHEERFUL                 |        |
| 21 E @ND ST #104                          |   |                      | FLOWERS AND                      |        |
| FOND DU LAC, WI 54935                     |   |                      | DECORATIONS TO                   |        |
|   |   |                      | INCREASE THE EMOTIONAL           | 888    |
| NAZARETH CENTER                           | NONE  | DUDITC CHARITY       | PROVIDE CHEERFUL                 |        |
| 375 GILLET                                | NONE  | PUBLIC CHARITI       | FLOWERS AND                      |        |
| FOND DU LAC, WI 54935                     |   |                      | DECORATIONS TO                   |        |
| OND DO DAC, WI 34933                      |   |                      | INCREASE THE EMOTIONAL           |        |
|   |   |                      | HEALTH OF PEOPLE WHO             | 755    |
| RESIDENTIAL SERVICES                      | NONE  | DIELIC CHARTEV       | PROVIDE CHEERFUL                 |        |
| 342 FOREST AVENUE                         | NONE  | FORLIC CHARTIT       | FLOWERS AND                      |        |
|   |   |                      | DECORATIONS TO                   |        |
| FOND DU LAC, WI 54935                     |   |                      | INCREASE THE EMOTIONAL           |        |
|   |   |                      | HEALTH OF PEOPLE WHO             | 55     |
| SERVICE LEAGUE OF FOND DULLAC             | NONE  | PUBLIC CHARTTY       | PROVIDE CHEERFUL                 |        |
| SERVICE LEAGUE OF FOND DU LAC             | NONE  | J                    | ]                                |        |
| PO BOX 185                                |   |                      | FLOWERS AND                      |        |
| FON DU LAC, WI 54936                      |   | i .                  | DECORATIONS TO                   |        |
|   |   |                      | INCREASE THE EMOTIONAL           | 124    |
| Total from continuation sheets            |   | L                    | HEALTH OF PEOPLE WHO             | 174    |

| Part XV Supplementary Information              |  |                      |  |              |
|--|--|----------------------|--|--------------|
| 3 Grants and Contributions Paid During the Y   | T  | 1                    | <del></del>                                      |              |
| Recipient  Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution                 | Amount       |
|  | or substantial contributor   | recipient            | DOUGLE CHARDEN                                   | <del> </del> |
| SIGMA  | NONE   | PUBLIC CHARITY       | PROVIDE CHEERFUL                                 |              |
| PO BOX 733                                     |  |                      | FLOWERS AND                                      | `            |
| FON DU LAC, WI 54936                           |  |                      | DECORATIONS TO                                   |              |
|  |  |                      | INCREASE THE EMOTIONAL                           | 0.5          |
|  |  |                      | HEALTH OF PEOPLE WHO                             | 95.          |
| SOLUTIONS CENTER SHELTER & SUPPORT             | NONE   | PUBLIC CHARITY       | PROVIDE CHEERFUL                                 |              |
| SERVICES                                       |  |                      | FLOWERS AND                                      |              |
| 39 N SOPHIA ST                                 |  |                      | DECORATIONS TO                                   |              |
| FON DU LAC, WI 54935                           |  |                      | INCREASE THE EMOTIONAL                           | 240          |
|  |  |                      | HEALTH OF PEOPLE WHO                             | 240.         |
| SOROPTIMIST INTERNATIONAL FOND DU LAC          | NONE   | PUBLIC CHARITY       | PROVIDE CHEERFUL                                 |              |
| PO BOX 204                                     |  |                      | FLOWERS AND                                      |              |
| FOND DU LAC, WI 54935                          |  |                      | DECORATIONS TO                                   |              |
|  |  |                      | INCREASE THE EMOTIONAL                           | o F          |
|  | Nova.  | PUBLIC CHARITY       | PROVIDE CHEERFUL                                 |              |
| ST. ISIDORE THE FARMER                         | NONE   | PUBLIC CHARITY       | 1  |              |
| 308 S COUNTY W                                 |  |                      | FLOWERS AND                                      |              |
| MT CALVARY, WI 53057                           |  |                      | DECORATIONS TO INCREASE THE EMOTIONAL            |              |
|  |  |                      |  | 310.         |
| an thinning anything with a country            | VOND   | DUDI TO CUADIMY      | HEALTH OF PEOPLE WHO                             | <u> </u>     |
| ST. LAWRENCE SEMINARY HIGH SCHOOL              | NONE   | PUBLIC CHARITY       | PROVIDE CHEERFUL                                 |              |
| 301 CHURCH ST.                                 |  |                      | FLOWERS AND<br>DECORATIONS TO                    |              |
| MOUNT CALVARY, WI 53057                        |  |                      | INCREASE THE EMOTIONAL                           |              |
|  |  |                      | HEALTH OF PEOPLE WHO                             | 1,479.       |
| CM DEMBR'S DIAGE                               | NONE   | PUBLIC CHARITY       | PROVIDE CHEERFUL                                 | 1,17.        |
| ST. PETER'S PLACE                              | NONE   | PUBLIC CHARITI       | FLOWERS AND                                      |              |
| 50 E 1ST ST                                    |  |                      | DECORATIONS TO                                   |              |
| FOND DU LAC, WI 54935                          |  |                      | INCREASE THE EMOTIONAL                           |              |
|  |  |                      | HEALTH OF PEOPLE WHO                             | 235.         |
| WILLY LODGED MIDGING HOVE                      | NONE   | PUBLIC CHARITY       | PROVIDE CHEERFUL                                 |              |
| VILLA LORETTO NURSING HOME                     | NONE   | FORDIC CHARTII       | FLOWERS AND                                      |              |
| N8114 CALVARY STREET                           |  |                      | DECORATIONS TO                                   |              |
| MT CALVARY, WI 53057                           |  |                      | INCREASE THE EMOTIONAL                           |              |
|  |  |                      | HEALTH OF PEOPLE WHO                             | 71.          |
|  |  |                      | I I I I I I I I I I I I I I I I I I I            |              |
|  |  |                      |  |              |
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|  |  | <del> </del>         |  |              |
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|  |  |                      |  |              |
|  | <u> </u>   | <u>.l</u>            | 1  |              |

| ELOISE RUEPING ATKINSON FOUNDATION, INC 39-2001599  |
|---|
| Part XV Supplementary Information   |
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
| NAME OF RECIPIENT - ADULT DAY CARE  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE ASSISTED LIVING FACILITY.                             |
|   |
| NAME OF RECIPIENT - AGNESIAN HEALTHCARE FOUNDATION  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - ASCENSION LUTHERAN CHURCH   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE IN RELIGIOUS ACTIVITIES.   |
|   |
| NAME OF RECIPIENT - BEACON HOUSE  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE ASSISTED LIVING FACILITY.                             |
|   |
| NAME OF RECIPIENT - BLUE LINE HOCKEY  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - CONGREGATION OF SISTERS OF ST. AGNES  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE IN RELIGIOUS ACTIVITIES.   |
|   |
| NAME OF RECIPIENT - COVENANT UNITED METHODIST CHURCH  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| 023EE 04.01.40  |

| ELOISE RUEPING ATKINSON FOUNDATION, INC 39-2001599   |
|--|
| Part XV Supplementary Information  3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
|  |
| HEALTH OF PEOPLE WHO PARTICIPATE IN RELIGIOUS ACTIVITIES.  |
|  |
| NAME OF RECIPIENT - DIVINE SAVIOR  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL   |
| HEALTH OF PEOPLE WHO ARE INVOLVED IN THE MEDICAL COMMUNITY.  |
| NAME OF RECIPIENT - EVANS ELEMENTARY SCHOOL  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL   |
| HEALTH OF PEOPLE WHO ARE INVOLVED IN THE EDUCATIONAL COMMUNITY.  |
| NAME OF RECIPIENT - FOND DU LAC CHRISTIAN SCHOOL   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL   |
| HEALTH OF PEOPLE WHO ARE INVOLVED IN THE EDUCATIONAL COMMUNITY.  |
| NAME OF RECIPIENT - FOND DU LAC LUTHERAN HOME  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS, LANDSCAPING, AND FURNITURE TO  |
| INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE   |
| ASSISTED LIVING FACILITY.  |
| NAME OF RECIPIENT - FRIENDSHIP CORNER  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL   |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC   |
| ORGANIZATION.  |
| NAME OF RECIPIENT - GRANCARE NURSING AND REHABILITAITON CENTER   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS, LANDSCAPING, AND FURNITURE TO  |
| INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE   |
|  |
| ASSISTED LIVING FACILITY.  |

| Part XV   Supplementary Information   |
|---|
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
|   |
|   |
| NAME OF RECIPIENT - GRATITUDE CLUB  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - HABITAT FOR HUMANITY  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - HARBOR HAVEN  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS, LANDSCAPING, AND FURNITURE TO                           |
| INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE                                |
| ASSISTED LIVING FACILITY.   |
| WOOTDIED HIAIMG LUCIDIII.   |
| NAME OF REGIDIENT HOCDICE   |
| NAME OF RECIPIENT - HOSPICE   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE ASSISTED LIVING FACILITY.                             |
|   |
| NAME OF RECIPIENT - LAKEVIEW PLACE  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - LINCOLN HOUSE   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE ASSISTED LIVING FACILITY.                             |
| 923655 04-01-19   |

| Part XV   Supplementary Information   |
|---|
|   |
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
|   |
| NAME OF RECIPIENT - MAPLE MEADOWS ASSISTED LIVING   |
|   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS, LANDSCAPING, AND FURNITURE TO                           |
| INCREASE THE EMOTIONAL HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE                                |
| ASSISTED LIVING FACILITY.   |
|   |
| NAME OF RECIPIENT - MORAINE PARK TECHNICAL COLLEGE  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO ARE INVOLVED IN THE EDUCATIONAL COMMUNITY.                                   |
|   |
|   |
| NAME OF RECIPIENT - NAMI FOND DU LAC  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
|   |
| NAME OF RECIPIENT - NAZARETH CENTER   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE ASSISTED LIVING FACILITY.                             |
|   |
| NAME OF RECIPIENT - RESIDENTIAL SERVICES  |
|   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO RESIDE AND WORK IN THE ASSISTED LIVING FACILITY.                             |
|   |
| NAME OF RECIPIENT - SERVICE LEAGUE OF FOND DU LAC   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |

| Part XV Supplementary Information   |
|---|
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
| NAME OF RECIPIENT - SIGMA   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
|   |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - SOLUTIONS CENTER SHELTER & SUPPORT SERVICES                                   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - SOROPTIMIST INTERNATIONAL FOND DU LAC   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE AND RECEIVE BENEFIT FROM THIS CIVIC                              |
| ORGANIZATION.   |
|   |
| NAME OF RECIPIENT - ST. ISIDORE THE FARMER  |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE IN RELIGIOUS ACTIVITIES.   |
|   |
| NAME OF RECIPIENT - ST. LAWRENCE SEMINARY HIGH SCHOOL   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
|   |
| HEALTH OF PEOPLE WHO ARE INVOLVED IN THE EDUCATIONAL COMMUNITY.                                   |
| NAME OF RECIPIENT - ST. PETER'S PLACE   |
|   |
| PROVIDE CHEERFUL FLOWERS AND DECORATIONS TO INCREASE THE EMOTIONAL                                |
| HEALTH OF PEOPLE WHO PARTICIPATE IN RELIGIOUS ACTIVITIES.   |
|   |
| NAME OF RECIPIENT - VILLA LORETTO NURSING HOME 923655 04-01-19                                    |

| Part XV     | Supplementa  | ELOISE ory Information | RUEPING A        | ATKINSON       | FOUNDATI           | ON, INC  | 39-20015                              | 99           |
|-------------|--------------|------------------------|------------------|----------------|--------------------|----------|---------------------------------------|--------------|
|             |              | Paid During the Yea    | r Continuation o | f Purpose of G | rant or Contributi | on       |                                       |              |
| PROVIDE     | CHEERFUL     | FLOWERS AN             | D DECORAT        | TIONS TO       | INCREASE           | THE EMO  | TIONAL                                |              |
| HEALTH      | OF PEOPLE    | WHO RESIDE             | AND WORK         | IN THE         | ASSISTED           | LIVING   | FACILITY.                             |              |
|             |              |                        |                  |                | ·                  |          |                                       |              |
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|             |              |                        |                  |                |                    |          |                                       |              |

Page 12

## Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated.   | Unrelated business income |  |  | uded by section 512, 513, or 514 | (e)  |
|---|---------------------------|--|--|----------------------------------|--|
| •   | (a)<br>Business<br>code   | (b)<br>Amount  | (C)<br>Exclu-<br>sion<br>code                    | (d)<br>Amount                    | Related or exempt function income  |
| 1 Program service revenue:  | code                      |  | 1000   |                                  |  |
| a   |                           |  |  |                                  |  |
| D   | <del> </del>              |  | <del> </del>                                     |                                  |  |
| c   | <del></del>               |  | <del>                                     </del> |                                  |  |
| d   |                           |  | 4  |                                  |  |
| e   |                           |  | 1  |                                  | •  |
| ·   | ·                         | <del></del>  | 1  |                                  |  |
| g Fees and contracts from government agencies   |                           |  | <del> </del>                                     |                                  |  |
| 2 Membership dues and assessments   | ļ                         |  | -  | <del>-</del>                     | <u> </u>   |
| 3 Interest on savings and temporary cash  |                           |  |  |                                  |  |
| investments   | -                         |  | 1 4  | 1 600                            |  |
| 4 Dividends and interest from securities  | 08/47/4/19/2/4/99         | CKANTONYAANAMAKAA  | 14   |                                  | TARTEST PROPERTY OF THE PROPER |
| 5 Net rental income or (loss) from real estate:   | 186 T. 17 TE              |  | (1) (1) (1) (1) (1) (1) (1) (1)                  |                                  |  |
| a Debt-financed property  |                           |  |  |                                  |  |
| b Not debt-financed property  | -                         |  | ├  |                                  |  |
| 6 Net rental income or (loss) from personal   |                           |  |  |                                  | •  |
| property  |                           |  | ├  | ,                                |  |
| 7 Other investment income   |                           |  | <del>                                     </del> |                                  |  |
| 8 Gain or (loss) from sales of assets other   |                           |  | 18   | -126.                            |  |
| than inventory  | <b> </b>                  |  | 1 20   | -120.                            |  |
| 9 Net income or (loss) from special events  |                           |  | ├  |                                  |  |
| 10 Gross profit or (loss) from sales of inventory   |                           | <u></u>  | +  |                                  |  |
| 11 Other revenue:   |                           |  |  |                                  | •  |
| a   | <del></del>               |  | <del> </del>                                     |                                  | · · · · · · · · · · · · · · · · · · ·  |
| b   |                           |  | $\vdash$   |                                  |  |
| C   |                           |  | ļ  |                                  |  |
|   | 1                         |  |  |                                  |  |
| d   |                           |  |  |                                  |  |
| de  | 15 of observing           | 0  |  | 1 564                            |  |
| d e Subtotal. Add columns (b), (d), and (e)   |                           | 0.   | Z.X  |                                  |  |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)  |                           | 0.   | 2726   | 1,564.                           | 1 = 1 1  |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  |                           |  |  | 13                               |  |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVEB Relationship of Activities to   | the Acco                  | mplishment of Exc  | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part V B Relationship of Activities to Line No Explain below how each activity for which income   | the Acco                  | mplishment of Exe  | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVEB Relationship of Activities to   | the Acco                  | mplishment of Exe  | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part V B Relationship of Activities to Line No Explain below how each activity for which income   | the Acco                  | mplishment of Exe  | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part V B Relationship of Activities to Line No Explain below how each activity for which income   | the Acco                  | mplishment of Exe  | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part V B Relationship of Activities to Line No Explain below how each activity for which income   | the Acco                  | mplishment of Exe  | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part V B Relationship of Activities to Line No Explain below how each activity for which income   | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part V B Relationship of Activities to Line No Explain below how each activity for which income   | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part V B Relationship of Activities to Line No Explain below how each activity for which income   | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
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| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns). | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVIB Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns).   | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVIBI Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns).  | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |
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| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part: XV B Relationship of Activities to  Line No Explain below how each activity for which income the foundation's exempt purposes (other than the second columns).  | the Acco                  | mplishment of Exe<br>n column (e) of Part XVI-A<br>nds for such purposes). | empt   | 13<br>Purposes                   | 1,564.   |

| Form 990-PF (2  |  |                           |                   | SON FOUNDATI                      |                           | 39-200                            |                             | Pa        | ge 13    |
|---|--|---------------------------|-------------------|-----------------------------------|---------------------------|-----------------------------------|-----------------------------|-----------|----------|
| Part XVII   | Information Re<br>Exempt Organ                             |                           | sfers to a        | nd Transactions a                 | nd Relationsh             | ips With Nonchar                  | itable                      |           |          |
| 1 Did the ex  | <del></del>  |                           | of the followin   | ig with any other organizati      | ion described in sect     |                                   |                             | Yes       | No       |
|   |  |                           |                   | g to political organizations?     |                           | 1011 30 1(6)                      |                             |           | <u> </u> |
|   | from the reporting found                                   |                           |                   |                                   |                           |                                   |                             |           |          |
| (1) Cash  | , ,  | anon to a nonona na       | 5.6 6.6p. 5. 5    | ,uu                               |                           |                                   | 1a(1)                       |           | X        |
| (2) Othe  |  |                           |                   |                                   |                           |                                   | 1a(2)                       |           | Х        |
| b Other tran  |  |                           |                   |                                   |                           |                                   | 1=1=7                       |           |          |
| -   | s of assets to a noncharital                               | ble evemnt organiza       | tion              |                                   |                           |                                   | 1b(1)                       |           | X        |
| ٠,  | hases of assets from a noi                                 |                           |                   |                                   |                           |                                   | 1b(2)                       |           | X        |
|   |  |                           | n gamzation       |                                   |                           |                                   | 1b(3)                       |           | X        |
| <ul><li>(3) Rental of facilities, equipment, or other assets</li><li>(4) Reimbursement arrangements</li></ul> |  |                           |                   |                                   |                           |                                   |                             |           |          |
| (5) Loans or loan guarantees  |  |                           |                   |                                   |                           |                                   |                             |           | X        |
|   | ormance of services or me                                  | embershin or fundral      | sına salıcıtatın  | ns                                |                           |                                   | 1b(5)<br>1b(6)              |           | X        |
| · ,   | of facilities, equipment, ma                               | ,                         | -                 |                                   |                           |                                   | 1c                          |           | X        |
|   |  | •                         |                   | dule. Column (b) should a         | lways show the fair r     | market value of the goods.        |                             | ets.      |          |
|   | -  |                           | -                 | ed less than fair market val      |                           |                                   |                             | ,         |          |
|   | d) the value of the goods,                                 |                           |                   |                                   | •                         |                                   |                             |           |          |
| (a) Line no   | (b) Amount involved  |                           |                   | e exempt organization             | (d) Description           | n of transfers, transactions, and | sharing arra                | ıngemen   | ts       |
|   |  |                           | N/A               |                                   |                           |                                   |                             |           |          |
|   |  |                           |                   |                                   |                           |                                   |                             |           |          |
|   |  |                           |                   |                                   |                           |                                   |                             |           |          |
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|   |  |                           |                   |                                   |                           |                                   | _                           |           |          |
|   |  |                           |                   |                                   |                           |                                   |                             |           |          |
|   |  |                           |                   |                                   |                           |                                   |                             |           |          |
|   | ndation directly or indirect<br>501(c) (other than section | •                         | •                 | or more tax-exempt organ          | izations described        | Γ                                 | Yes                         | X         | ] No     |
|   | omplete the following sch                                  |                           | otton ozr         |                                   |                           | •                                 |                             |           | ,        |
| <u> </u>  | (a) Name of org  |                           | -                 | (b) Type of organization          | T                         | (c) Description of relation       | ship                        |           |          |
|   | N/A  |                           |                   | <u> </u>                          |                           |                                   |                             |           |          |
|   |  |                           |                   |                                   | 1                         |                                   | ·                           |           |          |
|   |  |                           |                   |                                   |                           |                                   |                             |           |          |
| -   |  |                           |                   |                                   |                           |                                   |                             |           |          |
|   |  |                           |                   |                                   |                           |                                   |                             |           |          |
|   |  |                           |                   | accompanying schedules and s      |                           |                                   | ay the IRS d                | iscuss th | iis      |
| Sign  | elief, it is true, correct, and com                        | nplete Declaration of pre | parer (other than | taxpayer) is based on all informa | ation of which preparer h | as any knowledge re               | turn with the<br>own below? | prepare   | r i      |
| Here  | (nidith (  | C. (Presi                 | MON               | 16-25-20                          | DIRECT                    | ror [                             | X Yes                       |           | ] No     |
| Sigr  | ature of officer or trustee                                |                           |                   | Date                              | Title                     |                                   |                             |           |          |
|   | Print/Type preparer's na                                   | ime                       | Preparer's si     | gnature                           | Date                      | Check if PTIN                     |                             |           | _        |
|   |  |                           |                   |                                   |                           | self- employed                    |                             |           |          |
| Paid  | ANTHONY FA   |                           |                   | Y FAUST                           | 06/22/20                  |                                   | 0017                        |           |          |
| Preparer  | Firm's name ► CLI  | FTONLARSO                 | NALLEN            | LLP                               | _                         | Firm's EIN ► 41-0                 | 7467                        | 49        |          |
| Use Only  |  |                           | ·                 |                                   |                           |                                   |                             |           |          |
|   | Firm's address ► 37  |                           |                   |                                   |                           |                                   |                             |           |          |
|   | FO:  | ND DU LAC                 | <u>, WI 54</u>    | 4935                              |                           | Phone no. 920-9                   |                             |           |          |
|   |  |                           |                   |                                   |                           | F                                 | orm <b>990</b>              | )-PF (    | 2019)    |

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2019

Name of the organization

Employer identification number

| EI  | OISE RUEPING ATKINSON FOUNDATION, INC  | 39-2001599   |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Organization type (check of                                     | one)   |  |  |  |  |  |  |
| Filers of:  | Section:   |  |  |  |  |  |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization  |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private foundation  |  |  |  |  |  |  |
|   | 527 political organization   |  |  |  |  |  |  |
| Form 990 PF X 501(c)(3) exempt private foundation               |  |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |  |
|   | 501(c)(3) taxable private foundation   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   | s covered by the <b>General Rule</b> or a <b>Special Rule</b> .<br>(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule   | e See instructions                                 |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| General Rule  |  |  |  |  |  |  |  |
| =   | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's   |  |  |  |  |  |  |
| Special Rules   |  |  |  |  |  |  |  |
| sections 509(a)(1) any one contributo                           | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount, line 1 Complete Parts I and II   | or 16b, and that received from                     |  |  |  |  |  |
| year, total contribu  | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from a stions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educatly to children or animals. Complete Parts I, II, and III   | -  |  |  |  |  |  |
| year, contributions<br>is checked, enter h<br>purpose Don't cor | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled molere the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the General Rule applies to this organization because it refer to contributions totaling \$5,000 or more during the year | re than \$1,000 If this box<br>, charitable, etc , |  |  |  |  |  |
| but it must answer "No" on                                      | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For<br>Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo<br>ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)   | •  |  |  |  |  |  |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

| ELOISE RUEPING ATKINSON FOUR | NDATION | , INC |
|------------------------------|---------|-------|
|------------------------------|---------|-------|

39-2001599

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if additional | al space is needed         |   |
|------------|--|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution   |
| 1          | N/A  | \$ 35,538.                 | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
| ;          |  | \$                         | Person Payroll Onncash Complete Part II for noncash contributions ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution   |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution   |
|            |  | \$                         | Person Payroll Noncash Complete Part II for noncash contributions ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
|            |  | \$                         | Person Payroll Onncash Complete Part II for noncash contributions ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

## ELOISE RUEPING ATKINSON FOUNDATION, INC

39-2001599

| Part II                      | Noncash Property (see instructions) Use duplicate copies of Part II if a | dditional space is needed                |                      |
|------------------------------|--|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                               | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| 1                            | 166 SHS EACH OF CORTEVA INC STOCK AND DUPONT DE NEMOURS INC STOCK        |  |                      |
|                              |  | \$15,387.                                | 08/27/19             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                               | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                               | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                               | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                               | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | \$                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                               | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | \$                                       |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization ELOISE RUEPING ATKINSON FOUNDATION, 39-2001599 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 info once) > \$\_ Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part\_I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF             | (                                     | BAIN OR     | (LOSS)                  | FROM S    | ALE              | OF AS          | SETS          |              | STAT        | EMENT 1               |
|-------------------------|---------------------------------------|-------------|-------------------------|-----------|------------------|----------------|---------------|--------------|-------------|-----------------------|
|                         | A)<br>OF PROPERTY                     | <u>r</u>    |                         |           |                  |                | NNER<br>UIRED | DAT<br>ACQUI |             | DATE SOLI             |
| 166 SHS COR             | TEVA INC                              | _           |                         |           |                  | DON            | ATED          | 08/13        | /13         | 08/29/19              |
| SA                      | (B)<br>GROSS<br>LES PRICE             |             | C)<br>JE AT<br>OF ACQ.  | EXPE      | D)<br>NSE<br>ALE | OF             | (E)<br>DEPRE  | c.           |             | F)<br>OR LOSS         |
|                         | 4,773.                                |             | 4,811.                  |           |                  | 0.             |               | 0.           |             | -38                   |
|                         | A)<br>OF PROPERTY                     | <u>.</u>    |                         |           |                  |                | NNER<br>UIRED | DAT<br>ACQUI |             | DATE SOLI             |
| 166 SHS DUP             | ONT DE NEMOU                          | —<br>JRS    |                         |           |                  | DON            | ATED          | 08/13        | /13         | 08/29/19              |
| SA                      | (B)<br>GROSS<br>LES PRICE             |             | C)<br>JE AT<br>DF ACQ.  | EXPE      | D)<br>NSE<br>ALE | OF             | (E)           | c.           |             | F)<br>OR LOSS         |
|                         | 10,639.                               |             | 10,727.                 |           |                  | 0.             |               | 0.           |             | -88.                  |
| CAPITAL GAII            | NS DIVIDENDS                          |             |                         |           |                  |                |               |              |             | 0.                    |
| TOTAL TO FOR            | KM JJU-Pr, r                          | WEIT,       | LINE 6A                 |           |                  |                |               |              |             | -126.                 |
| TOTAL TO FOI            | RM 990-PF, F                          | ARI I,      | LINE 6A                 | <u>.</u>  |                  |                |               |              | <del></del> | -126.                 |
|                         | · · · · · · · · · · · · · · · · · · · | <del></del> | LINE 6A                 | TEREST    | FRO              | M SEC          | JRITIE:       | =<br>S       | STAT        | -126.<br>EMENT 2      |
| TOTAL TO FOIFORM 990-PF | DI                                    | <del></del> |                         | TAL<br>IS | RE               | (A) VENUE BOOK | NET           | (B)          | <b>T</b> -  | EMENT 2  (C) ADJUSTED |
| FORM 990-PF             | DI                                    | VIDENDS     | CAPIT<br>GAIN<br>DIVIDE | TAL<br>IS | RE               | (A)            | NET<br>S MEN' | (B)<br>INVES | T- Z        | EMENT 2               |

0.

0.

| ELUISE RUEPING ATKINSON FOUN             | DATION, INC                  |                                   |             | 39-2001599  |  |
|--|------------------------------|-----------------------------------|-------------|-------------|--|
| FORM 990-PF                              | ACCOUNTI                     | NG FEES                           | STATEMENT 3 |             |  |
| DESCRIPTION                              |                              | (B)<br>NET INVEST-<br>MENT INCOME |             | CHARITABLE  |  |
| CLIFTONLARSONALLEN LLP - ACCOUNTING FEES | 1,250.                       | 625.                              |             | 625.        |  |
| TO FORM 990-PF, PG 1, LN 16B             | 1,250.                       | 625.                              |             | 625.        |  |
| FORM 990-PF                              | TAX                          | ES                                | STATEMENT 4 |             |  |
| DESCRIPTION                              | (A)<br>EXPENSES<br>PER BOOKS |                                   |             | CHARITABLE  |  |
| TAXES                                    | 70.                          | 0.                                |             | 0.          |  |
| TO FORM 990-PF, PG 1, LN 18              | 70.                          | 0.                                |             | 0.          |  |
| FORM 990-PF                              | OTHER E                      | XPENSES                           |             | STATEMENT 5 |  |
| DESCRIPTION                              | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |             |             |  |

| FORM 990-PF C                                 | ORPORATE S | TOCK |                    | STATEMENT 6          |
|---|------------|------|--------------------|----------------------|
| DESCRIPTION                                   |            | во   | OK VALUE           | FAIR MARKET<br>VALUE |
| PROCTOR & GAMBLE CO AUTOMATIC DATA PROCESSING |            |      | 4,140.<br>19,519.  | 12,490.<br>38,363.   |
| MGE ENERGY INC ILLINOIS TOOL WORKS INC        |            |      | 16,248.<br>10,494. | 23,646.<br>11,676.   |
| TOTAL TO FORM 990-PF, PART II, LII            | NE 10B     |      | 50,401.            | 86,175.              |

80.

80.

0.

0.

TO FORM 990-PF, PG 1, LN 23

CHECKS