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DLN: 93491189004220

2019

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| | | ndar year 2019, or tax year beginning 01-01- | 201 | 9 , aı | nd ei | nding 12-31- | | | | |
|---------------------------------------|----------|--|--|---|-------|--|---|---|--|--|
| | | ındation nily Foundation Inc | | | | 1 | entification numbe | r | | |
| | | | | | | 20-3304142 | | | | |
| | | d street (or P.O. box number if mail is not delivered to street addre st Townsend Street | ss) | Room/suite | | B Telephone number (see instructions) | | | | |
| | | | | | | (414) 445-4250 | ı | | | |
| | | n, state or province, country, and ZIP or foreign postal code WI 53216 | | | | C If exemption | application is pending | g, check here | | |
| i Ch | neck al | ll that apply: 🔲 Initial return 🔲 Initial return of | a fo | rmer public charity | | D 1. Foreign or | ganizations, check he | re | | |
| | | ☐ Final return ☐ Amended retu | rn | | | | ganizations meeting | | | |
| | | Address change Name change | | | | | k here and attach cor | · - | | |
| I Ch | neck ty | vpe of organization: $lacksquare$ Section 501(c)(3) exempt priva | te fo | undation | | | ındation status was t n 507(b)(1)(A), checl | | | |
| | Section | n 4947(a)(1) nonexempt charitable trust | able | private foundation | | | | | | |
| of ' | year (f | xet value of all assets at end from Part II, col. (c), ▶\$ 6,828,995 J Accounting method: □ Other (specify) (Part I, column (d) method: | | Cash | al | | ation is in a 60-month n 507(b)(1)(B), checi | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | Τ, | - N - D | | | | (d) Disbursements | | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | (6 | a) Revenue and expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | | 466,764 | | | | | | |
| | 2 | Check ▶ ☐ if the foundation is not required to attach | | | | | | | | |
| | 3 | Sch. B Interest on savings and temporary cash investments | • - | | | | | | | |
| | 4 | Dividends and interest from securities | . - | 136,115 | | 136,115 | 136,115 | | | |
| | 5a | Gross rents | . F | | | | | | | |
| | b | Net rental income or (loss) | | | | | | | | |
| ne | 6a | Net gain or (loss) from sale of assets not on line 10 | | 31,073 | | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a 3,821,4 | 106 | | | 24.072 | | | | |
| ~ | 7 8 | Capital gain net income (from Part IV, line 2) | ' - | | | 31,073 | 30,462 | | | |
| | 9 | Income modifications | - | | | | 337.02 | | | |
| | 10a | Gross sales less returns and allowances | - | | | | | | | |
| | ь | Less: Cost of goods sold | | | | | | | | |
| | С | Gross profit or (loss) (attach schedule) | Ī | | | | | | | |
| | 11 | Other income (attach schedule) | 9 | 1,934 | | 1,934 | | | | |
| | 12 | Total. Add lines 1 through 11 | | 635,886 | | 169,122 | 166,577 | | | |
| | 13 | Compensation of officers, directors, trustees, etc. | | 3,000 | | 1,500 | | | | |
| | 14 | Other employee salaries and wages | <u> </u> | | | | | | | |
| Š | 15 | Pension plans, employee benefits | L | | | | | | | |
| e i | 16a | Legal fees (attach schedule) | L | | | | | | | |
| Š. | b | Accounting fees (attach schedule) | - ⊢ | 1,544 | | 1,544 | | | | |
| 9 | С | Other professional fees (attach schedule) | <u>ַ</u> | 52,473 | | 52,473 | | | | |
| <u> </u> | 17 | Interest | <u> </u> | 61 . 7.00 | | 3.500 | | | | |
| <u> </u> | 18 | Taxes (attach schedule) (see instructions) | <u> </u> | 6,768 | | 2,508 | | | | |
| Ē | 19 | Depreciation (attach schedule) and depletion | <u> </u> | | | | | | | |
| 5 | 20 21 | Occupancy | · - | | | | | | | |
| 2 | 22 | Printing and publications | <u> </u> | | | | | | | |
| Operating and Administrative Expenses | 23 | Other expenses (attach schedule) | _ | 2,442 | | | | | | |
| | 24 | Total operating and administrative expenses. | F | | | | | | | |
| ě | | Add lines 13 through 23 | | 66,227 | | 58,025 | | C | | |
| 5 | 25 | Contributions, gifts, grants paid | ⊢ | 370,000 | | · · | | 370,000 | | |
| | 26 | Total expenses and disbursements. Add lines 24 and | d | | | | | | | |
| | 27 | Subtract line 26 from line 12: | + | 436,227 | | 58,025 | | 370,000 | | |
| | a a | Excess of revenue over expenses and | | | | | | | | |
| | | disbursements | L | 199,659 | | | | | | |
| | b | Net investment income (if negative, enter -0-) | | | | 111,097 | | | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | | 166,577 | | | |

Page 2

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Net Assets or

26 27

28

29

30

Part III

2

3

Capital stock, trust principal, or current funds .

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Paid-in or capital surplus, or land, bldg., and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

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

| | 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 ▶ | | | | |
| y, | 8 | Inventories for sale or use | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | | | | |
| | b | Investments—corporate stock (attach schedule) | 2,319,580 | 49 3 | 2,436,714 | 2,769,129 |
| | С | Investments—corporate bonds (attach schedule) | 2,180,095 | چ | 2,218,058 | 2,229,901 |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | | |
| | ı | | | ı | | |

Less: accumulated depreciation (attach schedule) ▶ 12 Investments—mortgage loans . . . 1,546,946 1,370,502 13 Investments—other (attach schedule) 1,394,001 Land, buildings, and equipment: basis ▶ 14 Less: accumulated depreciation (attach schedule) ▶ 15 Other assets (describe 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) 6,261,579 6,461,238 6,828,995 17 Accounts payable and accrued expenses .

| - 1 | | recounts payable and decided expenses | | | |
|---------------|----|--|----------|-------|-------|
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| ≣ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| - | 22 | Other liabilities (describe) | 9 | 1,837 | 1,837 |
| | 23 | Total liabilities(add lines 17 through 22) | | 1,837 | 1,837 |
| Fund Balances | | Foundations that follow FASB ASC 958, check here ▶ □ and complete lines 24, 25, 29 and 30. | | | |
| <u> </u> | 24 | Net assets without donor restrictions | | | |
| ä | 25 | Net assets with donor restrictions | | | |
| r Func | | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. | | | |

6,259,742

6,259,742

6,261,579

6,459,401

6,459,401

6,461,238

6,259,742

6,459,401

6,459,401 Form **990-PF** (2019)

199,659

1

2

3

4

5

6

Page **3**

| | the kind(s) of property sold (e.g., house; or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|---|---------------------------------|--|--|--|
| 1 a (A): Johnson Bank ST- deta | ails avail | P Donation | 2019-01-01 | 2019-06-30 | |
| b (D): Johnson Bank LT- deta | | P | 2018-01-01 | 2019-06-30 | |
| c Capital Gain Distributions | | | Р | 2018-01-01 | 2019-06-30 |
| d | | | | | |
| <u>е</u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain d | h) or (loss) or minus (g) |
| - a 968, | ` ′ | p.ms 5//p | 937,6 | | 30,462 |
| b 2,825, | | | 2,852,7 | | -26,930 |
| c 27, | | | , , | | 27,541 |
| d d | | | | | |
| e | | | | | |
| | howing gain in column (h) and ow | ned by the foundation | on 12/31/69 | | (I) |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col. (i) . (j), if any | Gains (Col. (col. (k), but not | h) gain minus less than -0-) or om col.(h)) |
| a | | | (37) | | 30,462 |
| b | | | | | -26,930 |
| c | | | | | 27,541 |
| d | | | | | |
| <u>е</u> | | | | | |
| | r (net capital loss) n or (loss) as defined in sections I, line 8, column (c) (see instructi | ons). If (loss), enter -0 | | 3 | 31,073 |
| | der Section 4940(e) for Re | | | | |
| (For optional use by domestic private | rate foundations subject to the sec | ction 4940(a) tax on ne | t investment inc | ome.) | |
| If section 4940(d)(2) applies, leav Was the foundation liable for the s If "Yes," the foundation does not of | section 4942 tax on the distributa | not complete this part. | | | es 🔽 No |
| (a) | | | I making any cha | (d) | |
| Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | | Distribution rat (col. (b) divided by o | col. (c)) |
| 2018 | 202,000 | | 5,704,182 | | 0.03541 |
| 2017 | 40,000 | | 774,391 | | 0.05165 |
| 2016 | 40,000 | | 409,783 | | 0.09761 |
| 2015 | 40,000 | | 410,261 | | 0.09750 |
| 2014 | 40,000 | | 390,422 | | 0.10245 |
| 2 Total of line 1, column (d) | | | 2 | ! | 0.384631 |
| number of years the founda | or the 5-year base period—divide ation has been in existence if less haritable-use assets for 2019 fron | than 5 years . ´. | | | 0.076926 6,259,426 |
| | | • | 5 | | 481,513 |
| ' ' ' | income (1% of Part I, line 27b) | | 6 | | 1,111 |
| | | | | | 482,624 |
| | s from Part XII, line 4 , | | | | 370,000 |
| | er than line 7, check the box in Pa | | | sing a 1% tax rate. Se | <u>_</u> _ |

| Form | 990-PF (2019) | | | | | | | | | F | age 6 |
|------------|---|----------------|---------------------------------------|---|-------------------|----------|--------------|-------|----------|--------------------|--------------|
| Pa | rt VIII-B Statements Regard | ding | Activities for Which | Form 4720 May Be | Required (co | ntinue | ed) | | | | |
| 5a | During the year did the foundation | рау о | r incur any amount to: | | | | | | | Yes | No |
| | (1) Carry on propaganda, or other | vise a | ttempt to influence legisl | ation (section 4945(e))? | | Yes | ~ | Nο | | | |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry | | | | | | | | | | |
| | on, directly or indirectly, any vo | ✓ | No | | | | | | | | |
| | (3) Provide a grant to an individua | for t | ravel, study, or other sim | ilar purposes? | | Yes | ✓ | No | | | |
| | (4) Provide a grant to an organizat | | | · - | 1 | | | | | | |
| | in section 4945(d)(4)(A)? See i | | | | | Yes | ✓ | No | | | |
| | (5) Provide for any purpose other t | | - · | • | | _ | | | | | |
| | educational purposes, or for the | • | • | | • • _ | Yes | ✓ | No | | | |
| b | If any answer is "Yes" to 5a(1)–(5) | | - | | · | ed in | | | | | |
| | Regulations section 53.4945 or in a | | | | | | | | 5b | | |
| | Organizations relying on a current i | | | | | . • | | | | | |
| С | If the answer is "Yes" to question 5 | | | • | | i | _ | | | | |
| | tax because it maintained expendit If "Yes," attach the statement requi | | · · · · · · · · · · · · · · · · · · · | | | Yes | Ш | No | | | |
| . - | • | | - | | | | | | | | |
| 6a | Did the foundation, during the year | - | | | | | | | | | |
| L | a personal benefit contract? | | | | | Yes | ✓ | No | 6b | | Na |
| b | Did the foundation, during the year If "Yes" to 6b, file Form 8870. | , pay | premiums, directly or inc | illectly, on a personal be | nent contract? | | • | | 90 | | No |
| 7a | At any time during the tax year, wa | s tha | foundation a party to a r | arabibited tay aboltor tran | acaction? | 1 | | | | | |
| b | If "Yes", did the foundation receive | | | | | Yes | \checkmark | No | 7b | | |
| 8 | Is the foundation subject to the sec | | • | | | or | • | | – | | |
| Ū | excess parachute payment during t | | | | | ı | | | | | |
| | | | | | | Yes | <u> </u> | 110 | <u></u> | | |
| Pa | rt VIII Information About and Contractors | Offic | ers, Directors, Trus | tees, Foundation Ma | inagers, nign | y Pai | a Er | пріо | yees, | | |
| _ | | | 1.1. | | | | | | | | |
| _1_ | List all officers, directors, truste | | b) Title, and average | (c) Compensation (If | (d) Contribu | | · | 1 | | | |
| | (a) Name and address | ` | hours per week | not paid, enter | employee benef | | | | | ise acc Ilowano | |
| | | | devoted to position | -0-) | deferred comp | ensati | on | μ, | инег а | lowand | .62 |
| | Chase Polley | Direct 1.00 | tor | 1,000 | | | | | | | |
| | : N5553 Ravenwood Drive monee Falls, WI 530517840 | | | | | | | | | | |
| | Chase Hefty | Direc | tor | 1,000 | | | | | | | |
| | lill Drive | 1.00 | | · | | | | | | | |
| | e Rock, CO 80104 | - | | | | | | | | | |
| | / Chase Drana | Direct 1.00 | tor | 1,000 | | | | | | | |
| | West Townsend Street ukee, WI 53216 | | | | | | | | | | |
| 2 | Compensation of five highest-pa | id er | nployees (other than t | hose included on line 1 | L—see instruction | ons). I | If no | ne, e | nter " | NONE | 71 |
| | | | (b) Title, and average | | (d) Contribu | | | | _ | | |
| (a) | Name and address of each employee more than \$50,000 | paid | hours per week | (c) Compensation | employee l | | | | | se acco | |
| | more than \$50,000 | | devoted to position | | compens | | 1 | 00 | iner an | Owanic | |
| NON | E | | | | | | | | | | |
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| | | | | | | | | | | | |
| Tota | I number of other employees paid ov | er \$5 | 0,000 | . | | • | | | | | |
| | | | | | | | | | 00 | n DE | 2019) |

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|--|--------------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued) | dation Managers, Highly Paid E | mployees, |
| 3 Five highest-paid independent contractors for professional services (se | e instructions). If none, enter "NOI | IE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| 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 state organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| <u></u> | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see instruc | ctions) | |
| Describe the two largest program-related investments made by the foundation during the tax ye | ear on lines 1 and 2. | Amount |
| 11 | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | · · · · · · · · · · · | |
| | | F 000 DE (2010) |

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

2,222

310,749

310.749

310.749

370,000

370,000

370,000

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Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

3

4 5

6

1

2

3

4

5

b

Part XII

310,749

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Page 9

| Part XIII | U |
|-----------|---|
| | |
| | |

Form 9

| 0-PF (2) | 019) |
|----------|------|
| XIII | Un |
| | |

| 990-PF (2 | 019) |
|-----------|---|
| t XIII | Undistributed Income (see instructions) |

- 4 000
- 3 Excess distributions carryover, if any, to 2019: a From 2014.

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.

- **b** From 2015. c From 2016. . . d From 2017. e From 2018.

- 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a
- f Total of lines 3a through e.
 - (Election required—see instructions).
- **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election required—see instructions).

same amount must be shown in column (a).)

d Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a . .

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. .

c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

indicated below:

4,000 2.498

59.251

2.498

59.251

65,749

65,749

6.498

(a)

Corpus

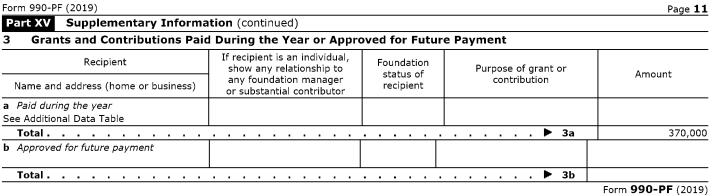
(b)

Years prior to 2018

(c)

2018

- - **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 XVI- | A Analysis of Income-Producing | Activities | | | | |
|--------------------------|---|------------------|--------------------|------------------------|------------------|---------------------------------------|
| inter gross a | mounts unless otherwise indicated. | Unrelated b | usiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt function income |
| _ | service revenue: | Business code | Amount | Exclusion code | Amount | (See instructions.) |
| | | | | | | |
| | <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | d contracts from government agencies | | | | | |
| | hip dues and assessments | | | | | |
| 3 Interest of investment | on savings and temporary cash nts | | | | | |
| | s and interest from securities | | | 14 | 136,115 | |
| | Il income or (loss) from real estate: | | | | 100,110 | |
| a Debt-fir | nanced property | | | | | |
| | t-financed property | | | | | |
| | Il income or (loss) from personal property | | | | | |
| | loss) from sales of assets other than | | | | | |
| inventory | , | | | 18 | 31,073 | |
| 9 Net incon | ne or (loss) from special events: | | | | • | |
| - | ofit or (loss) from sales of inventory | | | | | |
| l 1 Other rev | | | | | 670 | |
| | eous Income und Income | | | 14 | 672 1,262 | |
| | unu mcome | | | 14 | 1,202 | |
| d | | | | | | |
| е | | | | | | |
| L2 Subtotal. | Add columns (b), (d), and (e) | | | | 169,122 | |
| | dd line 12, columns (b), (d), and (e) | | | 13 | | 169,122 |
| Part XVI- | | | nment of Exem | pt Purposes | | |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's exinstructions.) | income is report | ed in column (e) o | f Part XVI-A contribut | | |
| | mistractions.) | | | | | |
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| Form 99 | 90-PF (| 2019) | | | | | | | | | Pa | age 13 |
|--------------|------------|--|------------------|------------|----------------|------------------|------------|-------------|-----------------|------------------------|----------------|-----------------|
| Part | XVII | Information Re Exempt Organi | | ransfers | To and | Transactio | ns and | Relation | nships With Non | charitable | 1 | |
| | | janization directly or in than section 501(c)(3) | | | | | | | | on 501 | Yes | No |
| a Tra | nsfers f | rom the reporting foun | dation to a n | oncharital | ble exempt | organization | of: | | | | | |
| (1) | Cash. | | | | | | | | | . 1a(1 | .) | No |
| (2) | Other | assets | | | | | | | | . 1a(2 | :) | No |
| b Oth | er tran | sactions: | | | | | | | | | | |
| (1) | Sales | of assets to a nonchari | itable exemp | t organiza | tion | | | | | . 1b(1 | .) | No |
| | | ases of assets from a n | | | - | | | | | 1b(2 | | No |
| ` ' | | l of facilities, equipmer | • | | | | | | | 1b(3 | | No |
| | | oursement arrangemen | | | | | | | | . 1b(4 | 4- | No |
| | | or loan guarantees. | | | | | | | | . 1b(5 | 4- | No |
| | | mance of services or m | | | - | | | | | . 1b(6 | 4- | No |
| | | facilities, equipment, neer to any of the above | | | | | | | | . <u>1c</u> | | No |
| | ny trar | ds, other assets, or ser saction or sharing arra (b) Amount involved | | ow in colu | ımn (d) the | e value of the | e goods, o | other asset | | /ed. | rangeme | nts |
| . , | | (-, | () | | <u> </u> | | (, | | ······, | | | |
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| | | dation directly or indire | , | , | ' | | | | | | | |
| | | n section 501(c) (other | | n 501(c)(3 | 3)) or in sec | ction 527? . | | | ЦYе | es 🗹 No | | |
| b If " | Yes," co | omplete the following so | | | 413.7 | | | 1 | () 5 | 6 1 11 11 | | |
| | | (a) Name of organization | on | | (b) Typ | oe of organizati | on | | (c) Description | of relationship | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | of m | er penalties of perjury, y knowledge and belief h preparer has any kno | , it is true, co | | | | | | | | | |
| Sign | | ***** | - | | | 00.07.07 | | ***** | | May the IRS | discuss t | his |
| Here | | concerns on the | | | 202 | 20-07-07 | k | | | return with the pre | parer sho | wn |
| | / / | ianatura of afficer | vuoto o | | Det | • | — y | Title | | below | | |
| | | Signature of officer or to | rustee | | Date | e | · | Title | · | (see instr.) | √ γes l | □ _{No} |
| | | Print/Type preparer's | name | Preparer' | 's Signatur | e | Date | | Chack if salf | PTIN | | |

| Paid |
|---------|
| Prepare |
| Use On |

Check if self-P00493016 employed ▶ 🗌 Mark D KrebsbachCPA er Firm's name ▶ Porter & Sack CPAs SC Firm's EIN ▶39-1803083 ıly Firm's address ▶ 1232 Fourier Dr Ste 100 Phone no. (608) 233-8333 Madison, WI 537171983 Form **990-PF** (2019)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year The Salvation Army3030 Darbo Drive None Charity Founded in 1865 in London. 5,000 Madison, WI 53714 England. The Salvation Army is a Christian Church dedicated to serving those persons with physical and spiritual needs in the name of Jesus Christ without discrimination. It's mission is to proclaim his gospel, to persuade people of all ages to become his disciples and to engage in a program of practical concern for the needs of humanity. The ministry is offered to all, regardless of race, creed, color, age, or sex. Feeding AmericaPO Box 96749 Charity To feed the hungary in Wisconsin 10,000 None WA, DC 20090 by obtaining food and related products, distributing them to qualified non-profit programs and providing those programs with appropriate assistance. Porchlight Inc306 North Brooks Street Charity Porchlight strives to decrease the 25,000 None Madison, WI 53715 Dane county homeless population by providing shelter, housing, supportive services, and a community in ways that empower residents and program participants to positively shape

Total .

their lives.

За.

370,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Douglas-Elbert Task Force None Charity The Douglas/Elbert Task Force 25,000 1638 Park Street strives to meet the immediate Castle Rock, CO 80109 needs of residents of Douglas and Elbert County who are in financial distress and at risk of becoming homeless. They work directly with clients to help work through troublesome times by providing essential services with dignity, kindness and respect. Falls Area Food PantryPO Box 238 None Charity Falls Area Food Pantry gathers 25,000 Menomonee Falls, WI 53052 and distributes food to those with acute or chronic need who live in the greater Menomonee Falls area. They strive to raise awareness of hunger in the community and provide volunteer opportunities for community members to serve one another. After Breast Cancer Diagnosis None Charity After Breast Cancer Diagnosis 10,000 5775 N Glen Park Road Suite 201 provides reliable accurate Glendale, WI 53209 information, and personalized support and resources to

Total .

patients, family members or

3a

370,000

survivors.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAREPO Box 7039 None Charity CARE cuts poverty at its roots 25,000 Merrifield, VA 22116 and provides change to the poonlo must vulnorable to

| Children In Hamilton Coloneda | | GL | 0.11 | 35.000 |
|---|------|---------|--|--------|
| Milwaukee Symphony Orchestra MSO 1101 North Market Street Ste 100 Milwaukee, WI 53202 | None | Charity | MSO reaches out to diverse audiences through concert performances, education and outreach programs to comfort, educate, entertain and exhilarate the human soul through events of cultural significance, relevance and artistic challenge; to embrace, preserve and foster our musical heritage; and to enhance the vibrancy of our community. | 45,000 |
| | | | hunger, violence and disease. | |

| | | | outreach programs to comfort, educate, entertain and exhilarate the human soul through events of cultural significance, relevance and artistic challenge; to embrace, preserve and foster our musical heritage; and to enhance the vibrancy of our community. | |
|---|------|---------|---|--------|
| Children's Hospital Colorado 13123 E 16th Avenue Aurora, CO 80045 | None | Charity | Children's Hospital Colorado seeks to provide children access to the highest quality care through commitment to safety and consistency, and endeavors to take pediatric medicine and family-centered care to new heights. | 35,000 |

3a

370,000

| | | | embrace, preserve and foster our musical heritage; and to enhance the vibrancy of our community. | |
|---|------|---------|--|------|
| Children's Hospital Colorado 13123 E 16th Avenue Aurora, CO 80045 | None | Charity | Children's Hospital Colorado seeks to provide children access to the highest quality care through commitment to safety and consistency, and endeavors to take pediatric medicine and family-centered care to new | 35,0 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Milwaukee Repertory Theater None Charity Milwaukee Repertory Theater 5,000 108 East Wells Street ignites positive change in the

| Milwaukee, WI 53202 | | | cultural, social and economic vitality of its community by creating world-class theater experiences that entertain, provoke and inspire meaningful dialogue among an audience representative of Milwaukee's rich diversity. | |
|--|------|---------|---|--|
| Sunset Playhouse700 Wall Street Elm Grove, WI 53122 | None | Charity | Sunset Playhouse is a not-for- profit community theater group, | |

Total .

| | | | Their diversity: | |
|---|------|---------|--|--------|
| Sunset Playhouse700 Wall Street Elm Grove, WI 53122 | None | Charity | Sunset Playhouse is a not-for- profit community theater group, incorporated in 1954. It was the first theater in Wisconsin to be built entirely by a community theater group. | 10,000 |
| Nehemiah Project Inc 2506 W Vliet Street Milwaukee WI 53205 | None | Charity | Nehemiah Project Inc. is a 501 (c)(3) agency that offers group homes with programs with the | 15,000 |

| EIM Grove, WI 53122 | | | incorporated in 1954. It was the first theater in Wisconsin to be built entirely by a community theater group. | |
|--|------|---------|---|--------|
| Nehemiah Project Inc 2506 W Vliet Street Milwaukee, WI 53205 | None | Charity | Nehemiah Project Inc. is a 501 (c)(3) agency that offers group homes with programs with the goal to help individuals make a positive adjustment back into | 15,000 |

| | | | theater group. | |
|--|------|---------|--|-------|
| Nehemiah Project Inc 2506 W Vliet Street Milwaukee, WI 53205 | None | Charity | Nehemiah Project Inc. is a 501 (c)(3) agency that offers group homes with programs with the goal to help individuals make a positive adjustment back into the community. | 15,00 |

370,000

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| a Paid during the year | | | | |
|--|------|---------|--|-------|
| UNICEF125 Maiden Lane New York, NY 10038 | None | Charity | UNICEF's mission is to fight for the survival and development of all children. | 7,000 |
| Heifer International 1 World Avenue Little Rock, AR 72202 | None | Charity | Heifer International works to empower families by training people in sustainable farming, helping farmers gain access to the market, and empowering women by developing leadership skills. | 7,000 |

| | | | people in sustainable farming, helping farmers gain access to the market, and empowering women by developing leadership skills. | |
|--|------|---------|---|--------|
| Planned Parenthood of Wisconsin 302 North Jackson Street Milwaukee, WI 53202 | None | Charity | Planned Parenthood of Wisconsin provides affordable quality and confidential sexual and reproductive health care | 31,000 |

Total .

370,000

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| Tatamatianal Bassas Committee | NI | P.C | International Bases Committee | 30,000 |
|--|------|-----|---|--------|
| Concordia Language 8659 Thorsonveien Rd NE Bemidji, MN 56601 | None | , | Concordia Language Villages is a world language and culture education program whose mission is to inspire courageous global citizens. | 10,000 |
| a Paid during the year | | | | |

| International Rescue Committee PO Box 6068 Albert Lea, MN 56007 | None | PC | International Rescue Committee responds to the world's worst crises helping people whose lives have been upended by war, conflict and natural disasters. | 20,000 |
|---|------|----|--|--------|
| Little Earth Residents Association | None | PC | Little Earth Residents Association | 15,000 |

| , | | | have been upended by war, conflict and natural disasters. | |
|---|------|----|--|--------|
| Little Earth Residents Association 2495 18th Avenue South Minneapolis, MN 55404 | None | PC | Little Earth Residents Association provides affordable housing for Native Americans in South Minneapolis. | 15,000 |

370,000

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Meta House2625 N Weil Street None l PC Meta House ends the 5,000

| Milwaukee, WI 53212 | | | generational cycle of addiction by healing women and strengthening families. | , |
|---|------|----|--|--------|
| Able Charities5021 W Park Blvd Plano, TX 75093 | None | PC | Able Charities improves the quality of life for people with a specific focus on assisting orphans, widows and their children by offering medical services, education and | 10,000 |

| | | | orphans, widows and their children by offering medical services, education and vocational activities. | |
|---|------|----|---|-------|
| Cool Earth Action USA One Hanson Place 17D Brooklyn, NY 11243 | None | PC | Cool Earth works alongside rain forest communities to halt deforestation and its impact on climate change. | 5,000 |

| Cool Earth Action USA One Hanson Place 17D Brooklyn, NY 11243 | None | Cool Earth works alongside rain forest communities to halt deforestation and its impact on climate change. | 5,000 |
|---|------|---|---------|
| Total | | ▶ 3a | 370,000 |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount Contribution

Purpose of grant or contribution

Purpose of grant or contribution

a Paid during the year

| Drifter's Hearts of Hope 9555 Deerfield Road Franktown, CO 80116 | None | | Drifter's Hearts of Hope is committed to circumventing the horse-slaughter pipeline. | 5,000 |
|--|------|----|--|--------|
| Girl Scouts of Colorado | None | PC | Girl scouting builds girls of | 20,000 |

| · | | , , , | |
|--|------|---|---------|
| Girl Scouts of Colorado 3801 E Florida Avenue Suite 720 Denver, CO 80210 | None | Girl scouting builds girls of courage, confidence and character, who make the world a better place. | 20,000 |
| Total | | ▶ 3a | 370,000 |

| efile GRAPHIC print - DO NOT P | ROCESS | As Filed D | ata - | DI | LN: 93491189004220 | |
|-----------------------------------|------------------------------|------------|--------------------------|------------------------|---|--|
| TY 2019 Accounting Fees Schedule | | | | | | |
| | | | | | | |
| | Name: | Chase Fa | mily Foundation Ir | nc | | |
| EIN: 20-3304142 | | | | | | |
| Softw | Software ID: 19009920 | | | | | |
| Software V | /ersion: | 2019v5.0 | ס | | | |
| Category | Amo | ount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| Porter & Sack, CPAs, S.C Tax prep | | 1,544 | 1,544 | 0 | 0 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491189004220 |
|--------------------------------------|-----------------------------|---------------------|
| TY 2019 Investments Corpora | ate Bonds Schedule | |
| Name: | Chase Family Foundation Inc | |
| EIN: | 20-3304142 | |
| Software ID: | 19009920 | |
| Software Version: | 2019v5.0 | |
| Investments Corporate Bonds Schedule | 1 | |

| Software Version: 2019V5.0 | | |
|--------------------------------------|---------------------------|----------------------------------|
| Investments Corporate Bonds Schedule | | |
| Name of Bond | End of Year Book Value | End of Year Fair Market Value |

Fixed Income

2,229,901

2,218,058

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491189004220 |
|--------------------------------------|-----------------------------|---------------------|
| TY 2019 Investments Corpora | ate Stock Schedule | |
| Name: | Chase Family Foundation Inc | |
| EIN: | 20-3304142 | |
| Software ID: | 19009920 | |
| | | |

| Software Version: 2019v5.0 | | |
|--|---------------------------|----------------------------------|
| Investments Corporation Stock Schedule | | |
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |

Domestic Equities

2,769,129

2,436,714

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491189004220 |
|--------------------------------------|-----------------------------|---------------------|
| TY 2019 Investments - Other | Schedule | |
| Name: | Chase Family Foundation Inc | |
| EIN: | 20-3304142 | |
| Software ID: | 19009920 | |
| Software Version: | 2019v5.0 | |
| | | |

| Software version: 201905.0 | | | |
|------------------------------|-----------------------|------------|----------------------------------|
| Investments Other Schedule 2 | | | |
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
| International Equities | AT COST | 1,370,502 | 1,394,001 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491189004220 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2019 Other Expenses Sche | TY 2019 Other Expenses Schedule | | | | | |
| - I | | | | | | |
| Name: | Chase Family Fo | oundation Inc | | 1 | | |
| EIN: | N: 20-3304142 | | | | | |
| Software ID: | Software ID: 19009920 | | | | | |
| Software Version: | Software Version: 2019v5.0 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| Miscellaneous | 2,442 | | 1 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491189004220 |
|--------------------------------------|-------------------------|---------------------|
| TY 2019 Other Income Schedu | le | |
| Name: | Chase Family Foundation | Inc |

EIN: 20-3304142

Software ID: 19009920

Software Version: 2019v5.0

301

| Other Income Schedule | | | | | |
|-----------------------|-----------------------------------|--------------------------|---------------------|--|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | | |
| Miscellaneous Income | 672 | 672 | | | |
| Mutual Fund Income | 1.262 | 1.262 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | D | LN: 93491189004220 |
|---------------------------------------|-----------------|--------------|-----------------------------------|-----------------------------|
| TY 2019 Other Liabilities Sche | dule | | | |
| | | | | |
| Name: | Chase Family | Foundation I | nc | |
| EIN: | 20-3304142 | | | |
| Software ID: | 19009920 | | | |
| Software Version: | 2019v5.0 | | | |
| Description | n | | Beginning of Year - Book Value | End of Year - Book Value |
| Other Liability | | | 1,837 | 1,837 |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491189004220 | | | | | | |
|--|------------------------------|--------------------------|------------------------|---|--|--|
| TY 2019 Other Professional Fees Schedule | | | | | | |
| | | | | | | |
| Nan | ne: Chase Famil | y Foundation Inc | | | | |
| EJ | EIN: 20-3304142 | | | | | |
| Software I | Software ID: 19009920 | | | | | |
| Software Version | on: 2019v5.0 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| Allocable Agency Fees | 52,473 | 52,473 | 0 | 0 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491189004220 |
|--|-------------------|---|
| TY 2019 Substantial Contribut Schedule | ors | |
| Name: | Chase Family Four | ndation Inc |
| EIN: | 20-3304142 | |
| Software ID: | 19009920 | |
| Software Version: | 2019v5.0 | |
| Name | | Address |
| Allen H Chase Tr | | 525 Junction Road STE 2000 Madison, WI 53717 |

| efile GRAPHIC print - DO NOT PROC | ESS As Filed Data | - | DL | N: 93491189004220 | |
|-----------------------------------|------------------------------|--------------------------|------------------------|---|--|
| TY 2019 Taxes Schedule | | | | | |
| | | | | | |
| Na | ame: Chase Famil | y Foundation Inc | | | |
| 1 | EIN: 20-3304142 | , | | | |
| Software | Software ID: 19009920 | | | | |
| Software Vers | sion: 2019v5.0 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| Due on prior return | 4,260 | | | | |
| Foreign Taxes | 2,508 | 2,508 | | | |

| Schedule B | NOT PROCESS As Filed Data - Schedule of C | | OMB No. 1545-0047 |
|--|--|---|---|
| (Form 990, 990-EZ, | | 990-EZ, or 990-PF. | 2040 |
| Department of the Treasury Internal Revenue Service | epartment of the Treasury | | 2019 |
| Name of the organization Chase Family Foundation I | ıc | | ployer identification number |
| Organization type (chec | c one): | 20-3 | 3304142 |
| Filers of: | Section: | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter number) organization | n | |
| | | | |
| | ☐ 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 | | |
| | ion filing Form 990, 990-EZ, or 990-PF that rec property) from any one contributor. Complete P | | |
| Special Rules | | | |
| under sections 50 received from any | n described in section 501(c)(3) filing Form 99(a)(1) and 170(b)(1)(A)(vi), that checked Sche one contributor, during the year, total contribut 1h, or (ii) Form 990-EZ, line 1. Complete Parts | edule A (Form 990 or 990-EZ), Part II, tions of the greater of (1) \$5,000 or (2 | line 13, 16a, or 16b, and that |
| during the year, to | n described in section 501(c)(7), (8), or (10) filital contributions of more than \$1,000 exclusive e prevention of cruelty to children or animals. | <i>ely</i> for religious, charitable, scientific, li | |
| during the year, of If this box is check purpose. Don't co | n described in section 501(c)(7), (8), or (10) filicantributions exclusively for religious, charitable, sed, enter here the total contributions that were implete any of the parts unless the General Rul e, etc., contributions totaling \$5,000 or more duties. | etc., purposes, but no such contribut received during the year for an exclu le applies to this organization because | cions totaled more than \$1,000. Isively religious, charitable, etc. e it received nonexclusively |
| 990-EZ, or 990-PF), but i | that isn't covered by the General Rule and/or t must answer "No" on Part IV, line 2, of its Fori t I, line 2, to certify that it doesn't meet the filing | m 990; or check the box on line H of i | ts Form 990-EZ |
| For Paperwork Reduction Ag for Form 990, 990-EZ, or 990 | | . No. 30613X Schedule B (| Form 990, 990-EZ, or 990-PF) (2019) |

(Complete Part II for noncash

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2019) | | | Page 4 |
|---------------------------|---|--|-------------------|--|
| | rganization nily Foundation Inc | | Employ | er identification number |
| Chase Fam | nlly Foundation Inc | | 20-3304 | 142 |
| Part III | Exclusively religious, charitable, etc., contribution than \$1,000 for the year from any one contributed organizations completing Part III, enter the total the year. (Enter this information once. See instruution of the description of the desc | r. Complete columns of exclusively religiouctions.) ► \$ | (a) through (e) a | and the following line entry. For |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | | | |
| | Transferee's name, address, and ZIP 4 | (e) Transfer of | • | of transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gi | ft | (d) Description of how gift is held |
| (a) No. from Part I | Transferee's name, address, and ZIP 4 (b) Purpose of gift | (e) Transfer of | Relationship | of transferor to transferee (d) Description of how gift is held |
| | | | | |
| - | | (e) Transfer of | gift | |
| | Transferee's name, address, and ZIP 4 | | Relationship | of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gi | ft | (d) Description of how gift is held |
| | Transferee's name, address, and ZIP 4 | (e) Transfer of | | of transferor to transferee |
| | | | Schedule | B (Form 990, 990-EZ, or 990-PF) (2019) |