Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

► Do not enter social security numbers on this form as it may be made public.

► Go to warm its gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

		Go to www.irs.gov/Formssupp 10	r instructions and	u the late:	st informatio	on. Open	to rubile inspection
		dar year 2019 or tax year beginning	, 20	19, and			<u>, 20</u>
Nam	e of four	ndation			A Employe	r identification numbe	r
		Family Foundation, Inc.				656189	·
Num	ber and	street (or P O box number if mail is not delivered to street address)	Roo	om/suite	B Telephon	e number (see instructi	ons)
19	160 5	Still Point Trail			(262)	617-2640	
City	or town,	state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendi	ng, check here▶ 🔲
Br	ookf:	ield WI 53045					
G	Check	all that apply:	of a former publ	ic charity	D 1. Foreigi	n organizations, check i	nere ▶ 🗀
		☐ Final return ☐ Amended r	return		2 Foreign	n organizations meeting	the 85% test
		☐ Address change ☐ Name char	nge			here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundatior	าคป		foundation status was	
	Sectio	n 4947(a)(1) nonexempt charitable trust Other tax	able private four	ndation_	section 5	07(b)(1)(A), check here	▶□
î	Fair m	arket value of all assets at J Accounting method	: 🛛 Cash 🗌	Accrual	F If the four	ndation is in a 60-mont	n termination
		f year (from Part II, col. (c),				ction 507(b)(1)(B), check	
	line 16	(Part I, column (d), must be	e on cash basis.)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	4.3.3.		4-3-444	(d) Disbursements
-		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		: investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			, n	ا دس	7 · 47
	2	Check ► X if the foundation is not required to attach Sch. B	3°, ""	, ,		P. 15	3 4 7
	3	Interest on savings and temporary cash investments	0				
	4	Dividends and interest from securities	274,998	. 2	74,998.		F*
	5a	Gross rents		·			-
	b	Net rental income or (loss)		 .	a, \$ 5' .	18 , 18 SE	1-725
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10R	ECEIVED) .5	A CANTER OF	Age Co	
Revenue	b	Gross sales price for all assets on line 6a		-၂၇၂	رخام فا	7. f	
×	7	Capital gain net income (from Part IV, line 2)	IN 0 1 2020	- löl	0.	,大学家"。"""" " " " " " " " " " " " " " " " " "	
æ	8	Net short-term capital gain	014 0, 1, LOE0		S 4 MILE.	0.	Trees !
	9	Income modifications	2000		Ste Water		Ind and a second
	10a	Gross sales less returns and allowances U	GDEN, UI	- 15 P	es sittled tel	Bond & A to a se	U. 2 14 1 1 14 2
	b	Less: Cost of goods sold	The state of the s		يخد لا رابعه ، م		\$ 100 pt (0 g 1
	С	Gross profit or (loss) (attach schedule)		المائية.	建筑和 等		A
-	11	Other income (attach schedule) See. Stmt	12,562				n. * , *
	12	Total. Add lines 1 through 11	287,560	. 2	74,998.	0.	A SECOND
	13	Compensation of officers, directors, trustees, etc					
enses	14	Other employee salaries and wages					
e	15	Pension plans, employee benefits					
×	16a	Legal fees (attach schedule)					
Ē	b	Accounting fees (attach schedule)					
ξĶ	С	Other professional fees (attach schedule)					
ra	17	Interest					
iist	18	Taxes (attach schedule) (see instructions) See. Stmt	4,993				
nin	19	Depreciation (attach schedule) and depletion					2
d	20	Occupancy					
d A	21	Travel, conferences, and meetings		<u> </u>			
Operating and Administrative Exp	22	Printing and publications					
ğ	23	Other expenses (attach schedule)					
Ë	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	4,993				
ğ	25	Contributions, gifts, grants paid	0		The Harton	\$P\$ 日本 *	
_	26	Total expenses and disbursements. Add lines 24 and 25	4,993				
	27	Subtract line 26 from line 12:		40	"本展》	, s.	1 July 19 19 19 19 19 19 19 19 19 19 19 19 19
	а	Excess of revenue over expenses and disbursements	282,567		* 3.44 TH	· 海 河流	也不能的所以
	b	Net investment income (if negative, enter -0-) .	· · · · · · · · · · · · · · · · · · ·		74,998.	m	* 1 1
	C	Adjusted net income (if negative, enter -0-)	5 5 444 F.S	4	\$ 1 A 4	0.	· * · · · ·

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

Pa	irt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1,	Cash-non-interest-bearing	406,821.	666,259.	666,259.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Lėss. allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		1 1	
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
į	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 ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) L-10b Stmt	2,456,694.	2,350,820.	2,644,834.
	С	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) . L-13. Stmt	498,082.	528,082.	486,357.
	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			
		ınstructions. Also, see page 1, item l)	3,361,597.	3,545,161.	3,797,450.
	17	Accounts payable and accrued expenses			
S	18	Grants payable			<u> </u>
ij	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons		ļ <u>.</u>	
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			<u> </u>
alances		Foundations that follow FASB ASC 958, check here			
ĭ		and complete lines 24, 25, 29, and 30.			
ä	24	Net assets without donor restrictions			
8	25	Net assets with donor restrictions			
Ĕ		Foundations that do not follow FASB ASC 958, check here ► 🗵			1
Ē	00	and complete lines 26 through 30. Capital stock, trust principal, or current funds			
0	26	Paid-in or capital surplus, or land, bldg., and equipment fund			
ets	27 28	Retained earnings, accumulated income, endowment, or other funds	2 261 507	2 5 4 5 1 6 1	
SS	29	Total net assets or fund balances (see instructions)	3,361,597. 3,361,597.	3,545,161.	
ţ	30	Total liabilities and net assets/fund balances (see	3,301,397.	3,545,161.	1
Net Assets or Fund		Instructions)	3,361,597.	3,545,161.	
	rt III	Analysis of Changes in Net Assets or Fund Balances	3,301,331.	3,313,101	<u> </u>
		al net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	st agree with	
•		of-year figure reported on prior year's return)			3,361,597.
2		er amount from Part I, line 27a			282,567.
3		er increases not included in line 2 (itemize) ► Gain on partn			8,275.
4		lines 1, 2, and 3			3,652,439.
5	Dec	reases not included in line 2 (itemize) ▶ Loss on sale of s	securities	5	107,278.
_6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 29 6	3,545,161.

Part	V Capital Gains and	d Losses for Tax on Investm	nent Income				
		nd(s) of property sold (for example, real ease, or common stock, 200 shs MLC Co.)	· ·	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a	10000 CBL			P	12/27/2018	03/01/2019	
<u> b</u>	15000 CBL			P	02/09/2018	03/01/2019	
c	1213 Titan Energy			P	04/21/2016	03/13/2019	
d	<u>15000 Blueknight E</u>	nergy Partners		P	08/27/2018	03/13/2019	
<u> e </u>	See <u>Statement</u>			<u> </u>		<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
<u>a</u>	20,699.			19,695.		1,004.	
<u> b </u>	31,048.			72,121.		-41,073.	
<u>C</u>	44.			27,612.		-27,568.	
<u>d</u>	16,495.			39,005.		-22,510.	
<u> e </u>	577,149.			594,280.		-17,131.	
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69.	(I) Gains (C	ol. (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) . (j), if any		ot less than -0-) or (from col (h))	
a			_			1,004.	
b						-41,073.	
<u>c</u>						-27,568.	
<u>d</u>						-22,510.	
e					Ι	-17,131.	
2	Capital gain net income o		also enter in Pa , enter -0- ın Pai		2	-107,278.	
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- ın }	_		
		· · · · · · · · · · · · · · · · · · ·			3	-35,407.	
Part		ler Section 4940(e) for Reduivate foundations subject to the					
Was t		re this part blank. section 4942 tax on the distribu qualify under section 4940(e). Do			base period?	☐ Yes ⊠ No	
1	Enter the appropriate am	ount in each column for each yea	ar; see the instru	uctions before m	aking any entries	j.	
Cale	(a) Base period years endar year (or tax year beginning ir	(b)		(c) f noncharitable-use a	D	(d) istribution ratio) divided by col. (c))	
	2018	77,3	50.	3,669,0	32.	0.021082	
	2017	145,5		3,735,2		0.038954	
	2016	235,9	40.	3,594,5	98.	0.065637	
	2015	252,5	47.	3,349,0	26.	0.075409	
	2014	220,2	99.	3,445,5	80.	0.063937	
2	Total of line 1, column (d)			. 2	0.265019	
3		for the 5-year base period—divoundation has been in existence				0.053004	
4	Enter the net value of nor	ncharitable-use assets for 2019 f	rom Part X, line	5	. 4	3,640,099.	
5	Multiply line 4 by line 3				. 5	192,940.	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	»)		. 6	2,750.	
7	Add lines 5 and 6				. 7	195,690.	
8	Enter qualifying distribution	ons from Part XII, line 4			. 8		
	If line 8 is equal to or gre Part VI instructions.	ater than line 7, check the box in	n Part VI, line 1b	o, and complete	that part using a	1% tax rate. See the	

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	ıctioı	าร)
	Exempt operating foundations described in section 4940(d)(2), check here ▶☐ and enter "N/A" on line 1.)		۲	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	<u></u>	,	·
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5 , 5	00.
	here ► □ and enter 1% of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3	Add lines 1 and 2		5,5	00.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5,5	00.
	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
	Total credits and payments. Add lines 6a through 6d			
	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached			80.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		5,6	80.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			0.
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Part \	· · · · · · · · · · · · · · · · · · ·			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		<u>'</u>	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. ► \$			·
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		×
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
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?	5		×
•	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	<u> </u>		
_	conflict with the state law remain in the governing instrument?	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
	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 G2 If "No." attach explanation	9b		_
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b_	 ^	
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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	-	
10	names and addresses	10		×

Part	VIDA Statements	s Regarding Activities (continued)				
					Yes	No
11	meaning of section 512(, , , , , , , , , , , , , , , , , , , ,		11		×
12		te a distribution to a donor advised fund over which the following				
		vileges? If "Yes," attach statement. See instructions		12		×
13	•	ly with the public inspection requirements for its annual returns a	, ,,	13	×	
	Website address ► N					
14	I ne books are in care of	f ► DONALD WILSON	elephone no. (262) 6	17-	2640	
45		Still Point Trail Brookfield WI			· • • • • • • • • • • • • • • • • • • •	
15		xempt charitable trusts filing Form 990-PF in lieu of Form 10 ftax-exempt interest received or accrued during the year		• •	•	
16	At any time during caler	ndar year 2019, did the foundation have an interest in or a si	gnature or other authority		Yes	No
	over a bank, securities,	or other financial account in a foreign country?		16		×
	See the instructions for the foreign country ▶	exceptions and filing requirements for FinCEN Form 114. If	"Yes," enter the name of			
Part		s Regarding Activities for Which Form 4720 May Be	Required			L
ı ar		tem is checked in the "Yes" column, unless an exception			Yes	No
1a		foundation (either directly or indirectly):	applies.			110
	•	or exchange, or leasing of property with a disqualified person	? □ Yes ⊠ No			
		n, lend money to, or otherwise extend credit to (or accept			'	
	· ·	´	-		•• .	
	(3) Furnish goods, servi	ices, or facilities to (or accept them from) a disqualified perso				
	· ·	o, or pay or reimburse the expenses of, a disqualified persor				
		e or assets to a disqualified person (or make any of either ava				
	(6) Agree to pay money	y or property to a government official? (Exception. Check "	No" if the			
		to make a grant to or to employ the official for a per				
	termination of gover	nment service, if terminating within 90 days.)	🗌 Yes 🗵 No			
b		to 1a(1)-(6), did any of the acts fail to qualify under the				
	-	4941(d)-3 or in a current notice regarding disaster assistance a current notice regarding disaster assistance, check here		1b		
С	-	age in a prior year in any of the acts described in 1a, other			•	
				1c		
2	Taxes on failure to dist	ribute income (section 4942) (does not apply for years the	foundation was a private			
_	, •	efined in section 4942(j)(3) or 4942(j)(5)):	VIII Cara			
а		019, did the foundation have any undistributed income (Parts) beginning before 2019?	-			
	, ,	s) beginning before 2019?	🗀 163 🔼 140			
b		ed in 2a for which the foundation is not applying the provis	ions of section 4942/2\/2\		1	
b		luation of assets) to the year's undistributed income? (If app				
		"No" and attach statement—see instructions.)		2b		
С	If the provisions of sect	ion 4942(a)(2) are being applied to any of the years listed in 2	2a, list the years here.			
	▶ 20 , 20 , 20					
За		more than a 2% direct or indirect interest in any business of	enterprise			
	at any time during the y	rear?	🗌 Yes 🔀 No	-		
b	If "Yes," did it have ex	cess business holdings in 2019 as a result of (1) any purch	ase by the foundation or			
		er May 26, 1969; (2) the lapse of the 5-year period (or longe				
		ection 4943(c)(7)) to dispose of holdings acquired by gift or b				
		ear first phase holding period? (Use Form 4720, Schedul			<u> </u>	
		business holdings in 2019.)		3b		
4a		st during the year any amount in a manner that would jeopardiz		4a	ļ	×
b		e any investment in a prior year (but after December 31, 1969) and not been removed from jeopardy before the first day of the t		4b		
	Silantable pulpose that i	and the transfer of the transf	/ Jan 20gii ii iii ig ii i 2010 i	40	İ	. ^

Fair	VII-B Statements Regarding Activities	s for W	/hich Form	4720	May Be R	equire	d (contii	nued)			
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt						☐ Yes	⊠ No		,	. 1
	(2) Influence the outcome of any specific publ		on (see secti	on 495	5); or to ca	arry on,					`
	directly or indirectly, any voter registration of	lrive?					☐ Yes	⊠ No	•		1
	(3) Provide a grant to an individual for travel, st						☐ Yes	⊠ No]
	(4) Provide a grant to an organization other that	an a cha	ritable, etc.,	organiz	ation desci	ribed ın					· [
	section 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No			
	(5) Provide for any purpose other than religiou				•						. "
	purposes, or for the prevention of cruelty to						☐Yes	⊠ No			.
b	If any answer is "Yes" to 5a(1)-(5), did any of							scribed	<u> </u>		
	in Regulations section 53.4945 or in a current n	•				e instr	uctions		5b		
Organizations relying on a current notice regarding disaster assistance, check here											
C	The state of the s										
	because it maintained expenditure responsibilit	-	-				☐ Yes	☐ No			i
	If "Yes," attach the statement required by Regu									'	1
6a	Did the foundation, during the year, receive any	/ funds,	directly or in	directly	, to pay pre	emiums	· _	_			
	on a personal benefit contract?	• •					∐ Yes	× No			
b	Did the foundation, during the year, pay premiu	ms, dire	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b		×
_	If "Yes" to 6b, file Form 8870.										1
7a	At any time during the tax year, was the foundation									<u></u>	لسسا
р	If "Yes," did the foundation receive any proceed							n? .	7b		
8	Is the foundation subject to the section 4960 t remuneration or excess parachute payment(s) of the section 4960 to the section										1
Dor								No 🗵			
ran	t VIII Information About Officers, Dire and Contractors	ctors, i	rustees, r	ounda	uon wan	agers,	migniy r	aid Ei	mpioy	ees,	
1	List all officers, directors, trustees, and foun	dation r	managers ar	d their	compens	ation. S	See instri	ictions			
		(b) Title	e, and average	(c) Co	npensation	(d)	Contribution	s to	(e) Expe	nse ac	count
	(a) Name and address		rs per week ed to position		iot paid, ter -0-)		oyee benefit erred compe			allowan	
DON	ALD S WILSON	PRES									
		LEVES		l							
191		FKES	3.00		0.			0.			Ο.
	60 STILL PT Brookfield WI 53045 HLEEN WILSON	VP	3.00		0.			0.			0.
KAT	60 STILL PT Brookfield WI 53045	VP	3.00		0.			0.			0.
KAT 1916	60 STILL PT Brookfield WI 53045 HLEEN WILSON	VP	1.00								
1916 Kat	60 STILL PT Brookfield WI 53045 HLEEN WILSON 0 STILL POINT TRAIL Brookfield WI 50145	VP	1.00								
1916 Kat 112	60 STILL PT Brookfield WI 53045 HLEEN WILSON 50 STILL POINT TRAIL Brookfield WI 50145 harine Otto Lockwood	VP	1.00 CTOR		0.			0.			0.
1916 Kat 112	60 STILL PT Brookfield WI 53045 HLEEN WILSON 60 STILL POINT TRAIL Brookfield WI 50145 harine Otto Lockwood 60 Indianwood Brookfield WI 53045 Statement	VP DIRE	1.00 CTOR 0.50		0.			0.			0.
1916 Kat 112	60 STILL PT Brookfield WI 53045 HLEEN WILSON 60 STILL POINT TRAIL Brookfield WI 50145 harine Otto Lockwood 60 Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employed	VP DIRE	1.00 CTOR 0.50	se incl	0.	ne 1—	see instr	0.	s). If n	one,	0.
1916 Kat 112 See	60 STILL PT Brookfield WI 53045 HLEEN WILSON 60 STILL POINT TRAIL Brookfield WI 50145 harine Otto Lockwood 60 Indianwood Brookfield WI 53045 Statement	VP DIRE	1.00 CTOR 0.50	se incl	0.	ne 1—	see instr	0.	s). If n	one,	0.
1916 Kat: 112 See	60 STILL PT Brookfield WI 53045 HLEEN WILSON 60 STILL POINT TRAIL Brookfield WI 50145 harine Otto Lockwood 0 Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than thos		0. 0. uded on li		(d) Contrib	0. 0. uctions			0. 0. 0. enter
1916 Kat: 112 See	60 STILL PT Brookfield WI 53045 HLEEN WILSON 60 STILL POINT TRAIL Brookfield WI 50145 harine Otto Lockwood 60 Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employed	VP DIRE	1.00 CTOR 0.50 1.00 er than thos	average veek	0.		(d) Contrib employee plans and	0. 0. uctions	(e) Expe		0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per visite.	average veek	0. 0. uded on li		(d) Contrib employee	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat: 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per visite.	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per visite.	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per visite.	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per visite.	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per visite.	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per visite.	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat 112 See	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	VP DIRE	1.00 CTOR 0.50 1.00 er than those hours per visite and a hours per	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. enter
1916 Kat: 112 See 2	HLEEN WILSON O STILL POINT TRAIL Brookfield WI 53045 Harine Otto Lockwood O Indianwood Brookfield WI 53045 Statement Compensation of five highest-paid employe "NONE."	DIRE	1.00 CTOR 0.50 1.00 er than those (b) Title, and a hours per videvoted to p	average veek	0. 0. uded on li		(d) Contrib employee plans and	0. 0. uctions	(e) Expe	inse ac	0. 0. count,

	n About Officers, Directors, Trustees, Foractors (continued)	undation Managers, Highly Paid En	nployees,
3 'Five highest-paid in	ndependent contractors for professional service	es. See instructions. If none, enter "NON	E."
(a) Name and	address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None			
		None	
			
	ceiving over \$50,000 for professional services	>	0
Part IX-A Summar	y of Direct Charitable Activities		
	est direct charitable activities during the tax year. Include rele iciaries served, conferences convened, research papers produ		Expenses
1			
2			
		•	
3			
•			
4			
***************************************		***************************************	
	y of Program-Related Investments (see in		7
	ram-related investments made by the foundation during the tax	x year on lines 1 and 2.	Amount
1			
2			
۷			
All other program-related inve	stments. See instructions.	 	
3			
Total. Add lines 1 through	3	<u> </u>	

1 Fair m			
purpos	narket value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	ge monthly fair market value of securities	1a	2,636,674.
	ge of monthly cash balances	1b	577,320.
	arket value of all other assets (see instructions)	1c	481,538.
	(add lines 1a, b, and c)	1d	3,695,532.
	etion claimed for blockage or other factors reported on lines 1a and		
	ach detailed explanation) 1e		
	sition indebtedness applicable to line 1 assets	2	
3 Subtra	act line 2 from line 1d	3	3,695,532.
	deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ctions)	4	55,433.
	alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,640,099.
6 Minim	num investment return. Enter 5% of line 5	6	182,005.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here $\triangleright \Box$ and do not complete this part.)	ounda	itions
	um investment return from Part X, line 6	1	182,005.
	n investment income for 2019 from Part VI, line 5 2a 5,500 .		202,000.
	e tax for 2019. (This does not include the tax from Part VI.) 2b		
	nes 2a and 2b	2c	5,500.
3 Distrib	outable amount before adjustments. Subtract line 2c from line 1	3	176,505.
	reries of amounts treated as qualifying distributions	4	
	nes 3 and 4	5	176,505.
	ction from distributable amount (see instructions)	6	•
7 Distrik	butable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
		7	176,505.
Part XII	Qualifying Distributions (see instructions)		
1 Amoui	nts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expen	ses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
b Progra	am-related investments—total from Part IX-B	1b	-
	nts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
purpo:	ses	2	
3 Amou	nts set aside for specific charitable projects that satisfy the:		
a Suitab	oility test (prior IRS approval required)	3a	
	distribution test (attach the required schedule)	3b	
4 Qualif	ying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	
	lations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	1% of Part I, line 27b. See instructions	5	0.
	ted qualifying distributions. Subtract line 5 from line 4	6	0.
-	The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whet	her the foundation

Part	Villa : Undistributed Income (see instruction)	ns)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				176,505.
2	Undistributed income, if any, as of the end of 2019.				170,303.
a	Enter amount for 2018 only				
b	Total for prior years: 20 , 20 , 20	· · · · · · · · · · · · · · · · · · ·			
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b					į
_					
C	From 2016				
d	From 2017				
e	From 2018	151 040			
f	Total of lines 3a through e	151,942			
4	Qualifying distributions for 2019 from Part XII, line 4: ▶ \$				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		-		
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				
е	Remaining amount distributed out of corpus	О			
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a).)			•	
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	151,942.			ţ
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed				
Ū	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		0.		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			0.	
f	Undistributed income for 2019. Subtract lines		·····	0.	
J	4d and 5 from line 1. This amount must be				
	distributed in 2020				176,505.
-	Amounts treated as distributions out of corpus				170,303.
7	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		. =		-
0	applied on line 5 or line 7 (see instructions) .	0.	· · · · · · · · · · · · · · · · · · ·		
9	Excess distributions carryover to 2020.			• '	1
	Subtract lines 7 and 8 from line 6a	151,942.			
10	Analysis of line 9:				
a					
b	Excess from 2016 64,997.	-		<u> </u>	
С	Excess from 2017 0 .				1
d	Excess from 2018 0 .				-
е	Excess from 2019 0.				1

Form 99	90-PF (2019)					Page 10
Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	9)	N/A
	If the foundation has received a ruling foundation, and the ruling is effective for	or determination	letter that it is a	private operating		
b	Check box to indicate whether the four				ection 4942(i))(3) or
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2019	(b) 2018	Prior 3 years (c) 2017	(d) 2016	(e) Total
b	85% of line 2a			· · · · · · · · · · · · · · · · · · ·		
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter: (1) Value of all assets					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	L				
-Part	• • • • • • • • • • • • • • • • • • • •			he foundation h	nad \$5,000 or m	iore in assets at
1	any time during the year- Information Regarding Foundation		15.)			
a	List any managers of the foundation before the close of any tax year (but of	who have contribu				I by the foundation
	Donald S. Wilson					
	List any managers of the foundation ownership of a partnership or other elements.					arge portion of the
	N/A	0	0.4.1		<u> </u>	
2	Information Regarding Contribution Check here ► ☒ If the foundation unsolicited requests for funds. If the f complete items 2a, b, c, and d. See ir	only makes controlled	ributions to prese	elected charitable		
a	The name, address, and telephone nu		dress of the perso	on to whom applica	ations should be a	addressed:
	See Supplementary Informat		·	applion		
	The form in which applications should			materials they sho	ould include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fi	elds, kinds of in	stitutions, or other

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Sharon Lynne Wilson Center for the Arts General Support 19205 Capitol Drove Brookfield WI 53045 501(c)3 0. Hillsdale College 33 E. College ST Hillsdale MI 49242 501(c)3 General Support 0. Florentine Opera Co 700 N. Water St Milwaukee WI 53202 501(c)3 General Support 0. First Stage 325 W Walnut 0. Milwaukee WI 53212 501(c)3 General support United Performing Arts Fund 301 W Wisconsin Ave Milwaukee WI 53203 501(c)3 Scholarship 0. Piano Arts 2642 N. Summit Milwaukee WI 53211 501(c)3 General Support 0. Wisconsin Philharmonic 234 W. Main ST Waukesha WI 53186 501(c)3 General Support 0. 3a 0. **b** Approved for future payment

Total

nter	ter gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by section	on 512, 513, or 514	⊣ (⊌)	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)	
	Program service revenue:		-				
_	None	ļ					
		-					
(<u> </u>					
	·				· -		
ì			-				
,	Fees and contracts from government agencies						
	Membership dues and assessments						
	nterest on savings and temporary cash investments	533100	0.				
	Dividends and interest from securities	523000	274,998.				
	Net rental income or (loss) from real estate:	323000	274,550.				
	a Debt-financed property						
	Not debt-financed property						
	Net rental income or (loss) from personal property			1			
	Other investment income				 ,		
	Gain or (loss) from sales of assets other than inventory						
	Net income or (loss) from special events						
	Gross profit or (loss) from sales of inventory					-	
	Other revenue: a k-1 Dividends	531110					
						·	
12	Subtotal. Add columns (b), (d), and (e)	l	274,998.			ļ	
13			274,998. 		13	274,998.	
13 See v	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation	 ns.)			13	274,998.	
13 See v Pari	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
i3 See v Pari	Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A No. Explain below how each activity for which	 ns.) Accomplishm	ent of Exemp	t Purposes			
i3 ee v Pari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
13 See v Pari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
i3 ee v Pari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
i3 ee v Pari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
i3 ee v Pari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
i3 ee v Pari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
3 ee v ari ine	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
3 ee v ari ine	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
ee v eari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			
13 See v Pari Line	Fotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	 ns.) Accomplishm	ent of Exemp	t Purposes			

Part	XVII°	Information Organization	n Regarding Tra	nsfers to	and Trans	action	s and Re	elationshi	ps Wit	h Noncha	aritabl	e Ex	empt
	in se organ	ction 501(c) (of izations?	lirectly or indirectly ther than section	501(c)(3)	organization	ns) or	in sectio	n 527, re				Yes	No
			oorting foundation t								1a(1)	1	×
	(2) O	ther assets .									1a(2)		×
	-	transactions:											
			a noncharitable ex								1b(1)		X
			ets from a noncharit equipment, or other								1b(2)		X
			rangements								1b(3)		×
			rantees								1b(5)		×
			rvices or members								1b(6)		×
			quipment, mailing l								1c		×
			of the above is "Ye									fair n	narket
	value	of the goods, ot	ther assets, or serv on or sharing arrang	nces given	by the repo	rting fo	undation.	If the found	dation r	eceived les	s than	fair n	narket
(a) Line		b) Amount involved	(c) Name of none					otion of transfe					
			-										
	_	_											
	_												
							 .						
	-												
-	_									-			
-	-+												
	_										 		
-				<u></u>							•		
				-	-								
	descr	ribed in section 5	ectly or indirectly a 501(c) (other than se following schedule	ection 501(re tax-exe	mpt or	ganizations · · ·		es 🗵	No No
		(a) Name of organi	zation	(b) Type of orga	nızatıon			(c) Desc	ription of relat	ionship		
				ļ						_			
				-									
			<u> </u>	-						_			
	Linde	r nenalted of nerun. I	declare that I have examin	ned this return	ncluding accomi	nanvina si	chedules and	statemente an	d to the he	est of my know	edge and	helief i	t is this
Sign	corre	ct, and complete Decla	aration of preparer (other the	han taxpayer) is	based on all info	ormation of	of which prepa	rer has any kno	wledge	F		_	
Here		Mondal	1/11/2	1.3	5/12/20	וסס	ESIDENT				IRS disci preparer		
11010		ature of officer or trus	stee	1	Date Date	Title	SOLDENI			— See inst	ructions	□Yes	□No
Doid		Print/Type preparer	's name	Preparer's	signature			Date	Π.	Shook C .4	PTIN		
Paid										Check [] if self-employed			
Prepa Use (Firm's name ▶	Non paid pre	eparer			-		Firm's E	IN ▶	·		
	, iiiy	Firm's address ▶	19160 Still		rail				Phone	10.50	617-2	640	
BAA			Brookfield			WI	53045				Form 99		(2019)

Continuation Statement

Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Name and Address Information	Form Information	Submission Information	Restrictions
N/A	N/A	N/A	N/A

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Form 990-PF: Return of Private Foundation

Part JV: Capital Gains and Losses for Tax on Investment Income

Continuation Statement

Tartav. Capital Callis and	LOSSES TOT TAX OIT HIVES	unent income	- Oomana	ation Statement
(e.g., real estate,	e the kind(s) of proper 2-story brick warehou k, 200 shs. MLC Co.)		(c) Date	(d) Date sold
981 Diamond S Shipping		Р	03/28/19	05/02/19
7000 Dynagas		P	12/27/18	05/06/19
3000 Dynagas		Р	02/22/16	05/06/19
25000 Blueknight Energ	У	P	12/27/18	05/06/19
15000 HI Crush		P	07/26/18	05/06/19
3840 Energy Transfer P	artners	P	06/14/07	05/06/19
2000 DCP Partnership		P	01/05/09	05/06/19
2000 Sunoco		P	11/29/16	05/06/19
3000 Gold Resources		P	01/29/13	05/03/19
200 Fuelcell Energy 5%	Pfd	P	10/05/17	05/08/19
8000 NGL Energy		P	12/27/18	05/08/19
4638 Newmark Group		P	08/01/11	10/24/19
1000 National Health	· · · · · · · · · · · · · · · · · · ·	P	09/15/08	10/24/19
1000 Nacional mealch	(f) Depreciation	(g) Cost or other		or (loss)
(e) Gross sales price		basis plus expense of sale	(e) plus	(f) minus g)
13,466.		10,502		2,964.
15,875.		21,673	•	-5,798.
6,928.		26,935		-20,007.
27,950.		28,206		-256.
51,744.		96,604		-44,860.
57,536.		92,730	.	-35,194.
60,372.		16,693		43,679.
61,800.		42,775		19,025.
11,236.		41,887		-30,651.
29,562.		59,005		-29,443.
109,357.		75,308		34,049.
45,178.		29,262		15,916.
86,145.		52,700		33,445.
577,149.	0.			-17,131.
	ets showing gain in co	<u> </u>		
	e foundation on 12/31/			(Col. (h) col. (k), s than -0-)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(i) over col. (j), if any	or Losses (h))
				2,964.
				-5,798.
				-20,007.
				-256.
				-44,860.
				-35,194.
				43,679.
				19,025.
				-30,651.
				-29,443.
			<u> </u>	34,049.
				15,916.
				33,445.
0.	0.	0.		-17,131.
<u></u>	L			

Wilson Family Foundation, Inc.

Form 990-PF: Return of Private Foundation

Continuation Statement Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
Bradley Wilson	Director	0	0	0
W173 N5473 Ravenwood Dr	0.50			
Menomonee Falls, WI 53051	-			
Jennifer Healy	Director	0	0	.0
885 Burr Oak Drive	0.50			
Oconomowoc, WI 53606				

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Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income
Income from Rental R/E	12,562.		
Sect 1231 gain		<u> </u>	·-
Other Income k-1		<u>-</u> .	
Tot	al 12,562.		

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Excise Tax	4,993.			
Total	4,993.			

Form 990-PF: Return of Private Foundation

Late Filing Explanation

Explanation Statement

Explanation			
Confused by the extension of time to file form 1040.			
Erroneously assumed that it applied to all returns due	before	July 2020	

Form 990-PF Part II

End of Year US Government Obligations State and Local Obligations Doligations l ·					yer Identification No	
End of Year	US and State Government	vestments - State and Local State and Local US Govern Government Obligations Obligations Obligation		nment US Government Obligations		
Line 10b - Investments - Corporate Stock: Book Value Value	Tot to Fm 990-PF, Pt II, Ln 10a					
Solid Allianzgi Conv & Income Fund 31,818. 30,720. 3500 Amtrust Finl 7.25% Pfd 63,810. 73,15	Line 10b - Investme	ents - Corporate	Stock:	1	k	Fair Market
Line 10c - Investments - Corporate Bonds: Book Value Fair Market Value	6000 Allianzgi Conv & 3500 Amtrust Finl 7.255 See L-10b Stmt	k Pfd		31, 63, 2,193,	,818. ,810. ,194.	30,720. 73,150. 2,445,475.
End of Year Book Value Value	Line 10c - Investments - Corporate Bonds:		Book		Fair Market	
Line 12 - Investments - Mortgage loans: Book Value Value	Totals to Form 990-PF, Part II, I	_ine 10c				
End of Year Line 13 - Investments - Other: Book Value Fair Market Value 100,000 FRED-50 Twenty 100,000. 100,000. Access Healthnet 130,000. 80,000. 100000 FRED-Forte 98,082. 106,357. See L-13 Stmt 200,000. 200,000.	Line 12 - Investme	ents - Mortgage I	oans:		k	Fair Market
Line 13 - Investments - Other: Book Value Fair Market Value 100,000 FRED-50 Twenty 100,000. 100,000. Access Healthnet 130,000. 80,000. 100000 FRED-Forte 98,082. 106,357. See L-13 Stmt 200,000. 200,000.	Totals to Form 990-PF, Part II, I	_ine 12				
Line 13 - Investments - Other: Book Value Fair Market Value 100,000 FRED-50 Twenty 100,000. 100,000. Access Healthnet 130,000. 80,000. 100000 FRED-Forte 98,082. 106,357. See L-13 Stmt 200,000. 200,000.						
Access Healthnet 130,000. 80,000. 100000 FRED-Forte 98,082. 106,357. See L-13 Stmt 200,000. 200,000.	Line 13 - Inve	estments - Other	:		k	Fair Market
	Access Healthnet 100000 FRED-Forte See L-13 Stmt	ino 42		130, 98, 200,	,000. ,082. ,000.	80,000. 106,357.

Additional information from your 2019 Federal Exempt Tax Return

Form 990-PF Part II Line 10, 12 and 13 Investments L-10b Stmt

Continuation Statement

	•	aution otatomont
Line 10b Description	Line 10b Book	Line 10b FMV
15000 Ashford Hospity Tr	41,649.	41,850.
5000 Greenhunter Resouces 10% Pfd	43,980.	0.
2000 B&G Foods	. 27,318.	53,790.
3000 First Trust Energy & Income	53,702.	67,830.
2500 Capital Product Partner	58,021.	33,600.
5000 Eagle Point Credit	87,784.	73,050.
3000 RLJ Lodging 1.95% Pr A	85,470.	86,130.
10000 Flaherty & Crumrine Pfd	68,992.	216,900.
3000 Imperial Brands	67,665.	74,400.
5000 John Hancock Pfd Equ Fd	84,591.	114,050.
6000 Cornerstone Strategic	83,372.	89,680.
1000 National Health Investors	33,365.	81,480.
25000 Portman Ridge Fin Corp	72,340.	53,000.
1000 Sun Communities	10,572.	150,100.
10000 BGC Partners	59,248.	71,280.
3000 Gaslog Partners	53,204.	46,920.
1500 John Hancock Hedged Fund	24,727.	22,365.
11000 National Cinemedia	81,842.	80,190.
5000 New York Mortgage Trust	35,762.	31,150.
8000 Corp Backed 7% PFD-jbn	50,384.	46,240.
5000 Uniti Group	130,369.	65,680.
4000 ETRACTD-smhb	79,784.	69,800.
3000 Medical Properties Trust	37,363.	63,330.
1500 Dine Brands	67,860.	125,280.
2500 UBS ETRACS-cefl	41,192.	35,650.
8000 Infracap MLP-amza	63,717.	36,160.
20000 Quadgraphics	122,622.	93,400.
6000 Fidus Investment	81,401.	89,040.
2500 Tekla Healthcare Inv.	57,359.	52,200.
9000 CBL & Associates 7.375% Pfd	91,024.	44,550.
2000 Macquarie Infrastructure	73,614.	85,680.
5000 Triplepoint Venture	66,825.	71,100.
6000 UBS ETRACTS-lmlp	58,431.	106,800.
20000 Washington Prime Group	97,645.	72,800.
[′] Total	2,193,194.	2,445,475.

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Form.990-PF Part II Line 10, 12 and 13 Investments

L-13 Stmt

Continuation Statement

Line 13 Description	Line 13 Book	Line 13 FMV
100000 FRED-Jade	100,000.	100,000.
Eagle Ridge Extractions	100,000.	100,000.
Total	200,000.	200,000.