

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation DUANE AND KATHLEEN FOULKES FOUNDATION INC		A Employer identification number 20-5592397	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 337		Room/suite	B Telephone number (see instructions) (920) 356-1300
City or town, state or province, country, and ZIP or foreign postal code BEAVER DAM, WI 539160337		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 8,172,788	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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 ▶ <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(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)	658,397			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	120,379	120,186		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	581,324			
	b Gross sales price for all assets on line 6a 1,229,404				
	7 Capital gain net income (from Part IV, line 2) . . .		581,324		
	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)				
	12 Total. Add lines 1 through 11	1,360,100	701,510		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,430	430		4,000
	c Other professional fees (attach schedule)	46,965	46,965		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	16,770	2,770		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	40	30		10
	24 Total operating and administrative expenses. Add lines 13 through 23	68,205	50,195		4,010
	25 Contributions, gifts, grants paid	332,950			332,950
	26 Total expenses and disbursements. Add lines 24 and 25	401,155	50,195		336,960
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	958,945			
	b Net investment income (if negative, enter -0-)		651,315		
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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	25,396	24,125	24,125
	2 Savings and temporary cash investments	190,399	573,922	573,922
	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)	5,916,413	7,574,741	7,574,741
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ 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)	6,132,208	8,172,788	8,172,788	
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	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	6,132,208	8,172,788	
	29 Total net assets or fund balances (see instructions)	6,132,208	8,172,788	
30 Total liabilities and net assets/fund balances (see instructions) .	6,132,208	8,172,788		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	6,132,208
2 Enter amount from Part I, line 27a	2	958,945
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,084,490
4 Add lines 1, 2, and 3	4	8,175,643
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,855
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	8,172,788

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.)
1 a PUBLICLY TRADED SECURITIES			
b PUBLICLY TRADED SECURITIES			
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(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 209,571		193,538	16,033
b 800,177		454,542	345,635
c 219,656			219,656
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			16,033
b			345,635
c			219,656
d			
e			

2 Capital gain net income or (net capital loss) <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } </div>	2	581,324
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))
2018	267,785	6,605,944	0.040537
2017	252,190	5,658,548	0.044568
2016	225,307	4,916,222	0.045829
2015	202,145	4,738,278	0.042662
2014	196,462	4,852,116	0.040490

2 Total of line 1, column (d)	2	0.214086
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	0.042817
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	7,092,054
5 Multiply line 4 by line 3	5	303,660
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	6,513
7 Add lines 5 and 6	7	310,173
8 Enter qualifying distributions from Part XII, line 4	8	336,960

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	6,513
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	0
3	Add lines 1 and 2.	3	6,513
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	6,513
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	8,757
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	8,757
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	2,244
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 2,244 Refunded ▶	11	0

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. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <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) ▶ WI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? 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 ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>DUANE KATHLEEN FOULKES</u> Telephone no. ► <u>(920) 356-1300</u>			

Located at ► PO BOX 337 BEAVER DAM WI ZIP+4 ► 539160337

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did 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	1b	
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	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 2019?	4b	No

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

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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
DUANE E FOULKES PO BOX 337 BEAVER DAM, WI 539160337	DIRECTOR 0.10	0	0	0
KATHLEEN M FOULKES PO BOX 337 BEAVER DAM, WI 539160337	DIRECTOR 0.10	0	0	0
KRISTINE M ECKLES PO BOX 337 BEAVER DAM, WI 539160337	DIRECTOR 0.10	0	0	0
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.				0

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

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	6,982,309
b	Average of monthly cash balances.	1b	217,746
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	7,200,055
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	7,200,055
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	108,001
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,092,054
6	Minimum investment return. Enter 5% of line 5.	6	354,603

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	354,603
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	6,513
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	6,513
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	348,090
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	348,090
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	348,090

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	336,960
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	336,960
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	6,513
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	330,447

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				348,090
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			321,709	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>336,960</u>				
a Applied to 2018, but not more than line 2a			321,709	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				15,251
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	0			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				332,839
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).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	0			
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.				

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(i)(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

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

Part XV

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).)

See Additional Data Table

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	332,950
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	120,379	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	581,324	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). . .		0		701,703	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		701,703

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

[illegible]

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.				

[illegible]

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

Sign Here	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.		
	*****	2020-06-12	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARKALAN T SMITH CPA		2020-06-12		P00033639
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP				Firm's EIN ▶ 39-0859910
	Firm's address ▶ PO BOX 7398 MADISON, WI 537077398				Phone no. (608) 249-6622

Form 990PF Part XV Line 1a - 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).

DUANE E FOULKES
KATHLEEN M FOULKES

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 CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	3,100
AMERICANS FAMILY CHILDRENS HOSPITAL 1675 HIGHLAND AVENUE MADISON, WI 53792	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	1,000
ARC-WISCONSIN DISABILITY ASSOCIATION (ARC OF DODGE COUNTY) PO BOX 173 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	SOCIAL SERVICES SUPPORT	500
Total ▶ 3a				332,950

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>				
BEAVER DAM AREA ARTS ASSOCIATION PO BOX 442 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	ARTS SUPPORT	500
BEAVER DAM AREA COMMUNITY THEATRE INC PO BOX 216 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	ARTS SUPPORT	23,000
BEAVER DAM COMMUNITY HOSPITALS FOUNDATION INC 707 S UNIVERSITY AVENUE BEAVER DAM, WI 53916	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	11,500
Total ▶ 3a				332,950

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>				
BEAVER DAM ELKS LODGE #1540 (ELKS NATIONAL FOUNDATION) 126 S SPRING STREET BEAVER DAM, WI 83916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	500
BEAVER DAM HOCKEY ASSOCIATION INC PO BOX 86 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	ATHLETIC SUPPORT	5,000
BEAVER DAM LAKE IMPROVEMENT ASSOCIATION INC PO BOX 33 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	500
Total			▶ 3a	332,950

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>				
BEAVER DAM SCHOLARSHIP FDN INC (SCHOLARSHIP AMERICA) PO BOX 98 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	EDUCATIONAL SUPPORT	4,278
BEAVER DAM CITY OF 205 S LINCOLN AVENUE BEAVER DAM, WI 53916	NOT APPLICABLE	GOV	ROTARY LIGHTS	6,000
BEAVER DAM CITY OF 205 S LINCOLN AVENUE BEAVER DAM, WI 53916	NOT APPLICABLE	GOV	GIRLS 3PT CLUB	2,500
Total ▶ 3a				332,950

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>				
BEAVERLAND MUST-SKISPO BOX 46 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	2,000
BIXBY ELEMENTARY 4760 TABLE MESA DRIVE BOULDER, CO 80305	NOT APPLICABLE	NC	EDUCATIONAL SUPPORT	500
CAMPANILE CENTER FOR THE ARTS INC PO BOX 905 MINOCQUA, WI 53548	NOT APPLICABLE	PC	ARTS SUPPORT	1,000
Total ► 3a				332,950

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>				
CHRIST LUTHERAN SCHOOL 700 COUNTY ROAD B STOUGHTON, WI 53589	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	5,000
CHURCH HEALTH SERVICES INC 308 ONEIDA STREET BEAVER DAM, WI 53916	NOT APPLICABLE	PC	SOCIAL SERVICES SUPPORT	16,200
CLOTHES FOR KIDS INC 103 E/ MAPLE AVENUE BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	5,000
Total ▶ 3a				332,950

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>				
COTTAGE GROVE ELEMENTARY SCHOOL 470 MAIN STREET COTTAGE GROVE, WI 53527	NOT APPLICABLE	PC	EDUCATIONAL SUPPORT	2,500
CROSS COUNTRY CRUISERS INC PO BOX 733 WOODRUFF, WI 53548	NOT APPLICABLE	PC	TRAIL MAINTENANCE SUPPORT	500
DODGE COUNTY LAW ENFORCEMENT SHOP WITH COPS 124 WEST STREET JUNEAU, WI 53039	NOT APPLICABLE	PC	SHOP WITH COPS	500
Total ▶ 3a				332,950

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>				
DODGE COUNTY TOY BANK INC PO BOX 438 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	2,500
FEARLESS FLYERS GYMNASTICS N7156 EAST PLAZA DRIVE BEAVER DAM, WI 53916	NOT APPLICABLE	PC	ATHLETICS	500
GLACIAL DRUMLIN SCHOOL 801 DAMASCUS TRAIL COTTAGE GROVE, WI 53527	NOT APPLICABLE	PC	EDUCATIONAL SUPPORT	5,000
Total ► 3a				332,950

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>				
GREEN VALLEY ENTERPRISES INC OF BEAVER DAM 1223 MADISON STREET BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	1,000
HERTIAGE CAMPS FOR ADOPTIVE FAMILIES 2052 ELM STREET DENVER, CO 80207	NOT APPLICABLE	PC	COMMUNITY SUPPORT	4,500
HOWARD YOUNG FOUNDATION INC PO BOX 470 WOODRUFF, WI 53548	NOT APPLICABLE	PC	DR KATE HOSPICE	27,225
Total ▶ 3a				332,950

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>				
HOWARD YOUNG FOUNDATION INC (NON-CASH ROST STOCK) PO BOX 470 WOODRUFF, WI 53548	NOT APPLICABLE	PC	TICK BORNE ILLNESS CENTER	35,120
KATHY'S HOUSE600 N 103RD STREET WAUWATOSA, WI 53226	NOT APPLICABLE	PC	CAPITAL CAMPAIGN	1,000
LIMA COMMUNITY FOUNDATION PO BOX 1086 LIMA, OH 45802	NOT APPLICABLE	PC	COMMUNITY SUPPORT	500
Total ▶ 3a				332,950

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>				
MAMA'S HOUSEPO BOX 1816 PALM DESERT, CA 92261	NOT APPLICABLE	PC	COMMUNITY SUPPORT	2,500
MAYO CLINIC (NON-CASH BCSIX STOCK) 200 FIRST STREET SW ROCHESTER, MN 55905	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	65,561
MICHAEL J FOX FOUNDATION PO BOX 5014 HAGERSTOWN, MD 21741	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	250
Total ▶ 3a				332,950

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>				
MIDWEST ALTHETES AGAINST CHILDHOOD CANCER 10000 W INNOVATION DRIVE WAUWATOSA, WI 53226	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	250
MINOCQUA KAWAGUESAGA LAKES PROTECTION ASSOCIATION INC PO BOX 494 MINOCQUA, WI 54548	NOT APPLICABLE	PC	ENVIRONMENTAL SUPPORT	1,040
MINOCQUA VOLUNTEER FIRE DEPARTMENT PO BOX 632 MINOCQUA, WI 54548	NOT APPLICABLE	NC	COMMUNITY SUPPORT	500
Total ▶ 3a				332,950

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>				
MORaine PARK FOUNDATION INC (NON-CASH EFT STOCK) PO BOX 1940 FOND DU LAC, WI 54936	NOT APPLICABLE	PC	PROMISE CAMPAIGN	24,806
MOVEMBER FOUNDATION 8559 HIGUERA STREET CULVER CITY, CA 90232	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	513
NEVIN PLATT MIDDLE SCHOOL 6096 BASELINE ROAD BOULDER, CO 80303	NOT APPLICABLE	GOV	EDUCATIONAL SUPPORT	6,100
Total ▶ 3a				332,950

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>				
NORTH LAKE LAND DISCOVERY CENTER INC PO BOX 237 MANITOWISH WATERS, WI 54545	NOT APPLICABLE	PC	EDUCATIONAL SUPPORT	500
NORTHWOODS WILDLIFE HOSPITAL AND REHABILITATION CENTER INC 8643 SOUTH BLUMENSTEIN ROAD MINOCQUA, WI 54548	NOT APPLICABLE	PC	WILDLIFE REHABILITATION	2,500
PAVE - PEOPLE AGAINST A VIOLENT ENVIRONMENT INCORPORATION PO BOX 561 BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	1,000
Total ▶ 3a				332,950


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>				
SALVATION ARMY CO TRINITY METHODIST CHURCH 308 ONEIDA STREET BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	500
SAVANNA OAKS COMMUNITY CENTER PO BOX 152 FALL RIVER, WI 53932	NOT APPLICABLE	PC	COMMUNITY/CULTURAL SUPPORT	370
SHEPHERD OF THE VALLEY LUTHERAN CHURCH 2715 S MULFORD ROAD ROCKFORD, IL 61109	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	1,000
Total ▶ 3a				332,950

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 BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVENUE NO 400 MONROVIA, CA 91016	NOT APPLICABLE	PC	HEALTHCARE SUPPORT	1,022
ST JOHN'S LUTHERAN CHURCH 520 BRIDGE STREET MAYVILLE, WI 53050	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	250
ST STEPHEN'S LUTHERAN CHURCH BEAVER DAM 300 WEST STREET BEAVER DAM, WI 53916	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	1,450
Total ▶ 3a				332,950

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				
TRINITY LUTHERAN CHURCH 8781 BRUNSWICK ROAD MINOCQUA, WI 54548	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	500
TRINITY UNITED METHODIST CHURCH 1820 BROADWAY DENVER, CO 80202	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	500
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NOT APPLICABLE	PC	CARBONE CANCER CENTER	20,335
Total ▶ 3a				332,950

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>				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NOT APPLICABLE	PC	ATHLETICS	8,250
WASHINGTON ELEMENTARY PTO 600 GROVE STREET BEAVER DAM, WI 53916	NOT APPLICABLE	NC	EDUCATIONAL SUPPORT	250
WELS FOUNDATION INC (NON-CASH ROP STOCK) N16W23377 STONE RIDGE DRIVE WAUKESHA, WI 53188	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	16,406
Total ▶ 3a				332,950

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>				
WELS FOUNDATION INC (NON-CASH ROST STOCK) N16W23377 STONE RIDGE DRIVE WAUKESHA, WI 53188	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	3,674
WISCONSIN LUTHERAN INSTITUTIONAL MINISTRIES 2323 N MAYFAIR ROAD SUITE 480 WAUWATOSA, WI 53226	NOT APPLICABLE	PC	RELIGIOUS SUPPORT	500
WORLD ORPHAN FUND INC N7130 N LOST LAKE ROAD RANDOLPH, WI 53956	NOT APPLICABLE	PC	SOCIAL SERVICES SUPPORT	500
Total ▶ 3a				332,950

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>				
YMCA OF DODGE COUNTY INC 220 CORPORATE DRIVE BEAVER DAM, WI 53916	NOT APPLICABLE	PC	COMMUNITY SUPPORT	3,000
Total  3a				332,950

TY 2019 Accounting Fees Schedule

Name: DUANE AND KATHLEEN FOULKES
FOUNDATION INC

EIN: 20-5592397

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,430	430		4,000

TY 2019 Investments Corporate Stock Schedule

Name: DUANE AND KATHLEEN FOULKES
 FOUNDATION INC
EIN: 20-5592397

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ODVIX	346,137	346,137
BCSSX	190,283	190,283
CMNIX	45,720	45,720
DHMIT	219,946	219,946
DODFX	361,145	361,145
FEUPX	272,749	272,749
FUNFX	1,348,240	1,348,240
HMDYX	272,700	272,700
IGAIX	112,856	112,856
MPGFX	186,113	186,113
FNWFX	109,741	109,741
SFCWX	227,025	227,025
SSHVX	210,999	210,999
TRNEX	44,870	44,870
VTIAX	140,299	140,299
WIAEX	261,017	261,017
FWMIX	271,486	271,486
FZCXX	71,753	71,753
MO	44,070	44,070
PM	64,583	64,583
FDRXX	2,165	2,165
NTB	19,176	19,176
G	36,351	36,351
A	33,868	33,868
AL	37,398	37,398
ALB	15,265	15,265
BDX	39,164	39,164
BKI	7,996	7,996
CBRE	40,942	40,942
CIT	12,274	12,274

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
CRI	26,788	26,788
EWBC	32,239	32,239
EME	23,819	23,819
EEFT	13,235	13,235
FNF	18,367	18,367
FRC	28,071	28,071
HXL	33,503	33,503
IEX	3,956	3,956
J	31,890	31,890
KEYS	37,255	37,255
LH	30,112	30,112
MHK	15,275	15,275
PVH	24,710	24,710
PXD	19,224	19,224
ROP	1,771	1,771
SEIC	26,650	26,650
SLM	11,690	11,690
WAB	13,693	13,693
ARE	28,115	28,115
EQIX	34,438	34,438
MAA	37,184	37,184
TEL	28,752	28,752
FCAU	22,035	22,035
AIG	29,001	29,001
ARNC	33,078	33,078
CBRE	41,371	41,371
C	42,342	42,342
GE	8,370	8,370
GM	30,927	30,927
HLT	45,473	45,473

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
HHC	31,700	31,700
IPG	28,413	28,413
LBRDK	18,863	18,863
NOV	10,020	10,020
OXY	6,346	6,346
ORCL	8,424	8,424
QRTEA	9,905	9,905
LUV	30,229	30,229
UA	729	729
V	40,398	40,398
WAB	311	311
WFC	40,619	40,619
GLPI	18,296	18,296
FDRXX	5,272	5,272
ABT	32,138	32,138
ABBV	21,250	21,250
AKAM	14,685	14,685
ALL	23,615	23,615
GOOGL	73,666	73,666
AMGN	50,625	50,625
AAPL	118,635	118,635
AZO	23,826	23,826
BRKB	29,445	29,445
AVGO	37,922	37,922
CSCO	31,654	31,654
CTXS	23,289	23,289
CLX	15,354	15,354
KO	26,015	26,015
CMCSA	47,668	47,668
COO	25,703	25,703

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
COST	20,574	20,574
DHR	26,092	26,092
DELL	12,745	12,745
DIS	31,819	31,819
DNKN	21,907	21,907
ECL	23,352	23,352
EXPD	24,966	24,966
FB	38,998	38,998
FISV	37,002	37,002
FTV	12,604	12,604
HD	45,860	45,860
HON	42,480	42,480
ITW	23,352	23,352
INTC	21,546	21,546
JNJ	18,963	18,963
KDP	22,291	22,291
LMT	27,257	27,257
MMC	34,537	34,537
MAA	47,774	47,774
MKC	11,881	11,881
MCD	13,833	13,833
MSFT	85,158	85,158
NKE	6,078	6,078
ORCL	42,225	42,225
PAYX	28,070	28,070
RSG	23,304	23,304
TJX	39,689	39,689
UNP	28,926	28,926
UNH	29,398	29,398
VAR	14,201	14,201

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VZ	24,560	24,560
VRSK	13,440	13,440
VMW	15,179	15,179

TY 2019 Other Decreases Schedule

Name: DUANE AND KATHLEEN FOULKES
FOUNDATION INC

EIN: 20-5592397

Description	Amount
TIMING DIFFERENCES ON RECEIPT OF INCOME	2,855

TY 2019 Other Expenses Schedule

Name: DUANE AND KATHLEEN FOULKES
FOUNDATION INC

EIN: 20-5592397

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	30	30		0
WDFI ANNUAL FILING FEE	10	0		10

TY 2019 Other Increases Schedule

Name: DUANE AND KATHLEEN FOULKES
FOUNDATION INC

EIN: 20-5592397

Description	Amount
CHANGE IN UNREALIZED APPRECIATION	1,084,490

TY 2019 Other Professional Fees Schedule

Name: DUANE AND KATHLEEN FOULKES
FOUNDATION INC

EIN: 20-5592397

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	46,965	46,965		0

TY 2019 Taxes Schedule

Name: DUANE AND KATHLEEN FOULKES
FOUNDATION INC

EIN: 20-5592397

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	2,770	2,770		0
EXCISE TAXES	14,000	0		0

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 www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2019
	Name of the organization DUANE AND KATHLEEN FOULKES FOUNDATION INC	Employer identification number 20-5592397

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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
DUANE AND KATHLEEN FOULKES
FOUNDATION INC

Employer identification number
20-5592397

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	DUANE E AND KATHLEEN M FOULKES PO BOX 337 BEAVER DAM, WI 539160337	\$ 658,397	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization DUANE AND KATHLEEN FOULKES FOUNDATION INC	Employer identification number 20-5592397
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	3,100 SHARES - IGAAX	\$ 101,494	2019-10-10
<u>1</u>	1,500 SHARES - NEWFX	\$ 100,035	2019-10-10
<u>1</u>	3,700 SHARES - SMCWX	\$ 203,278	2019-10-10
<u>1</u>	5,439.513 SHARES - AWSHX	\$ 253,590	2019-10-15
-		\$	
-		\$	

Name of organization DUANE AND KATHLEEN FOULKES FOUNDATION INC	Employer identification number 20-5592397
--	--

Part III

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

Use duplicate copies of Part III if additional space is needed.

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