

**Form 990-PF**  
Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

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

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

2018

## **Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation WR & FLOY A SAUEY FAMILY FOUNDATION		<b>A Employer identification number</b> 39-1934775
Number and street (or P O box number if mail is not delivered to street address) 715 LYNN AVE		Room/suite
City or town, state or province, country, and ZIP or foreign postal code BARABOO, WI 53913		<b>B Telephone number (see instructions)</b> (608) 356-2130
<b>G Check all that apply</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Initial return           <input type="checkbox"/> Initial return of a former public charity             <input type="checkbox"/> Final return           <input type="checkbox"/> Amended return             <input type="checkbox"/> Address change           <input type="checkbox"/> Name change         </div>		<b>C If exemption application is pending, check here</b> ► <input type="checkbox"/>
<b>H Check type of organization</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation             <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust           <input type="checkbox"/> Other taxable private foundation         </div>		<b>D 1. Foreign organizations, check here</b> ► <input type="checkbox"/> <b>2 Foreign organizations meeting the 85% test, check here and attach computation</b> ► <input type="checkbox"/>
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16)</b> ► \$ 4,914,785		<b>J Accounting method</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> Cash           <input type="checkbox"/> Accrual             <input type="checkbox"/> Other (specify) _____         </div> <p><i>(Part I, column (d) must be on cash basis)</i></p>
		<b>E If private foundation status was terminated under section 507(b)(1)(A), check here</b> ► <input type="checkbox"/> <b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here</b> ► <input type="checkbox"/>

## **Part I** Analysis of Revenue and Expenses *(The total*

**Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )

(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule)	33,899		
	<b>2</b> Check ► <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B			
	<b>3</b> Interest on savings and temporary cash investments			
	<b>4</b> Dividends and interest from securities . . .	115,503	115,503	
	<b>5a</b> Gross rents . . . . .			
	<b>b</b> Net rental income or (loss) _____			
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	1,010,960		
	<b>b</b> Gross sales price for all assets on line 6a	4,725,727		
	<b>7</b> Capital gain net income (from Part IV, line 2) . . .		1,010,960	
	<b>8</b> Net short-term capital gain . . . . .			
	<b>9</b> Income modifications . . . . .			
	<b>10a</b> Gross sales less returns and allowances			
	<b>b</b> Less Cost of goods sold . . . .			
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .			
	<b>11</b> Other income (attach schedule) . . . . .			
	<b>12</b> <b>Total.</b> Add lines 1 through 11 . . . . .	1,160,362	1,126,463	

Operating and Administrative Expenses		15,000	0	0
<b>13</b>	Compensation of officers, directors, trustees, etc			
<b>14</b>	Other employee salaries and wages . . . . .			
<b>15</b>	Pension plans, employee benefits . . . . .			
<b>16a</b>	Legal fees (attach schedule) . . . . .			
<b>b</b>	Accounting fees (attach schedule) . . . . .	4,765	0	0
<b>c</b>	Other professional fees (attach schedule) . . . . .	10,693	10,693	0
<b>17</b>	Interest . . . . .			
<b>18</b>	Taxes (attach schedule) (see instructions) . . . . .	5,172	1,624	0
<b>19</b>	Depreciation (attach schedule) and depletion . . . . .			
<b>20</b>	Occupancy . . . . .			
<b>21</b>	Travel, conferences, and meetings . . . . .	250	0	0
<b>22</b>	Printing and publications . . . . .			
<b>23</b>	Other expenses (attach schedule) . . . . .	13,746	0	0
<b>24</b>	<b>Total operating and administrative expenses.</b>			
	Add lines 13 through 23 . . . . .	49,626	12,317	0
<b>25</b>	Contributions, gifts, grants paid . . . . .	216,150		216,150
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	265,776	12,317	216,150
<b>27</b>	Subtract line 26 from line 12			
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	894,586		
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		1,114,146	
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-) . . . . .			

	<b>Part II Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash—non-interest-bearing		72,070	10,490	10,490
	2 Savings and temporary cash investments				
	3 Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)				
	c Investments—corporate bonds (attach schedule)				
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)		4,551,017	5,435,948	4,904,295
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► _____)				
	16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		4,623,087	5,446,438	4,914,785
	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► _____)		0	0	
	23 <b>Total liabilities</b> (add lines 17 through 22)		0	0	
	<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27 Capital stock, trust principal, or current funds		0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund		0	0	
	29 Retained earnings, accumulated income, endowment, or other funds		4,623,087	5,446,438	
	30 <b>Total net assets or fund balances</b> (see instructions)		4,623,087	5,446,438	
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions)		4,623,087	5,446,438	

**Part III Analysis of Changes in Net Assets or Fund Balances**

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	4,623,087
2	Enter amount from Part I, line 27a	2	894,586
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3	4	5,517,673
5	Decreases not included in line 2 (itemize) ►	5	71,235
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	5,446,438

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> PUBLICLY TRADED SECURITIES			2018-01-01	2018-12-31
<b>b</b> PUBLICLY TRADED SECURITIES			2018-01-01	2018-12-31
<b>c</b> PUBLICLY TRADED SECURITIES			2017-01-01	2018-12-31
<b>d</b> PUBLICLY TRADED SECURITIES			2017-01-01	2018-02-01
<b>e</b> CAPITAL GAINS DIVIDENDS		P		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> 514,169		502,556	12,346	
<b>b</b> 119,445		119,445	0	
<b>c</b> 3,673,212		2,905,026	768,202	
<b>d</b> 297,523		188,489	109,034	
<b>e</b> 121,378			121,378	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
<b>a</b>			12,346	
<b>b</b>			0	
<b>c</b>			768,202	
<b>d</b>			109,034	
<b>e</b>			121,378	
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	2	1,010,960
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8				

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

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

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

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

 Yes  No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	197,055	4,207,211	0 046837
2016	67,973	3,725,457	0 018246
2015	172,500	3,487,130	0 049468
2014	73,500	2,860,089	0 025699
2013	80,500	1,647,905	0 048850
<b>2</b> Total of line 1, column (d)			0 189100
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			0 037820
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			5,346,395
<b>5</b> Multiply line 4 by line 3			202,201
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			11,141
<b>7</b> Add lines 5 and 6			213,342
<b>8</b> Enter qualifying distributions from Part XII, line 4			216,150

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1	1	11,141
	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 ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 2b	1	11,141
c	All other domestic foundations enter 2% of line 2b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2.	3	11,141
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	5	11,141
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	2,240
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	20,060
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments Add lines 6a through 6d.	7	22,300
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	11,159
11	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ►	11,159	Refunded ►
		11	0

**Part VII-A 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 any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b	Yes	No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	Yes	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1)	On the foundation ► \$ _____ 0	(2)	On foundation managers ► \$ _____ 0	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Yes	No
	<i>If "Yes," attach a detailed description of the activities</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"> <li>By language in the governing instrument, or</li> <li>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?</li> </ul>	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	►WI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	Yes	
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 taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	Yes	No

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

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	No
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	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►KAREN RIEBS	Telephone no ►(608) 356-2130	
Located at ►715 LYNN AVE BARABOO WI			ZIP+4 ►53913
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. and enter the amount of tax-exempt interest received or accrued during the year.	15	<input type="checkbox"/>
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

		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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (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).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here.	1b	
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	No
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))		
a	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 before 2018? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions)	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	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 of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	No

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

<b>(a) Name and address of each employee paid more than \$50,000</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
NONE				

**Total number of other employees paid over \$50,000.** ► 0

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. . . . . ► 0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

**Expenses**

1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

**Amount**

1	
2	
3	

All other program-related investments See instructions

Total. Add lines 1 through 3	► 0
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**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations, see instructions )

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	5,383,095
b	Average of monthly cash balances. . . . .	1b	44,717
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	5,427,812
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	5,427,812
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	81,417
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,346,395
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	267,320

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

1	Minimum investment return from Part X, line 6. . . . .	1	267,320
2a	Tax on investment income for 2018 from Part VI, line 5. . . . .	2a	11,141
b	Income tax for 2018 (This does not include the tax from Part VI). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	11,141
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	256,179
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	256,179
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	256,179

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	216,150
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		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	216,150
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions. . . . .	5	11,141
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	205,009
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				256,179
<b>2</b> Undistributed income, if any, as of the end of 2018			18,166	
<b>a</b> Enter amount for 2017 only. . . . .		0		
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ► \$ 216,150			18,166	
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				197,984
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .			0	
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .			0	
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				0
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				58,195
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .			
b	85% of line 2a . . . . .			
c	Qualifying distributions from Part XII, line 4 for each year listed . . . . .			
d	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .			
3	Complete 3a, b, or c for the alternative test relied upon			
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 512(a)(5)), or royalties) . . . . .			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .			
(3)	Largest amount of support from an exempt organization . . . . .			
(4)	Gross investment income . . . . .			

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

ALISON MARTIN  
C/O NORDIC GROUP 715 LYNN AVE  
BARABOO, WI 53913  
(608) 356-2130

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

APPLICANTS SUBMIT INFORMATION FOR THE SCHOLARSHIP PROGRAM THROUGH A MULTISTEP FORMAT FIRST THEY SUBMIT A GENERAL APPLICATION WITH BASIC INFORMATION THEY SEND IN OFFICIAL TRANSCRIPTS OF THEIR GRADES FROM HIGH SCHOOL AND/OR ANY COLLEGE CREDIT COURSES THEY MAY HAVE TAKEN THEY ASK 2 PEOPLE TO WRITE RECOMMENDATIONS FOR THEM - 1 IS TO BE A TEACHER AND 1 IS TO BE A COMMUNITY MEMBER LASTLY EACH STUDENT MUST KEYBOARD AN ANSWER TO AN ESSAY QUESTION WRITTEN BY THE SCHOLARSHIP SELECTION COMMITTEE THIS ESSAY ANSWER IS KEYBOARDED AT THE STUDENT'S LOCAL NORDIC GROUP FACILITY

- c Any submission deadlines

THERE ARE VARIOUS DEADLINES THROUGHOUT THE PROCESS

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

THE RESTRICTIONS ON THE SCHOLARSHIPS ARE THAT THE STUDENTS MUST BE CHILDREN OR LEGAL GUARDIANS OF ASSOCIATES OF THE NORDIC GROUP OF COMPANIES, INC ALSO THE SCHOLARSHIPS ARE CHOSEN WITH AN EMPHASIS ON BUSINESS AND TECHNICAL DEGREES, BUT THE SELECTION COMMITTEE HAS CHOSEN STUDENTS IN ALL FIELDS THE STUDENTS MUST BE UNDER 25 AND FIRST DEGREE AFTER HIGH SCHOOL APPLICANTS

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

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

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
a					
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments.					
<b>3</b> Interest on savings and temporary cash investments					
<b>4</b> Dividends and interest from securities.			14	115,503	
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income.					
<b>8</b> Gain or (loss) from sales of assets other than inventory			18	1,010,960	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue a					
b					
c					
d					
e					
<b>12</b> Subtotal Add columns (b), (d), and (e).		0		1,126,463	0
<b>13</b> Total. Add line 12, columns (b), (d), and (e).			13		1,126,463
(See worksheet in line 13 instructions to verify calculations.)					

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



## Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ALISON MARTIN 715 LYNN AVENUE BARABOO, WI 53913	PRESIDENT 6 00	15,000	0	0
KARI PEMBERTON 715 LYNN AVENUE BARABOO, WI 53913	SECRETARY 1 00	0	0	0
KAREN RIEBS 715 LYNN AVENUE BARABOO, WI 53913	TREASURER 2 00	0	0	0
WILLIAM R SAUEY 715 LYNN AVENUE BARABOO, WI 53913	DIRECTOR 1 00	0	0	0
CHARLES FRANK 715 LYNN AVENUE BARABOO, WI 53913	DIRECTOR 1 00	0	0	0
SONJA STAUFFACHER 715 LYNN AVENUE BARABOO, WI 53913	DIRECTOR 4 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
3RHINOS MEDIA 1530 TILLBERRY DR BARABOO, WI 53913	NONE	ORGANIZATION	DONATION	5,000
AGRACE FOUNDATION 670 S BLVD BARABOO, WI 53913	NONE	ORGANIZATION	DONATION	4,000
AL RINGLING THEATRE 136 4TH AVE BARABOO, WI 53913	NONE	ORGANIZATION	DONATION	75,000
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
AMANDA MEEKERE4558 CTY RD V LA VALLE, WI 53941	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
ANDREW HARTZELLMATC 700 W STATE STREET MILWAUKEE, WI 53233	NONE	INDIVIDUAL	SCHOLARSHIP	500
ANDREW SAIIAUW BARABOO 1006 CONNIE RD BARABOO, WI 53913	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
ANITA MAJD UNIVERSITY KENT UK CANTERBURY CT2 7NZ UK	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
BARABOO RIVER EQUINE E12570 COUNTY RD W BARABOO, WI 53913	NONE	ORGANIZATION	DONATION	5,000
BATTERED WOMEN'S SHELTER 974 MARKET ST AKRON, OH 44305	NONE	ORGANIZATION	DONATION	2,200
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BIG BROTHERS BIG SISTERS OF NORTHEAST OHIO 8 NORTH STATE STREET PAINESVILLE, OH 44077	NONE	ORGANIZATION	DONATION	1,900
BOYS AND GIRLS CLUB OF GREATER KANSAS CITY - OLATHE UNIT 520 S HARRISON STREET OLATHE, KS 66061	NONE	ORGANIZATION	DONATION	1,900
BOYS AND GIRLS CLUB OF METRO PHOENIX 4309 E BELLEVUE ST BLDG 14 PHOENIX, AZ 85008	NONE	ORGANIZATION	DONATION	1,900
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
BOYS AND GIRLS CLUB OF SW WISC 124 2ND ST STE 20 BARABOO, WI 53913	NONE	ORGANIZATION	DONATION	1,900
BOYS AND GIRLS CLUB OF THE WESTERN RESERVE 889 JONATHAN AVENUE AKRON, OH 44306	NONE	ORGANIZATION	DONATION	1,900
CAL CENTER PRESENTSPO BOX 284 REEDSBURG, WI 53959	NONE	ORGANIZATION	DONATION	2,000
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CHRYsalis SHELTER 2055 W NORTHERN AVE PHOENIX, AZ 85021	NONE	ORGANIZATION	DONATION	2,200
CIRCLE OF LOVEPO BOX 641 GREENSBORO, GA 30642	NONE	ORGANIZATION	DONATION	2,200
COLUMBIA VEHICLE GROUPCRANE FOUNDATION 5830 W FLAMINGO RD LAS VEGAS, NV 89103	NONE	ORGANIZATION	DONATION	18,450
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
DEMELZA HOUSEKENT ME9 8DZ SITTINGBOURNE UK	NONE	ORGANIZATION	DONATION	1,900
ELIZABETH GERMAN UW LACROSSE 1725 STATE ST LA CROSSE, WI 54601	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
EMILY MAINEU OF BATHBATH BA2 7AY SOMERSET UK	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
ERIC FRANKPO BOX 231 LA VALLE, WI 53941	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
ERICA OSTRANDER 2400 ERNSTMEYER RD REEDSBURG, WI 53959	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
FOUNDATION FOR YOUTH OF BARTHOLOMEW COUNTRY 405 HOPE AVENUE COLUMBUS, IN 472016435	NONE	ORGANIZATION	DONATION	1,900
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
GARY BERNDTE13910 US STATE RD 33 BARABOO, WI 53913	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
GREATER SAUK COUNTY COMMUNITY FOUNDATION PO BOX 544 BARABOO, WI 53913	NONE	ORGANIZATION	DONATION	13,000
HOPE HOUSE720 ASH ST BARABOO, WI 53913	NONE	ORGANIZATION	DONATION	20,000
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
JANE KIPP 1 TRITON CIR FORT DODGE, IA 50501	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
JEFF BERNING PO BOX 255 LA VALLE, WI 53941	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
JUDY LAUBMEIER 5233 ENCHANTED VALLEY RD CROSS PLAINS, WI 53528	NONE	INDIVIDUAL	DONATION	600
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
KELLI RAFIJKO 29901 NORTHLAND AVE ELROY, WI 53929	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
KRISTINA MARTYNICK 211 N WASHINGTON ST VIOLA, WI 54664	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
LAUREN EVANS UW STEVENS POINT 2100 MAIN ST STEVENS POINT, WI 54481	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
LYNSEY UNBEHAUR SW TECH 1800 BRONSON BLVD FENNIMORE, WI 53809	NONE	INDIVIDUAL	SCHOLARSHIP	500
MARCIA SONNERBERG 541 S PARK ST REEDSBURG, WI 53959	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
MORGAN COUNTY BOYS AND GIRLS CLUB 920 PEARL ST MADISON, GA 30650	NONE	ORGANIZATION	DONATION	1,900
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
NANCY CABLEPO BOX 32 ROCK SPRINGS, WI 53959	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
OASIS DOMESTIC ABUSE SUPPORT KENT CT9 4GA MARGATE UK	NONE	ORGANIZATION	DONATION	2,200
SAFEHOMEPO BOX 4563 OVERLAND PARK, KS 66204	NONE	ORGANIZATION	DONATION	2,200
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SEATSS7559 HWY 12 LOT K-11 NORTH FREEDOM, WI 53951	NONE	ORGANIZATION	DONATION	1,000
SHANE LEWERNZ635 DIVISION ST REEDSBURG, WI 53959	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
SHAWN CUMMINGS404 3RD STREET BARABOO, WI 53913	NONE	INDIVIDUAL	SCHOLARSHIP	500
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
TIFFANY ANDRODEUW MADISON 1308 W DAYTON ST MADISON, WI 53715	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
TONYA ZIMMER 1015 ACADEMY ST ELROY, WI 53959	NONE	INDIVIDUAL	QUALIFIED DISASTER RECOVERY GRANT	1,000
TURNING POINT PO BOX 103 COLUMBUS, IN 472020103	NONE	ORGANIZATION	DONATION	2,200
<b>Total . . . . .</b>			► 3a	216,150

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
UW PLATTEVILLE - EMS SENIOR DESIGN 1 UNIVERSITY PLAZA PLATTEVILLE, WI 53818	NONE	ORGANIZATION	DONATION	5,000
VALERIE EVANSUW STEVENS POINT 2100 MAIN ST STEVENS POINT, WI 54481	NONE	INDIVIDUAL	SCHOLARSHIP	3,000
WOMEN SAFE INC 12041 RAVENNA ROAD CHARDON, OH 44024	NONE	ORGANIZATION	DONATION	2,200
<b>Total . . . . .</b>			► 3a	216,150

## TY 2018 Accounting Fees Schedule

**Name:** WR & FLOY A SAUEY FAMILY FOUNDATION**EIN:** 39-1934775

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEES	4,765	0	0	0

**TY 2018 Investments - Other Schedule****Name:** WR & FLOY A SAUEY FAMILY FOUNDATION**EIN:** 39-1934775**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BOND FUND OF AMERICA	FMV	89,413	88,990
CAPITAL WORLD BOND	FMV	268,413	256,817
EUROPACIFIC GROWTH FUND	FMV	287,493	230,433
FIDELITY 500 INDEX FUND	FMV	1,026,665	925,345
FIDELITY INT'L INDEX	FMV	168,751	138,241
GOLDMAN SACHS TR FIN'L SQUARE TREAS	FMV	439,855	439,855
AMERICAN FUNDS - GROWTH FUND OF AMERICA	FMV	330,423	315,239
NORTHERN EMERGING MRKTS EQUITY INDEX FUND	FMV	168,574	132,956
NORTHERN MID CAP INDEX PORT	FMV	649,886	531,979
NORTHERN SMALL CAP INDEX FUND	FMV	542,244	436,661
OPPENHEIMER DEV MRKTS	FMV	110,565	91,915
PIMCO INCOME FUND	FMV	172,502	166,075
PIMCO REAL RETURN BOND FUND	FMV	168,899	163,663
WESTERN ASSET CORE PLUS BOND FUND	FMV	568,266	548,266
AMERICAN CAP WORLD BD - CLASS F2	FMV	6,740	6,818
AMERICAN FUNDS - BOND FUND OF AMERICA - CLASS F2	FMV	437,259	431,042

## TY 2018 Other Decreases Schedule

**Name:** WR & FLOY A SAUEY FAMILY FOUNDATION

**EIN:** 39-1934775

Description	Amount
UNREALIZED GAINS/LOSSES	71,235

## TY 2018 Other Expenses Schedule

**Name:** WR & FLOY A SAUEY FAMILY FOUNDATION**EIN:** 39-1934775**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOOD	6,763	0		0
ADVERTISING	535	0		0
BANK FEES	30	0		0
SUPPLIES	2,283	0		0
POSTAGE	360	0		0
DUES AND SUBSCRIPTIONS	10	0		0
MISCELLANEOUS EXPENSES	3,765	0		0

## TY 2018 Other Professional Fees Schedule

**Name:** WR & FLOY A SAUEY FAMILY FOUNDATION**EIN:** 39-1934775

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
WELLS FARGO	10,693	10,693		0

## TY 2018 Taxes Schedule

**Name:** WR & FLOY A SAUEY FAMILY FOUNDATION**EIN:** 39-1934775

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	1,148	0		0
FOREIGN TAXES PD	1,624	1,624		0
FEDERAL TAX	2,400	0		0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

- Attach to Form 990, 990-EZ, or 990-PF
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

**2018**

<b>Name of the organization</b> WR & FLOY A SAUEY FAMILY FOUNDATION	<b>Employer identification number</b> 39-1934775
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**Organization type** (check one)**Filers of:** **Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> WR & FLOY A SAUEY FAMILY FOUNDATION		<b>Employer identification number</b> 39-1934775	
<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GOLF OUTING PROCEEDS	\$ 33,899	Person <input checked="" type="checkbox"/>
	S11048 RHINE DRIVE		Payroll <input type="checkbox"/>
	LAVALLE, WI 53941		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )

**Name of organization**  
WR & FLOY A SAUEY FAMILY FOUNDATION

**Employer identification number**

39-1934775

**Part II** **Noncash Property**

		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
				\$	
		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
				\$	
		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
				\$	
		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
				\$	
		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
				\$	
		(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
				\$	

**Name of organization**  
WR & FLOY A SAUEY FAMILY FOUNDATION

**Employer identification number**

39-1934775

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_*  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	