Department of the Treesury

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.lrs.gov/Form990PF for Instructions and the latest information.

For	alen	dar year 2018 or tax year beginning		, and ending		
		foundation	A Employer identification number			
	_		00 154000			
		. VENTURE/SCHMIDT FAMILY	39-1540933			
		nd street (or P.O. box number if mail is not delivered to street a	Room/suite	B Telephone number (920) 831-	0010	
	_	BETTER WAY	estal and			
		own, state or province, country, and ZIP or foreign p LETON, WI 54915	OSIZI CODE		C If exemption application is po	anding, check here
		all that apply: Initial return	Initial return of a fr	ormer public charity	D 1. Foreign organizations	check here
•	, ioon	Final return	Amended return	ormer poons ormerly		
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	heck		cempt private foundation	<u> </u>	E If private foundation sta	
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1)	
			ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
-			ther (specify)			(B), check here
	\$	4,670,108. (Part I, colur	nn (d) must be on cash basi	s.)		
R	Jást	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	_	,,, — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 — 1 1 — 1	expenses per books	income	income	(cosh basis only)
	1	Contributions, gifts, grants, etc., received				TO STATE OF THE ST
N19	2	Check X If the foundation is not required to attach Sch. B Interest on sevings and temporary			NOTE OF THE PARTY	
2	3	Dividends and interest from securities	121,289.	120,987.	 	SHARRAYICANER
7] - 5.	Gross rents	121,203.	220,307.		
2		Net rental income or (loss)	125000000000000000000000000000000000000			
S		Net gain or (loss) from sale of assets not on line 10	527.521.		10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASAN SANSON
	Ь	Gross sales price for all 2,851,985.				CE INSTRUMENT
Ğ	7	Capital gain net income (from Part IV, line 2)		527,521.	20 00年8月1日 - 100年8月1日 - 100年8月1	
Ž	8	Net short-term capital gain			₩ WA	
ANNESSA	9	Income modifications				
Ķ	,	Gross sales less returns and allowances			Designation of the second	(1) (1) (1) (1) (1) (1)
SC		Less: Cost of goods sold				进口证据与现代的
	C	Gross profit or (loss)				
	11	Other income	C40 010	C40 F00		
_	12	Total. Add lines 1 through 11	648,810.	648,508. 0.		
	13 14	Compensation of officers, directors, trustees, etc.		<u> </u>	-	0.
	15	Other employee salaries and wages Pension plans, employee benefits	<u> </u>			
9		Legal fees				
)DSC	Ь.	Accounting fees STMT 2	2,200.	1,100.	 	1,100.
Expenses	, c	Other professional fees STMT 3	26,524.	26,524.		0.
ve E	17					
ath	18	Interest STMT 4	13,137.	2,419.		0.
Inistrati	19	Depreciation and depletion				
Admir	20	Occupancy				
PΨ	21	Travel, conferences, and meetings				
pue	22	Printing and publications			ļ	
İng		Other expenses STMT 5	297.	297.	 	0.
Operatin	24	Total operating and administrative	42 150	20 240		1 100
Ope	05	expenses. Add lines 13 through 23	42,158.	30,340.		1,100. 1,525,400.
	25 26	Contributions, gifts, grants paid Total expenses and disbursements.	1,323,400.			1,545,400.
	20	Add lines 24 and 25	1,567,558.	30,340.		1,526,500.
_	27	Subtract line 26 from line 12:	2,307,3300		Name of the Party	
		Excess of revenue over expenses and disbursaments	-918.748.			
		Net investment income (if negative, enter -0-)	TO BE SEED OF THE			AT SECULATION
			F 100 (100 H)			PERSONAL PROPERTY.

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

2018.03040 U.S. VENTURE/SCHMIDT FAMI 576PF

-				
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	1	5	5, <u>316,524.</u>
2	Enter amount from Part I, line 27a	2		-918,748.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4	4	1,397,776.
5	Decreases not included in line 2 (itemize) ▶	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4	1,397,776.
_				OOO DE mario

(a) List and describe the kindight of property vold (for sournight, rail estates, 2-b to 19 (b) those acquiring (c) Date acquiring (mo., day, yr.) 1. EMO HARRIS SHORT TERM 2. CAPITAL GAINS DIVIDINDS 4. (a) Gross safes price (f) Dispreciation allowed (or allowable) (r) allowed (or allowable) (r) allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (or allowable) (r) Day, 3, 859. (e) Dispreciation allowed (r) Day	Partily Capital Gains	and Losses for Tax on Ir	vestment	Income					
EMD BARRIS LONG TERM	(a) List and describe 2-story brick wa	the kind(s) of property sold (for exarehouse, or common stock, 200 sh	ample, real esta s. MLC Co.)	te,	(b) H	ow acquired Purchase Donation			
CAPITAL GAINS DIVIDENDS	1a BMO HARRIS SHOP	RT TERM							
(e) Gross sales price (7) Depreciation allowed (no allowable) (1) Coor or other basis (1) Gain or (less) (1)					<u> </u>				
(a) Gross sakes price (7) Depreciation allowed (a) (2) Cost or other basis (b) Gain or (kies) (e) plus (7) minus (9) (e) plus (7) minus (9) (e) plus (8) minus (9) (e) plus (9) (9)		DIVIDENDS			├ ─				
(e) Gross sales price (f) Deprociation allowed (or allowable) (p) (so of other basis plus expenses of sales (le) plus (f) minus (p)) (e) plus (f) minus (p) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f			-		\vdash				
B									
1	a 923,859.	<u>`</u> , <u>`</u>		930,48	1.				-6,622.
Complete only for assets showing gain in column (it) and owned by the foundation on 12/3 1/68. (i) FMW as of 12/3 1/69				1,393,98	3.				485,573.
Complete only for assets showing gain in column (h) and owned by the foundation on 123168. (i) FMW as of 123169 (ii) Adjusted basis (ii) Expess of rod. (ii) Casses (from col. (iii)) as of 123169 (iii) FMW as of 123169 (iii) Adjusted basis (iii) Expess of rod. (iii) Casses (from col. (iii)) coses (from col. (iii)) over col. (i), if any col. (iii) as of 123169 (iii) Expess of rod. (iii) Casses (from col. (iii)) coses (from col. (ii	c 48,570.				_+				48,570.
Complete only for assets showing gain in column (fl) and owned by the foundation on 1221/89. (i) FMW so of 12/31/89 (ii) Adjusted basis (ix) Excess of col. (ii) closses (from col. (iii) closses (from col. (iiii) closses (from col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u>d</u>		 						
(i) FMV as of 12/31/69 (ii) Adjusted basis over cot. (i), if any cold. (ix), but not less than 4-) or 1.csses (from cot. (iii)) as of 12/31/69 (iv) as of 12/31/69 (iv) cover cot. (i), if any cover cot. (ii), if any cover cot. (ii), if any cover cot. (ii), if any cover cot. (iii), if any cover co		e sein in saluma (h) and award hu	the foundation	en 40/01/60				(0-1-(1)1-	
(i) FMV as of 12/31/69 a	Complete only for assets snowin				\dashv	C	(1) Gains ol. (k), bi	i (Col. (N) gain ut not less tha	minus n -0-) or
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 2 527, 521.	(i) FMV as of 12/31/69		(K) EX	col. (j), if any			Loss	es (from col. (h)) '
Be a capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 8, column (c). If loss, enter -0- in Part I, line 9, column (c). If loss, enter -0- in Part I, line 9, column (d). If loss, enter -0- in Part I, line 9, column (d). If loss, enter -0- in Part I, line 7, check the box in Part VI, line 10, and complete that part using a 1% tax rate. 8	1		 		$\neg \uparrow$				-6,622.
Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 7 If gloss, enter 10 Part I, line 7 If gain, also enter in Part I, line 7 If gloss, enter 10 Part I, line 7 If gloss, enter 10 Part I, line 8 If gain, also enter in Part I, line 8 If gain, also enter in Part I, line 8 If gloss, enter 10 Part I, line 4 If gain, also enter in Part I, line 4 If gloss, enter 10 Part I, line 4 If gloss, enter 10 Part I, line 10 Part I, line 10 Part II, l									
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 N/A Beatwell (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c): If (loss), enter -0- in Part I, line 8, column (c): If (loss), enter -0- in Part I, line 8 Beatwell (Qualification Under Section 4840(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation doesn't qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see the instructions before making any entries. Inter the appropriate amount in each column for each year; see the instructions before making any entries. Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets (a) Calendar year (a) Calendar year (b) Adjusted qualifying distributions Net value of noncharitable-use assets (b) Adjusted qualifying distributions Net value of noncharitable-use assets (cot. (b) divided by cot. (c)) Cot. (b) divided by cot. (c)) Adjusted qualifying distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years The foundation has been in existence if less than 5 years A certain of line 1, column (d) A certain of line 1, column (d) A certain of line 2 by 5.0, or by the number of years The foundation has been in existence if less than 5 years A certain of line 1 westment income (1% of Part I, line 27b) Add lines 5 and 6 Finer qualifying distributions from Part XII, line 4 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.	C								48,570.
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 7, line 1, line 2, line 3, line 3, line 2, line 3, l	d								
2 Capital gain net Income or (net capital loss)	<u>e</u>	<u> </u>							
If gias, also enter in Part I, line 8, column (c). If (loss), enter 0-in Part I, line 8 . Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If Yes, the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets 2016 2 1, 428, 943. 6 7, 81, 069. 2017 2017 1, 428, 943. 6 7, 81, 069. 2016 2 2, 440, 189. 7 , 076, 000. 344854 2015 2016 2 1, 1, 10, 244. 7 , 573, 0, 099. 1, 46604 2014 969, 020. 6 , 972, 876. 1, 138970 2013 8 08, 487. 5 , 565, 796. 1, 45260 2 Total of line 1, column (d). 2 986413 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 5 1, 131, 302. 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 1 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.	2 Capital gain net income or (net ca				. }	2	_		527,521.
Calcillation Company			nd (6):		3				
(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If Yes X No If Yes, the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Callendar year (or tax year beginning in) Adjusted qualifying distributions (b) (c) Net value of noncharitable-use assets (cot. (b) divided by col. (c) Distribution ratio (cot. (b) divided by col. (c) 2017 1, 428, 943. 6, 781, 069. 210725 2016 2, 440, 189. 7, 076, 000. 344854 2015 1, 110, 244. 7, 573, 099. 146604 2014 969, 020. 6, 972, 876. 138970 2013 808, 487. 5, 565, 796. 145260 2 Total of line 1, column (d). 2 .986413 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 6, 182. 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than Part XII, line 1b, and complete that part using a 1% tax rate.	If (loss), enter -0- in Part I, line 8	nder Poetien 4040/e) ton	· Dod	Tay on Nat		3		N/A	
If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If Yes, the foundation idean't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Adjusted qualifying distributions Net value of noncharitable-use assets (co. (b) divided by co. (c) 2017 1,428,943. 6,781,069. 2110725 2016 2,440,189. 7,076,000. 344854 2015 1,110,244. 7,573,099. 146604 2014 969,020. 6,972,876. 138970 2013 808,487. 5,565,796. 145260 2 Total of line 1, column (d). 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 Add lines 5 and 6 7 1,137,484. 8 Enter qualifying distributions from Part XII, line 27b) 8 In in Enter the part using a 1% tax rate. See the Part V instructions.							OHIE		
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?	(For optional use by domestic private	toundations subject to the section	4940(a) tax on	net investment in	come.)				
Tyes,* the foundation doesn't qualify under section 4940(e). Do not complete this part. The content of the appropriate amount in each column for each year; see the instructions before making any entries. Calendar year (or tax year beginning in)	If section 4940(d)(2) applies, leave the	nis part blank.							
Tyes,* the foundation doesn't qualify under section 4940(e). Do not complete this part. The content of the appropriate amount in each column for each year; see the instructions before making any entries. Calendar year (or tax year beginning in)	Was the foundation liable for the sec	tion 4942 tax on the distributable ar	TOUNT OF ANY VE	ar in the base peri	iod?				Yes X No
Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Col. (b) divided by col. (c)				•			·· · ····		
Calendar year (of tax year beginning in) Adjusted qualifying distributions Net Value of Indictantable-use assets (col. (b) divided by col. (c))	1 Enter the appropriate amount in	each column for each year; see the i	instructions bef	ore making any er	ntries.				
2016 2 , 440 , 189 7 , 076 , 000 344854	(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying di		Net value of no	nchari		-	Distril (col. (b) div	(d) oution ratio rided by col. (c))
2015 1,110,244. 7,573,099									
2014 969,020. 6,972,876									
2 Total of line 1, column (d) 2 .986413 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 1,137,484. 8 Enter qualifying distributions from Part XII, line 4 8 1,526,500. 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.									
2 Total of line 1, column (d) 2 .986413 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 .197283 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 5,734,410. 5 Multiply line 4 by line 3 5 1,131,302. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 6,182. 7 Add lines 5 and 6 7 1,137,484. 8 Enter qualifying distributions from Part XII, line 4 8 1,526,500. 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.									
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.	2013		70,407.		<u> </u>	303,13	+		.143200
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.	2 Total of line 1, column (d)						2		.986413
the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 1,137,484. 8 Enter qualifying distributions from Part XII, line 4 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.	3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.0), or by the number	er of ye	ears			
5 1,131,302. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 6,182. 7 Add lines 5 and 6 7 1,137,484. 8 Enter qualifying distributions from Part XII, line 4 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.							3		.197283
5 1,131,302. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 6,182. 7 Add lines 5 and 6 7 1,137,484. 8 Enter qualifying distributions from Part XII, line 4 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.	A Fatar the act value of acceptable	de une genete for 0040 from Dock V	line F						5 724 41n
6 Enter 1% of net investment income (1% of Part I, line 27b) 6 6,182. 7 Add lines 5 and 6 7 1,137,484. 8 Enter qualifying distributions from Part XII, line 4 8 1,526,500. 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.	- Enter the net value of noncharnag	ne-use assets for 20 to from Part A,			•••••		┈┝┸	<u> </u>	<u>J, /J4,410.</u>
7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.	5 Multiply line 4 by line 3						<u>.</u> _ <u>5</u>		1,131,302.
7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.									
8 Enter qualifying distributions from Part XII, line 4	6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		6,182.
8 Enter qualifying distributions from Part XII, line 4	7 Add lines 5 and 6						,		1 137 181
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.	r Muu iiiiga 3 diili 0						· '		
See the Part VI instructions.	8 Enter qualifying distributions from	n Part XII, line 4					8		1,526,500.
والمستون والمستون والمراب والمناب والمستون والمس		line 7, check the box in Part VI, lin	e 1b, and comp	lete that part using	g a 1%	tax rate.			
EARL IN-11-15	See the Part VI Instructions. 823521 12-11-18		· · · · · · · · · · · · · · · · · · ·		_				orm 990-PF (2018)

	990-PF (2018) U.S. VENTURE/SCHMIDT FAMILY FOUNDATION 39-154	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	6,182.
	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	0.
	Add lines 1 and 2	6,182.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	6,182.
6	Credits/Payments:	
	2018 estimated tax payments and 2017 overpayment credited to 2018	
	Exempt foreign organizations - tax withheld at source 6b 0 -	
	Tax paid with application for extension of time to file (Form 8868) 6c 0 -	
_ d		8,000.
	Total credits and payments. Add lines 6a through 6d	0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1,818.
	Enter the amount of line 10 to be: Credited to 2019 estimated tax	0.
Rā	Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes No
	any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	. 1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	
	distributed by the foundation in connection with the activities.	
	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 year: (1) On the foundation. \$\infty\$ \$0 \cdot (2) On foundation managers. \$\infty\$ \$0 \cdot\$	
_	(1) On the foundation. \$	
6	managers. > \$ 0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
_	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	42 X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
_	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
	By language in the governing instrument, or By chits legislation that effectively among the among instrument on that no mandatory dispersions that conflict with the state law.	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6 X
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	
•	in the foundation have at least wo, our in account at any time during the year. It is so to prote that it, out (o), and it at the	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	-
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	
	of each state as required by General Instruction G? If "No," attach explanation	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	
_	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If "Yea," attach a schedule listing their names and addresses	10 X -xm 990-PF (2018)

şká	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
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13		13	X	
	Website address ► N/A			
14	The books are in care of ► AMBER SIMONDS Telephone no. ► 920.2		<u>872</u>	
	Located at ► 425 BETTER WAY, APPLETON, WI	<u>4915</u>		
15				\cdot
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16			Yes	-
	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		2.5	
	foreign country			
	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	是进	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?		1.00 m	5,6
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	医 夏	4.27	
	a disqualified person? Yes X No		4	
	(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			1.5
	for the benefit or use of a disqualified person)?	N. J.		(3.5)
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	羅制
	if the foundation agreed to make a grant to or to employ the official for a period after		3,5	
	termination of government service, if terminating within 90 days.)			
Ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	27.7		
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 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	2002		
	defined in section 4942(j)(3) or 4942(j)(5)):			4.6.8
	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			2
_	hefore 20182			
	If "Yes," list the years >			7.546
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	- 4	7 H	
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		7.5	
	statement - see instructions.) N/A	2h		A-Williams A.
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	C10.2	S. S. S.	
•				
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?	E.		
h	If "Yes," did it have excess business holdings in 2018 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		题	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	7		
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b	المتنسس	PARE S
1-	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	78	125	
U		4b	<u> پين جون </u>	X
		orm 99 ()-PF	_

823541 12-11-18

Form 990-PF (2018) U.S. VENTURE/SCHMIDT FAM: Party 11:58 Statements Regarding Activities for Which F			39-15409:	33 Page 6
	Onn 4720 may born	equirea _{(continu}	ueoj W	Yes No
5a During the year, did the foundation pay or incur any amount to:	40454-330		. Leb.)" (28	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			IS LALINO BE	
(2) Influence the outcome of any specific public election (see section 4955); o			. [37] 🕻	
any voter registration drive?				
(3) Provide a grant to an individual for travel, study, or other similar purposes			es X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio			[TT]	国国际公司
4945(d)(4)(A)? See instructions		Ye	s 🔼 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,			[32]	
the prevention of cruelty to children or animals?		L Ye	s LAL No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un				
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		<u>N</u> /A.	5b
Organizations relying on a current notice regarding disaster assistance, check I	nere		▶└ 🌃	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	om the tax because it maintai	ned		
expenditure responsibility for the grant?		[<u>/A</u> Ye	es 🔲 No 🕍	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			2	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	· —		
a personal benefit contract?		🗀 Ye	es 💹 No 🖺	《 图图 图图
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			ඕ	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	🗀 Ye	es 🗶 No 🧏	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		嗣	
excess parachute payment(s) during the year?		🗀 Ye	s X No	
excess parachute payment(s) during the year? [EartiVIII Information About Officers, Directors, Trustor Paid Employees, and Contractors	es, Foundation Mar	nagers, Highly	<u>-</u>	
1 List all officers, directors, trustees, and foundation managers and t	neir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
f. S. Stanon and address	hours per week devoted		employee benefit plans	account other
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
(a) Name and address JULIE WULTERKENS	hours per week devoted to position VICE PRESIDEN	(If not paid, enter -0-)	I and deterred I	account, other
	to position	(If not paid, enter -0-)	I and deterred I	account, other
JULIE WULTERKENS	to position	(If not paid, enter -0-)	I and deterred I	account, other
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915	to position VICE PRESIDEN	(If not paid, enter -0-)	and deterted compensation	account, other allowances
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915	to position VICE PRESIDEN 1.00	(If not paid, enter -0-)	and deterted compensation	account, other allowances
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY	to position VICE PRESIDEN 1.00	(If not paid, enter -0-)	and deterted compensation	account, other allowances
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT	to position VICE PRESIDEN 1.00 PRESIDENT	(If not paid, enter -0-) T	and deterred compensation	account, other allowances
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY	to position VICE PRESIDEN 1.00 PRESIDENT 1.00	(If not paid, enter -0-) T	and deterred compensation	account, other allowances
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY	(If not paid, enter -0-) T O .	and deterred compensation	account, other allowances 0 •
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00	(If not paid, enter -0-) T	and deterred compensation	account, other allowances
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY	(If not paid, enter -0-) T O .	and deterred compensation	account, other allowances 0 •
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER	(If not paid, enter -0-) T O. O.	and deterred compensation	account, other allowances O . O .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00	(If not paid, enter -0-) T O. O.	and deterred compensation	account, other allowances 0 •
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 buded on line 1). If none, o	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . (e) Expense
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O. O.	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 tuded on line 1). If none, of the position of the line of	(If not paid, enter -0-) T O O O enter "NONE."	and deterred compensation	0 . 0 . 0 . (e) Expense
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .
JULIE WULTERKENS 425 BETTER WAY APPLETON, WI 54915 ANDREW SCHMIDT 425 BETTER WAY APPLETON, WI 54915 JACKIE SHARKEY 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 CHUCK DAUK 425 BETTER WAY APPLETON, WI 54915 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position VICE PRESIDEN 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 uded on line 1). If none, of hours per week	(If not paid, enter -0-) T O O O enter "NONE."	and deterred Compensation O - O -	0 . 0 . 0 . 0 .

orm 990-PF (2018) U.S. VENTURE / SCHMIDT FAMILY FO		-1540933 Page 7
Paid Employees, and Contractors (continued)		
Five highest-paid independent contractors for professional services. If none, e		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services		
Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant s umber of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the produced, etc.	Expenses
N/A		
	<u>_</u>	_
		
		_
		-
Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	- on lines 4 and 0	
	on lines 1 and 2.	Amount
N/A		-
		4
NII ather program related in contrasts Continue transfer of		
NI other program-related investments. See instructions.]
	· · · · · · · · · · · · · · · · · · ·	-
]
		4
		i .

Total. Add lines 1 through 3

Ŗ	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ındations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		 -
	Average monthly fair market value of securities	1a	5,624,476.
	Average of monthly cash balances	1b	197,260.
	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	5,821,736.
e	Reduction claimed for blockage or other factors reported on lines 1a and	强酸	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,821,736.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	87,326.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,734,410.
6	Minimum investment return. Enter 5% of line 5	6	286,721.
E	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	nd certain	· · · · · · · · · · · · · · · · · · ·
1	Minimum investment return from Part X, line 6	Ti	286,721.
2 a	Tax on investment income for 2018 from Part VI, line 5		
Ь	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	6,182.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	280,539.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	280,539.
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	280,539
退	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	逐渐	
2	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,526,500.
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:		
	Suitability test (prior IRS approval required)	34	
	Cash distribution test (attach the required schedule)	3ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,526,500.
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	6,182.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,520,318.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		

4940(e) reduction of tax in those years.

IPart VIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				200 520
line 7				280,539.
2 Undistributed income, if any, as of the end of 2018:			0.	
a Enter amount for 2017 only		BONDAN TOWN		
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013 536, 445.				
LE 0014 629 506				用的基础。
e From 2015 740,073.				
d From 2016 2,088,714.				
e From 2017 1,102,742.				
f Total of lines 3a through e	5,097,480.			
4 Qualifying distributions for 2018 from	建建筑的			
Part XII, line 4: ► \$ 1,526,500.				
a Applied to 2017, but not more than line 2a		2	0.	图图图
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	建 然是,我是是这个	11. 12. 12. 12. 12. 12. 12. 12. 12. 12.
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount		"是有一种"。	A101, 2378, 518, 1820.	280,539.
e Remaining amount distributed out of corpus	1,245,961.		医多种 医神经 电弧	BURNEY CONTRACTOR
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
& Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,343,441.	国体系数据		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
e 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	美工作的			
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must		10.7		5
be distributed in 2019	并是这些企业制度的			0.
7 Amounts treated as distributions out of			最多这些意思。	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_		1.27	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	506 445	国际 国际 1000 1000 1000 1000 1000 1000 1000 10		
not applied on line 5 or line 7	536,445.			
9 Excess distributions carryover to 2019.	E 006 006			
Subtract lines 7 and 8 from line 6a	5,806,996.			
0 Analysis of line 9:				
a Excess from 2014 629,506.				
b Excess from 2015 740,073.				
e Excess from 2016 2,088,714.				
d Excess from 2017 1,102,742. e Excess from 2018 1,245,961.				
e Excess from 2018 1,245,961.			DESCRIPTION SERVICE AND ADDRESS OF THE PARTY	Form 990-PF (2018)

Form **990-PF** (2018)

Form 990-PF (2018) U.S. VE	NTURE/SCHMI	DT FAMILY F	OUNDATION	39-15	40933 Page 10
PartiXIV Private Operating Fo	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating	_		
foundation, and the ruling is effective for					/
b Check box to indicate whether the found	<u> </u>	ng foundation described i		4942(j)(3) or49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2018	(b) 2017	Prior 3 years (c) 2016	(d) 2015	(e) Total
income from Part I or the minimum	(12) 2010	(0) 2017	(6) 2010	(4)2015	(6) 10(8)
investment return from Part X for		ļ			}
each year listed b 85% of line 2a					
e Qualifying distributions from Part XII,					
line 4 for each year listed			/		
d Amounts included in line 2c not					
used directly for active conduct of				}	1
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			1		
Subtract line 2d from line 2c			<u> </u>		
3 Complete 3a, b, or c for the alternative test relied upon:			1	İ	· ·
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on					
securities loans (section 5 2(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	,				
(3) Largest amount of support from				 	
an exempt organization			1		
(4) Gross investment income		 	 		
PartXV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during the	ne year-see instr	uctions.)			
1 Information Regarding Foundatio	_				
a List any managers of the foundation who			ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	section 507(a)(2).)		•	
SEE STATEMENT 8					
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large porti	on of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contributi Check here ► X if the foundation of	nly makes contributions	to preselected charitable	organizations and does i		ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condit	ions, complete items 2a,	b, c, and d.	·
a The name, address, and telephone number	er or email address of th	ne person to whom applic	cations should be address	sed:	
b The form in which applications should b	e submitted and information	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	, kinds of institutions. or	other factors:	
		,			
823601 12-11-18					Form 990-PF (2018)

0.

<u> 3b</u>

Total

RantXVIIAT Analysis of Income-Produ					
Enter gross amounts unless otherwise indicated.		Unrelated business income (a) (b) Business Amount		ed by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
1					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies	🗀				
2 Membership dues and assessments					
3 Interest on savings and temporary cash			l l		
investments	. L.				
4 Dividends and interest from securities			14	121,289.	
5 Net rental income or (loss) from real estate:	整理部	高智智 (1882年)			
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	j		18	527,521.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
1					
b					
C	-	1700			
d					
6	-				
12 Subtotal. Add columns (b), (d), and (e)		0	. 整建	648,810.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	648,810.
(See worksheet in line 13 instructions to verify calculations.)					
ারের প্রায়ার Relationship of Activities		omplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which in	come is reported	in column (e) of Part XV	1-A contrib	uted importantly to the accomp	plishment of
the foundation's exempt purposes (other that	n by providing tu	inds for such purposes).			
					
					
					
					
		<u>.</u>			
	 	<u></u>			
		· · · · · · · · · · · · · · · · · · ·			

823621 12-11-18

orm 99			MIDT FAMILY FOUNT		39-1540		Page 13
arener.	Exempt Organ		15 to and Hansactions at	iu neiauonsnipi	Willi Hollellall	abie	
(ot a Tra	the organization directly or indi ther than section 501(c)(3) organ insfers from the reporting found	rectly engage in any of the lizations) or in section 52 ation to a noncharitable ex					es No
(2) b Oti (1) (2)	Other assets ner transactions: Sales of assets to a noncharita Purchases of assets from a no	ble exempt organization	ization			1a(1) 1a(2) 1b(1) 1b(2) 1b(3)	X X X X X X
(5) (6) c Sh d if t	Loans or loan guarantees Performance of services or me aring of facilities, equipment, ma the answer to any of the above is	mbership or fundraising saling lists, other assets, or "Yes," complete the follow coundation. If the foundation	solicitations r paid employees wing schedule. Column (b) should all on received less than fair market valu received.	ways show the fair mar	ket value of the goods, o		X X X X X X X X S,
(a) Line r	o. (b) Amount involved	(c) Name of non	charitable exempt organization	(d) Description of	ransfers, transactions, and a	haring arrang	ements.
	the foundation directly or indirects	•	ed to, one or more tax-exempt organia	zations described		Yes	[X] No
	Yes," complete the following sch	edule.					A No
	(a) Name of org	Janization	(b) Type of organization	(C)	Description of relations	ııp	
	N/A						
							
					<u> </u>		
	Liberary people of payon, Liberary	hat I have exemped this when		the best of	- handada	-	
Sign Here		plete. Declaration of preparar	n, including accompanying schedules and at (other than taxpayer) is based on all informat		my knowledge. May retus sho	the IRS due on with the pr wn below? So Yes	reparer
	Print/Type preparer's na		parer's signature		eck if PTIN		

P00044108

920.733.7385

Firm's EIN ▶ 39-0859910

Paid

Preparer

Use Only

JAMES J. MALCZEWS

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP

APPLETON, WI 54912-2459

Firm's address ▶ 2201 E ENTERPRISE AVE

JAMES J.

MALCZEWSKI, CPA

self- employed

05/05/19

FORM 990-PF D	IVIDENDS	AND INTER	REST	FROM SECUR	ITIES S'	PATEMENT 1
	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BMO HARRIS BANK N.A.	169,859.	48,57	70.	121,289.	120,987.	
TO PART I, LINE 4	169,859.	48,57	70.	121,289.	120,987.	
FORM 990-PF		ACCOUNTI	ING I	FEES	S'	TATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX RETURN PREPARATION	r	2,200.	. —	1,100.		1,100.
TO FORM 990-PF, PG 1,	LN 16B	2,200.	. —	1,100.	. ——	1,100.
DESCRIPTION		(A) EXPENSES PER BOOKS	NE'	(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	TATEMENT 3 (D) CHARITABLE PURPOSES
MONEY MANAGEMENT FEES		26,524.		26,524.		0.
TO FORM 990-PF, PG 1,	LN 16C	26,524		26,524.		0.
FORM 990-PF		TAX	KES		S'	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX EXPENSE EXCISE TAX EXPENSE		2,419. 10,718.		2,419.		0.
TO FORM 990-PF, PG 1,	LN 18	13,137.		2,419.		0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	297.	297.		0.
TO FORM 990-PF, PG 1, LN 23	297.	297.		0.

FORM 990-PF	CORPORATE STOCK	···	STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
BMO WEALTH MANAGEMENT - CO	RPORATE STOCK	3,182,321.	3,488,781
TOTAL TO FORM 990-PF, PART	II, LINE 10B	3,182,321.	3,488,781
FORM 990-PF	CORPORATE BONDS		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
BMO WEALTH MANAGEMENT - CO	RPORATE BONDS	1,125,441.	1,091,313
TOTAL TO FORM 990-PF, PART	II, LINE 10C	1,125,441.	1,091,313
			

FORM 990-PF	PART XV - LINE 1A	STATEMENT 8
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

JULIE WULTERKENS ANDREW SCHMIDT JACKIE SHARKEY CHUCK DAUK