

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

Name of foundation THE WILLIAM D AND JOYCE E SEXTON FAMILY FOUNDATION		A Employer identification number 68-0551421	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 296		Room/suite	B Telephone number (see instructions) (320) 847-3100
City or town, state or province, country, and ZIP or foreign postal code CLARA CITY, MN 56222		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,276,317	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	

Part I 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)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	282,550			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,291	1,291		
	4 Dividends and interest from securities	12,779	12,779		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	4,805			
	b Gross sales price for all assets on line 6a _____ 307,059				
	7 Capital gain net income (from Part IV, line 2)		5,120		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	51,457	51,457		
	12 Total. Add lines 1 through 11	352,882	70,647		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,810			
	c Other professional fees (attach schedule)	3,303	3,303		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,814	1,814		
	19 Depreciation (attach schedule) and depletion	1,486			
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	10,413	5,117		0
	25 Contributions, gifts, grants paid	485,874			485,874
	26 Total expenses and disbursements. Add lines 24 and 25	496,287	5,117		485,874
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-143,405			
	b Net investment income (if negative, enter -0-)		65,530		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	182,869	43,390	43,390
	2	Savings and temporary cash investments	91,196	80,610	80,610
	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)	406,079	414,225	442,467
	c	Investments—corporate bonds (attach schedule)	45,813	45,813	54,741
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	2,000,932	2,000,932	2,655,109
	14	Land, buildings, and equipment basis ▶ <u>22,291</u> Less accumulated depreciation (attach schedule) ▶ <u>2,229</u>	21,548	20,062	
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,748,437	2,605,032	3,276,317	
Liabilities	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 ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	2,748,437	2,605,032	
30	Total net assets or fund balances (see instructions)	2,748,437	2,605,032		
31	Total liabilities and net assets/fund balances (see instructions) .	2,748,437	2,605,032		

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	2,748,437
2	Enter amount from Part I, line 27a	2	-143,405
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	2,605,032
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,605,032

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)
1a			

(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)
a			
b			
c			
d			
e			

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

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	5,120
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	3	

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	316,725	2,933,960	0 107951
2016	217,068	523,965	0 414280
2015	291,200	899,418	0 323765
2014	350,934	774,759	0 452959
2013	271,550	739,649	0 367134

2 Total of line 1, column (d)	2	1 666089
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	0 333218
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	2,597,220
5 Multiply line 4 by line 3	5	865,440
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	655
7 Add lines 5 and 6	7	866,095
8 Enter qualifying distributions from Part XII, line 4	8	485,874

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 ☐ 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 ☐ and enter 1% of Part I, line 27b	1	1,311
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	1,311
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,311
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	1,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,000
8	Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached	8	14
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	325
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
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	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ☐ \$ _____ (2) On foundation managers ☐ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	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) ☐ DE _____		
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. <i>If "Yes," complete Part XIV</i>	9	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	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 ► KEVIN NOBLE Telephone no ► (320) 847-3100			

Located at **►** PO BOX 296 CLARA CITY MN ZIP+4 **►** 55431

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► ☐	15		
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	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ 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). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. 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		
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? ☐ Yes ☒ No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 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? ☐ Yes ☒ 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		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	☐ Yes ☒ No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did any 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.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	☐		
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	☐ Yes ☐ No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ 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?	☐ Yes ☒ No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(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
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

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.		

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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

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	2,532,560
b	Average of monthly cash balances.	1b	104,212
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,636,772
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,636,772
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	39,552
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,597,220
6	Minimum investment return. Enter 5% of line 5.	6	129,861

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

1	Minimum investment return from Part X, line 6.	1	129,861
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	1,311
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,311
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	128,550
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	128,550
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	128,550

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	485,874
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	485,874
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	485,874

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				128,550
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.	234,743			
b From 2014.	313,028			
c From 2015.	246,596			
d From 2016.	191,570			
e From 2017.	170,892			
f Total of lines 3a through e.	1,156,829			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 485,874				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				128,550
e Remaining amount distributed out of corpus	357,324			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,514,153			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 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).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	234,743			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,279,410			
10 Analysis of line 9				
a Excess from 2014.	313,028			
b Excess from 2015.	246,596			
c Excess from 2016.	191,570			
d Excess from 2017.	170,892			
e Excess from 2018.	357,324			

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 ☐ 4942(j)(3) or ☐ 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
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 email address of the person to whom applications should be addressed	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

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

Recipient	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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
----------------------	--

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2019-11-12	*****	May the IRS discuss this return with the preparer shown below? (see instr)? ☒ Yes ☐ No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
	BARRY EVENSTAD CPA		2019-11-18		P00121807
	Firm's name ▶ HOFFMAN & BROBST PLLP				Firm's EIN ▶ 41-0978542
Firm's address ▶ 125 8TH AVE GRANITE FALLS, MN 56241					Phone no (320) 564-4070

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOYCE E SEXTON 2857 PARADISE RD 1203 LAS VEGAS, NV 89109	PRESIDENT 000 00	0	0	0
BILL SEXTON 2857 PARADISE ROAD LAS VEGAS, NV 89109	VICE PRESIDE 000 00	0	0	0
KEVIN NOBLE PO BOX 296 CLARA CITY, MN 56222	SEC/TREASURE 000 00	0	0	0
JENNIFER ORNBURG PO BOX 6189 INCLINE VILLAGE, NV 89450	DIRECTOR 000 00	0	0	0
JAMES SEXTON 9918 N PALISADES BLVD FOUNTAIN HILLS, AZ 85268	DIRECTOR 000 00	0	0	0
MATS SEXTON 4739 UPTON AVE S MINNEAPOLIS, MN 55410	DIRECTOR 000 00	0	0	0
THOMAS SEXTON 3016 NORTHVIEW ROAD WAYZATA, MN 55391	DIRECTOR 000 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)				
a <i>Paid during the year</i>				
ACHIEVE TAHOEPO BOX 8339 TRUCKEE, CA 96162	NONE	501-C 3	CHARITABLE ACTIVITIES	1,000
ALZHEIMER'S DISEASE RESEARCH 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871	NONE	501-C-3	CHARITABLE ACTIVITIES	200
AMERICAN CANCER SOCIETY PO BOX 19110 LAS VEGAS, NV 89132	NONE	501-C-3	CHARITABLE ACTIVITIES	200
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 85062	NONE	501-C-3	CHARITABLE ACTIVITIES	250
AMERICAN KIDNEY FUND PO BOX 1837 MERRIFIELD, VA 22116	NONE	501-C-3	CHARITABLE ACTIVITIES	500
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	501-C-3	CHARITABLE PURPOSE	500
Total  3a				485,874

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)				
a <i>Paid during the year</i>				
BE THE MATCH500 N 5TH STREET MINNEAPOLIS, MN 55401	NONE	501-C 3	CHARITABLE ACTIVITIES	4,000
BOYS & GIRLS CLUB OF THE TWIN CITIE 2575 UNIVERSITY AVE 100 ST PAUL, MN 55101	NONE	501-C-3	CHARITABLE ACTIVITIES	500
CATHOLIC COMMUNITY FOUNDATION ONE WATER ST W SUITE 200 ST PAUL, MN 55164	NONE	501-C-3	CHARITABLE ACTIVITIES	250
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
CATHOLIC SERVICES APPEAL 328 KELLOG BLVD W ST PAUL, MN 55102	NONE	501-C-3	CHARITABLE ACTIVITIES	2,500
CITY OF JASPER105 WALL ST EAST JASPER, MN 56144	NONE	LOCAL GOVT	BASKETBALL COURT	19,574
COLLEGE OF ST BENEDICT 37 S COLLEGE AVE ST JOSEPH, MN 56374	NONE	501-C-3	CHARITABLE ACTIVITIES	2,500
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
COURAGE CENTER 3915 GOLDEN VALLEY RD MINNEAPOLIS, MN 55401	NONE	501-C-3	CHARITABLE ACTIVITIES	200
COVENANT HOUSEPO BOX 731 NEW YORK, NY 10108	NONE	501-C-3	CHARITABLE ACTIVITIES	800
CULVER EDUCATIONAL FOUNDATION 1300 ACCADEMY RD 159 CULVER, IN 46511	NONE	501-C-3	CHARITABLE ACTIVITIES	2,000
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION PO BOX 96305 WASHINGTON, DC 20077	NONE	501-C-3	CHARITABLE PURPOSE	300
DUCKS UNLIMITED ONE WATERFOUL WAY MEMPHIS, TN 38120	NONE	501-C 3	CHARITABLE ACTIVITIES	100
EASTER SEALSPO BOX 40906 RENO, NV 89504	NONE	501-C-3	CHARITABLE ACTIVITIES	300
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
EMILY PROGRAM FOUNDATION 1295 BANDANA BLVD W STE 2 ST PAUL, MN 55108	NONE	501-C-3	CHARITABLE PURPOSE	500
HAMMER - GENERAL FUND 1909 E WAYZATA BLVD WAYZATA, MN 55391	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
HEADLANDS FOUNDATION 1401 LOS GAMOS DRIVE SAN RAFAEL, CA 94903	NONE	501-C-3	CHARITABLE ACTIVITIES	22,000
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
IOCP - BOB'S SLEEP OUT 110 GRAND AVE S WAYZATA, MN 55391	NONE	501-C-3	CHARITABLE ACTIVITIES	5,000
JASPER SCHOOL DOLLARS FOR SCHOLARS 1401 7TH STREET SW PIPESTONE, MN 56164	NONE	501-C-3	SCHOLARSHIPS	1,400
JUVENILE DIABETES RESEARCH FOUNDATI 5542 S FORT APACHE ROAD LAS VEGAS, NV 89148	NONE	501 C 3	CHARITABLE ACTIVITIES	3,500
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
KIDS & HORSES2869 ESAW STREET MINDEN, NV 89423	NONE	501-C 3	CHARITABLE ACTIVITIES	2,000
LAKE TAHOE SCHOOL995 TAHOE BLVD INCLINE VILLAGE, NV 89451	NONE	SCHOOL	CHARITABLE ACTIVITIES	3,000
LUEKEMIA & LYMPHOMA SOCIETY PO BOX 4072 PITTSFIELD, MA 01202	NONE	501-C-3	CHARITABLE ACTIVITIES	200
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
LUVERENE DOLLARS FOR SCHOLARS 1401 7TH STREET SW PIPESTONE, MN 56164	NONE	501 C 3	SCHOLARSHIPS	2,000
LUVERNE HOSPICE217 OAKLEY STREET LUVERNE, MN 56156	NONE	501-C 3	CHARITABLE ACTIVITIES	5,000
MADDIE'S FUND 6150 STONERIDGE MALL ROAD PLEASANTON, CA 94588	NONE	501-C 3	CHARITABLE PURPOSE	1,100
Total ▶ 3a				485,874

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)				
a Paid during the year				
MUSCULAR DYSTROPHY 3300 E SUNRISE DR RUCSON, AZ 85718	NONE	501-C-3	CHARITABLE ACTIVITIES	200
NATIONAL MULTIPLE SCLEROSIS PO BOX 11510 RENO, NV 89510	NONE	501-C-3	CHARITABLE ACTIVITIES	200
NEVADA HUMANE SOCIETY PO BOX KIND SPARKS, NV 89432	NONE	501-C-3	CHARITABLE ACTIVITIES	200
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
PATRIOT LIST1004 BLUERIDGE COURT CARSON CITY, NV 89705	NONE	501-C 3	CHARITABLE ACTIVITIES	2,900
PINK RIBBON GIRLS 15 SOUTH SECOND STREET TIPP CITY, OH 45371	NONE	501-C-3	CHARITABLE ACTIVITIES	1,500
PFLAGPO BOX 96519 WASHINGTON, DC 20090	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
PHEASANTS FOREVER 2880 THUNDER ROAD HOPKINTON, IA 52237	NONE	501-C 3	CHARITABLE ACTIVITIES	100
RENO SPARKS JR CHAMBER-CHRISTMAS ONE EAST FIRST ST 1600 RENO, NV 89501	NONE	501-C-3	CHARITABLE ACTIVITIES	200
RENO SPARKS GOSPEL MISSION PO BOX 5956 RENO, NV 89513	NONE	CHURCH	CHARITABLE PURPOSE	1,000
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
RENOWN HEALTH FOUNDATION 245 E LIBERTY STREET RENO, NV 89501	NONE	501-C 3	CHARITABLE ACTIVITIES	1,500
SALVATION ARMY615 SLATERS LANE ALEXANDRIA, VA 22313	NONE	501-C 3	CHARITABLE PURPOSE	200
SAVE-SUICIDE AWARENESS 7900 XERXES AVE S STE 810 BLOOMINGTON, MN 55431	NONE	501 C 3	CHARITABLE ACTIVITIES	2,500
Total ▶ 3a				485,874

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)				
a Paid during the year				
SOUTHWEST INITIATIVE FOUNDATION 15 3RD AVENUE NW HUTCHINSON, MN 55350	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
SPECIAL OLYMPICS NEVADA 4680 S POLARIS AVE 250 LAS VEGAS, NV 89128	NONE	501-C-3	CHARITABLE ACTIVITIES	200
ST BARTHOLOMEW 630 E WAYZATA BLVD WAYZATA, MN 55391	NONE	CHURCH	CHARITABLE ACTIVITIES	2,500
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
ST BERNARD OF CLAIRVAUX 10755 N 124TH ST SCOTTSDALE, AZ 85259	NONE	CHURCH	CHARITABLE ACTIVITIES	2,500
ST FRANCIS OF ASSISIPO BOX 4226 INCLINE VILLAGE, NV 89450	NONE	CHURCH	CHARITABLE PURPOSE	2,500
ST JOHNSBURY FOUNDATION 1000 MAIN STREET ST JOHNSBURY, VT 05819	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
ST JOHNS ABBEYPO BOX 772 COLLEGEVILLE, MN 56321	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
ST JOHNS UNIVERSITY-ANNUAL FUND PO BOX 772 COLLEGEVILLE, MN 563217222	NONE	501-C-3	CHARITABLE ACTIVITIES	327,500
ST JOHNS UNIVERSITY-ART & MUSIC PO BOX 772 COLLEGEVILLE, MN 563217222	NONE	501-C-3	CHARITABLE ACTIVITIES	2,500
Total ▶ 3a				485,874

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)				
a Paid during the year				
ST JOSEPH'S INDIAN SCHOOL PO BOX 200 CHAMBERLAIN, SD 57325	NONE	SCHOOL	CHARITABLE ACTIVITIES	2,000
ST JUDE CHILDREN'S RESEARCH HOSPITA PO BOX 50 MEMPHIS, TN 38101	NONE	501-C-3	CHARITABLE ACTIVITIES	250
SUSAN G KOMENPO BOX 650309 DALLAS, TX 75265	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
TCUPO BOX 297430 FORT WORTH, TX 76129	NONE	501-C3	CHARITABLE ACTIVITY	10,500
TEAMMATES FOR KIDSPO BOX 13740 DENVER, CO 80201	NONE	501-C 3	CHARITABLE ACTIVITIES	1,000
THE RETREAT1221 WAYZATA BLVD E WAYZATA, MN 55391	NONE	501-C-3	CHARITABLE ACTIVITIES	15,000
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
THE SMILE TRAINPO BOX 96231 WASHINGTON, DC 20090	NONE	501-C-3	CHARITABLE ACTIVITIES	1,000
THE ST PAUL SEMINARY - ST THOMAS CM-9768 PO BOX 70870 ST PAUL, MN 55164	NONE	CHURCH	CHARITABLE ACTIVITIES	250
THINK KINDNESS 316 CALIFORNIA AVENUE RENO, NV 89509	NONE	501-C 3	CHARITABLE ACTIVITIES	1,800
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
UNION GOSPEL MISSIONPO BOX 64389 ST PAUL, MN 55164	NONE	CHURCH	CHARITABLE ACTIVITIES	1,000
UNIVERSITY OF MN KAPPA KAPPA GAMMA 329 10TH AVENUE SE MINNEAPOLIS, MN 55414	NONE	501-C 3	CHARITABLE ACTIVITIES	2,000
WELLNESS HOUSE 131 N COUNTY LINE ROAD HINSDALE, IL 60521	NONE	501-C-3	CHARITABLE ACTIVITIES	500
Total ▶ 3a				485,874

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)				
a <i>Paid during the year</i>				
WIGGLE YOUR TOESPO BOX 385141 BLOOMINGTON, MN 55438	NONE	501-C 3	CHARITABLE ACTIVITIES	15,000
Total ▶ 3a				485,874

TY 2018 Accounting Fees Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	3,810			

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

TY 2018 Depreciation Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LEASEHOLD IMPROVEMENT	2017-07-26	22,291	743	S/L	15 0000	1,486			

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

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
200 SPDR WILSHIRE INTER REAL	2017-06	PURCHASE	2018-06		7,750	7,710			40	
175 E TRACS ALERIAN MLP	2017-01	PURCHASE	2018-12		3,616	5,075			-1,459	
90 VANGUARD REIT	2016-11	PURCHASE	2018-06		7,272	6,969			303	
1000 UNITED HEALTHCARE	2018-11	PURCHASE	2018-12		283,301	282,500			801	

TY 2018 Investments Corporate Bonds Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO FIXED INCOME	45,813	54,741

TY 2018 Investments Corporate Stock Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO EQUITIES	345,177	369,362
WELLS FARGO COMPLIMENTARY INVESTMENT	38,162	30,450
WELLS FARGO REAL ASSETS	30,886	42,655

TY 2018 Investments - Other Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
.993811 GRANITE EQUITY LLC	FMV	2,000,932	2,655,109

TY 2018 Land, Etc. Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	22,291	2,229	20,062	

TY 2018 Other Expenses Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE EXPENSE				

TY 2018 Other Income Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
WELLS FARGO OTHER INV INC	281	281	
GRANITE EQUITY LLC DISTRIBUTI	51,176	51,176	

TY 2018 Other Professional Fees Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WELLS FARGO FEES	3,303	3,303		
MANAGEMENT FEES				

TY 2018 Taxes Schedule

Name: THE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION

EIN: 68-0551421

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IRS	1,371	1,371		
FOREIGN TAXES PAID	443	443		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization THE WILLIAM D AND JOYCE E SEXTON FAMILY FOUNDATION		Employer identification number 68-0551421

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

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

Name of organization THE WILLIAM D AND JOYCE E SEXTON FAMILY FOUNDATION	Employer identification number 68-0551421
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM JOYCE SEXTON 2857 PARADISE ROAD 1203 LAS VEGAS, NV 89109	\$ 282,550	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization THE WILLIAM D AND JOYCE E SEXTON FAMILY FOUNDATION	Employer identification number 68-0551421
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1,000 SHARES UNITED HEALTHCARE	\$ 282 550	2018-11-29
(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
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____

Name of organizationTHE WILLIAM D AND JOYCE E SEXTON
FAMILY FOUNDATION**Employer identification number**

68-0551421

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
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(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
	_____	_____	_____
	_____	_____	_____
	(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