2949±

Form 990-PF
Department of the Treasury
Internal Revenue Service

09530702 147695 430343

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

17119
OMB No 1545-0047
//2014 \
(2013)
Open to Public Inspection

For cale	endar year 2019 or tax year beginning		, and ending			
Name	of foundation		/	A Employer identification number		
INC	CREDIBLEBANK FOUNDATION,	INC. RIV	E	81-1465995	·	
	and street (or P O box number if mail is not delivered to street ac	idress)	Room/suite	B Telephone number	_	
	7 N 17TH AVENUE		<u></u>	715-845-552	22	
	town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is per	nding, check here	
	USAU, WI 54401 ck all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations,	check here	
	Final return	Amended return		Foreign organizations mee check here and attach com	ting the 85% test,	
	Address change	X Name change		check here and attach com	nputation	
	ck type of organization; X Section 501(c)(3) ext Section 4947(a)(1) nonexempt charitable trust	empt private toundation Other taxable private founda		E If private foundation state under section 507(b)(1)(
	market value of all assets at end of year J Accounting		Accrual	1	••	
	1 —	her (specify)	Accidal	F If the foundation is in a 6 under section 507(b)(1)(. —	
(⊪oп	122,545. (Part I, colum		is.)	under section 507(b)(1)(b), check here	
Part		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
1 411	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)	
		342,000.		N/A		
		,			· ·- ·-	
ءُ ا	Interest on savings and temporary cash investments		- · · - · · · · · · · · · · · · · · · ·			
	Dividends and interest from securities		- 	<u> </u>		
;	a Gross rents					
`	b Net rental income or (loss)		-		-	
	8 Net gain or (loss) from sale of assets not on line 10					
의	Gross sales price for all assets on line 6a					
evenu	7 Capital gain net income (from Part IV, line 2)		0.			
<u>۾</u> ڇ	Net short-term capital gain					
Revent	$\boldsymbol{\nu}$					
10	Gross sales less returns		-····			
ָן נַּוֹ	b Less Cost of goods sold					
1	c Gross profit or (loss)					
′ ₁₁	Other income					
12	2 Total. Add lines 1 through 11	342,000.	F ₀ E	CEIVED	-	
13	Compensation of officers, directors, trustees, etc	0.	0.		0	
14	Other employee salaries and wages		332	9 0 2020 101		
15	Pension plans, employee benefits		2	2010		
8 1€	Sa Legal fees					
euses	b Accounting fees			PEN, UT		
	c Other professional fees	_				
e 17	7 Interest					
(등) 18	3 Taxes		- <u>-</u>			
. <u>t</u>	Depreciation and depletion				·	
Administrative	Occupancy					
	Travel, conferences, and meetings					
P 22						
E 23	Other expenses STMT 1	30.	0.		30	
ating 24	Total operating and administrative					
per	expenses. Add lines 13 through 23	30.	0.		30	
Ö	5 Contributions, gifts, grants paid	307,270.	-		307,270	
26	5 Total expenses and disbursements.		_	[
Operating	Add lines 24 and 25	307,300.	0.		30 <u>7,30</u> 0	
27	7 Subtract line 26 from line 12:					
- 1	& Excess of revenue over expenses and disbursements	34,700.			<u></u>	
	b Net investment income (if negative, enter -0-)	_	0.	<u> </u>		
	c Adjusted net income (if negative, enter -0-)			N/A	Form 990-PF (20	

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Rar	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of ye	
	column should be for end-of-year amounts only	(a) Book Value		(c) Fair Market Value
1	Cash - non-interest-bearing	87,845.	122,545.	122,545.
2	Savings and temporary cash investments			
3				
	Less: allowance for doubtful accounts			
4				
-	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
y 8	Inventories for sale or use			· - · · · · · · · · · · · · · · · · · ·
Assets	Prepaid expenses and deferred charges		_	
2 10	a Investments - U.S. and state government obligations			
İ	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12				
13				
14			-	
` `	Less accumulated depreciation			
15				
- 1	Total assets (to be completed by all filers - see the		<u> </u>	
"	instructions. Also, see page 1, item I)	87,845.	122,545.	122,545.
17	Accounts payable and accrued expenses			1
18			<u> </u>	i
140	• •			· · · · · · · · · · · · · · · · · · ·
Liabilities 52				i
ie 21				
E 2	Other liabilities (describe	- -		
"	Other habilities (describe	-		i
23	Total liabilities (add lines 17 through 22)	0.	0.	
1	Foundations that follow FASB ASC 958, check here			
	and complete lines 24, 25, 29, and 30.			į
8 2	Net assets without donor restrictions			Į.
<u>a</u> 2			<u> </u>	
Net Assets or Fund Balances	Foundations that do not follow FASB ASC 958, check here			 i
밀	and complete lines 26 through 30.			1
교 26		0.	0.	
\$ 27	•	0.	0.	
28 Set		87,845.	122,545.	
Y 2		87,845.	122,545.	
된 29	FORM HEL 822612 OF INTIO DETAILCES	07,043.	122,3131	
	Total liabilities and net assets/fund balances	87,845.	122,545.	ł
Par				
		20	- 	
	all net assets or fund balances at beginning of year - Part II, column (a), line	L J		87,845.
,	ust agree with end-of-year figure reported on prior year's return)		1	34,700.
	ter amount from Part I, line 27a		2	0.
_	ner increases not included in line 2 (itemize)		- 3	122,545.
	d lines 1, 2, and 3		4	
	creases not included in line 2 (itemize)	olumn (h) luna 00	5	122,545.
<u>6 10</u>	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	viuinii (D), iiile 29	6	Form 990-PF (2019)

	DIBLEBANK FOUN					8	1-1465	995	Page 3
	Losses for Tax on In			(b) Ho	w acquired	(a) Data		(d) Dat	
	kind(s) of property sold (for exa ouse; or common stock, 200 shs		ite,	D - 1	w acquired Purchase Donation	(c) Date a (mo., d		(d) Dat (mo., da	
1a	<u> </u>			<u> </u>	Sondion				
b NONE									
<u>c</u>				<u> </u>					
<u>d</u>				 					
(a) Cross sales price	(f) Depreciation allowed	(g) Co	st or other basis	'	<u>l_</u>	(h) G:	aın or (loss)	-	
(e) Gross sales price	(or allowable)		expense of sale			((e) plus	(f) minus (g	9))	
a				$-\!\!\!+$					
<u>b</u>		 		+	•				
d									
e					<u>_</u>				
Complete only for assets showing ga	in in column (h) and owned by	the foundation	on 12/31/69.				ol. (h) gain r		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (ı) r col. (ı), ıf any	i) `			not less than (from col. (h		
_a		ļ							
<u>b</u>				-+			<u> </u>		
c d				+					
e				-					
	C If nam, also ente	r in Part I line	7	1					
2 Capital gain net income or (net capital	loss) If gain, also ente)- in Part I, line	e 7	♪∟	2				
3 Net short-term capital gain or (loss) a	s defined in sections 1222(5) ar	nd (6):		٦					
If gain, also enter in Part I, line 8, colu	ımn (c).			}					
If (loss), enter -0- in Part I, line 8 [Part Va Qualification Under	er Section 4940(e) for	Reduced	Tax on Net	Invest	ment Inco	me			
If section 4940(d)(2) applies, leave this p Was the foundation liable for the section If "Yes," the foundation doesn't qualify un	4942 tax on the distributable am der section 4940(e). Do not com	nplete this part	t					Yes	X No
1 Enter the appropriate amount in each (a)		istructions bei	I III III III III III III III III III			1		(d)	
Base periód years Calendar year (or tax year beginning in			Net value of no		ble-use assets		Distribi (col. (b) divi		
2018	32	4,702. 8,672.			223,141 172,286				55143 75540
2017 2016		5,829.	<u> </u>		172,280 173,787	: 			87167
2015		3,0271		-		Ť			
2014									
2 Total of line 1, column (d)						2		4.7	17850
3 Average distribution ratio for the 5-year	•	on line 2 by 5.	0, or by the numb	er of yea	rs			4	70645
the foundation has been in existence i	f less than 5 years					3		1.5	72617
4 Enter the net value of noncharitable-us	se assets for 2019 from Part X,	line 5				4		292	<u>,885.</u>
5 Multiply line 4 by line 3					5		460	<u>,596.</u>	
6 Enter 1% of net investment income (1% of Part I, line 27b)					6			0.	
7 Add lines 5 and 6						7		460	,596.
8 Enter qualifying distributions from Pai	rt XII, line 4					8		307	,30 <u>0.</u>
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 1% t	ax rate.				
923521 12-17-19			<u> </u>				Fo	orm 990-	PF (2019

	1990-PF (2019) INCREDIBLEBANK FOUNDATION, INC.	1.0	<u>81-14</u>	<u> 165995</u>	A1.	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	<u>48 - se</u>	e instruc	tion	<u>s)</u>
`1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1	<u> </u>			1
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1	_			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1			0.
	of Part I, line 27b	ſ				1
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		_			<u>.</u>
	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	Ī	3	•		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	Ì	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	ľ	5			0.
6	Credits/Payments:	- 1				<u> </u>
-	2019 estimated tax payments and 2018 overpayment credited to 2019	0.				- 1
	Exempt foreign organizations - tax withheld at source	0.				- 1
	Tax paid with application for extension of time to file (Form 8868) 6c	0.				
	Backup withholding erroneously withheld 6d	0.	ŀ			- 1
_	Total credits and payments. Add lines 6a through 6d		7			0.
7	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ŀ	8		_	0.
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
10	In a second seco		11			
Pa	irt VII-A Statements Regarding Activities	,u -				
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or int	ervene	n		Yes	No
14	any political campaign?	01 40110		1a		X
_	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for th	e defini	ion	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	o domin		10	-	
	distributed by the foundation in connection with the activities.					-]
_				10		X
	Did the foundation file Form 1120-POL for this year?			''-	<u> </u>	 -
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\sum_{\text{out}} \text{9.} \text{0.} (2) On foundation managers. \$\sum_{\text{out}} \text{5.}	0.				1 1
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
е	managers. > \$ 0.	ļ!				LI
_	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
2						
•	If "Yes," attach a detailed description of the activities.	tion or				1 1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ilion, oi		3		X
				48		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		N/A			
_	If "Yes," has it filed a tax return on Form 990-T for this year?		14/1	5	_	х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				 	
_	If "Yes," attach the statement required by General Instruction T			1	1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1	ŀ	
	By language in the governing instrument, or Divides legislation that office with among the governing instrument so that no mandatory directions that conflict with the	a ctata	law	1	1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the service of	E SIGIE	Iaw	6	X	
_	remain in the governing instrument?	,		7	X	
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 X	V		<u> </u>		\vdash
_	E. H. H. L.			1	-	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					1 1
	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)			- <u>-</u> -		
_	of each state as required by General Instruction G? If "No," attach explanation		ala	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) f	or calen	aar			├ ₩``
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			9_	 	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10 Form 99	<u> </u>	

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X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2019) INCREDIBLEBANK FOUNDATION			<u>81-14659</u>	95_	Page 6	
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)			
5a During the year, did the foundation pay or incur any amount to:		_		Ye	s No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	s X No	_	1	
(2) Influence the outcome of any specific public election (see section 4955); o		ctly.			ľ	
any voter registration drive?	, , ,		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye				
(4) Provide a grant to an organization other than a charitable, etc., organization		٠٠ بـــــ				
()	ii quaciibua iii audiidii		s X No			
4945(d)(4)(A)? See instructions	ar adventional purposes or fe			;	1 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or it		s X No			
the prevention of cruelty to children or animals?		· 	S A NO	- 1		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	n Regulations		<u></u>	_	
section 53.4945 or in a current notice regarding disaster assistance? See instri			N/A	5b	+	
Organizations relying on a current notice regarding disaster assistance, check l				Į٠		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				į		
expenditure responsibility for the grant? N/A Yes No						
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					1 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				1 1	
a personal benefit contract?		Ye	s X No _	_	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X	
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		s X No		1 1	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			/_ [7b	 	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			- ''' - F			
	si,000,000 ili terildileration or		s X No			
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	ac Foundation Man		5 21 NU			
Paid Employees, and Contractors	ees, roundation wan	iagers, riigiliy				
List all officers, directors, trustees, and foundation managers and the	heir compensation					
List all officers, directors, addition, and roundation managers and a	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) F	xnense	
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other	
NDD NTOW MIG	to position	`enter'-0-)	compensation	allo	wances	
REG NICKLAUS	PRESIDENT					
327 N. 17TH AVENUE	۸ - ۲۵	١	^		^	
VAUSAU, WI 54401	0.58	0.	0.		0.	
ODD NICKLAUS	VICE PRESIDEN	T, TREASU	KEK			
327 N. 17TH AVENUE		_			_	
VAUSAU, WI 54401	0.77	0.	0.	Ļ	<u> </u>	
ODD NAGEL	SECRETARY					
327 N. 17TH AVENUE]					
VAUSAU, WI 54401	0.58	0.	0.		0.	
	<u></u>			<u> </u>		
Compensation of five highest-paid employees (other than those inc		enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense nt, other	
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allo	wances	
NONE						
	1	•		1		
	1					
						
	1					
	 		·	<u> </u>		
	†					
	-	<u> </u>		 		
	1					
- 1	<u> </u>	I .		l .	0	
Total number of other employees paid over \$50,000	<u></u>		<u>P</u>	000 D		
			Form	330-1	F (2019)	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued)	lighly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		-	
	e of service	(c) Com	pensation
NONE			
		1	
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the	Expenses	
1 N/A			
	_		
2			
3			
			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 N/A			
1 41/44			
2			
All other program-related investments. See instructions.			
3			
			0.
Total. Add lines 1 through 3	<u> </u>	Form 990-I	
		FORM SSU-	• (ZUIS)

For	m 990-PF (2019) INCREDIBLEBANK FOUNDATION, INC.	81-1465995	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b 297,	345.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 297,	345.
е	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	3 297,	345.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 4,	460.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 292,	885.
6	Minimum investment return. Enter 5% of line 5	6 14,	644.
P	art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations an	d certain	
_	foreign organizations, check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 14,	644.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	<u> </u>	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 14,	644.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 14,	644.
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 14,	644.
P	art 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 307,	300.
ь	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.		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	36	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4 307,	300.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 307,	300.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	
	4940(e) reduction of tax in those years.		

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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,	0.0.7.00	7 3 3 4 3 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7		
line 7				14,644.
2 Undistributed income, if any, as of the end of 2019			•	
a Enter amount for 2018 only			0.	
b Total for prior years:				
,, ,, ,, ,, ,, ,, ,, ,, ,, ,		0.	<u> </u>	
3 Excess distributions carryover, if any, to 2019.				
a From 2014				
b From 2015 c From 2016 267,591.				
d From 2017 280,058.				
e From 2018 313, 545.				
f Total of lines 3a through e	861,194.			
4 Qualifying distributions for 2019 from	001/1510			
Part XII, line 4: ► \$307,300.				1
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior			3.0]
years (Election required - see instructions)		0.]
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				14,644.
e Remaining amount distributed out of corpus	292,656.			
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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,153,850.			
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.	1	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line			_	١
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must	1			_
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	U .			
8 Excess distributions carryover from 2014	0.	}		
not applied on line 5 or line 7 9 Excess distributions carryover to 2020.	0.		- "	
Subtract lines 7 and 8 from line 6a	1,153,850.			•
10 Analysis of line 9	2,233,030.			
a Excess from 2015				
b Excess from 2016 267, 591.				
c Excess from 2017 280,058.				
d Excess from 2018 313,545.				
e Excess from 2019 292,656.				

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Form **990-PF** (2019)

	BLEBANK FOU			81-146	55995 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 à If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-		1 4040(3)(0) 1 10	16(1)(5)
b Check box to indicate whether the foun		ig toundation described i		4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2018	Prior 3 years (c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(a) 2019	(0) 2010	(6) 2017	(0) 2010	(c) Iotai
investment return from Part X for					
each year listed				 	
b 85% of line 2a			_		
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not			_		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			1		
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets		/			
• •		<i></i>			<u> </u>
(2) Value of assets qualifying					
under section 4942(i)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed				· · · · · · · · · · · · · · · · · · ·	
c "Support" alternative test - enter:		/			
(1) Total support other than gross	1				
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary info	fmation (Comple	te this part only i	f the foundation	had \$5,000 or more	in assets
at any time during	the year-see instr	uctions.)			
1 Information Regarding Foundation	on Managers:		-		
a List any managers of the foundation wi	_	than 2% of the total cont	ributions received by the	foundation before the close	of any tax
year (but only if they have contributed			•		•
NONE					
b List any managers of the foundation w	ho own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a par	tnership or
other entity) of which the foundation ha			, , , , ,	, .	•
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
			-	not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
a The hame, address, and telephone hun	iber of email address of a	ic person to whom applic	ations should be addited	ou.	
SEE STATEMENT 2					
b The form in which applications should	be submitted and informa	tion and materials they sl	nould include;		
c Any submission deadlines:	•				_
	d		lundo of makkukana	ather feets	<u>-</u>
d Any restrictions or limitations on award	os, such as by geographic	ai areas, charitable fields,	kinas of institutions, or	other factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
 	or substantial contributor	recipient		
Paid during the year				
COMMUNITY CHURCH OF BOULDER JUNCTION	NONE		SUPPORT FOOD PANTRY.	
PO BOX 14 BOULDER JUNCTION, WI 54512		(GROUP EXEMPTIO		1,20
COMPERCION, WI 34312				
ASPIRUS HEALTH FOUNDATION	NONE	PUBLIC CHARITY	CAPITAL CAMPAIGN	
25 PINE RIDGE BLVD				
WAUSAU, WI 54401				10,000
LUHS DISTRICT FOUNDATION, INC.	NONE	PUBLIC CHARITY	FOOTBALL FIELD	
9573 STATE HWY 10			RENOVATION.	80.00
MINOCQUA, WI 54548				72,000
	, , , , , , , , , , , , , , , , , , ,		DIRITHIN GIMPINGN MO	
BEACON HOUSE 1301 N 3RD ST.	NONE	1	CAPITAL CAMPAIGN TO REDEVELOP FACILITY	
MARQUETTE, MI 49855				20,000
NORTH CENTRAL HEALTH CARE FOUNDATION	NONE	PUBLIC CHARITY	THERAPY POOL CAPITAL	
110 LAKE VIEW DR.			CAMPAIGN	
WAUSAU, WI 54403	<u> </u>	7(4)		16,667
Total SEE COI b Approved for future payment	NTINUATION SHEE	T(S)	> 3a	307,270
Approved for fature payment				
TINTON AGUTTITUDUM OF HITGONGIN	TOTE.	DUDITO CUADIMY	FUNDS FINANCIAL	
JUNIOR ACHIEVEMENT OF WISCONSIN - NORTHCENTRAL DISTRICT	NONE		LITERACY PROGRAMMING	
2904 RIB MOUNTAIN DR			IN AREA SCHOOLS.	
NAUSAU, WI 54401				2,000
ASPIRUS HEALTH FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
425 PINE RIDGE BLVD				4 004
VAUSAU, WI 54401	 			4,000
ETOU VAUVEV MOODOON ARM PRICEID	MONE	DIIBI.IC CUARTMY	BIRDS IN ART SPONSOR	
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH ST	NONE	FORLIC CHARITY	DIADS IN ART SPONSOR	
WAUSAU, WI 54403		<u> </u>		10,000
	NTINUATION SHEE	T(S)	▶ 3b	220,500

Part XVI-A	Analysis	of Income-Producing	Activities
------------	----------	---------------------	------------

	T				
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	7 1110 2111	code		Tonous mounts
a	 				
b			\vdash	-	
<u> </u>				-	
d	f í	_	\vdash		
e	 				
g Fees and contracts from government agencies					
Membership dues and assessments	 		-		
3 Interest on savings and temporary cash	 				
investments					
4 Dividends and interest from securities		·· <u>·</u>			
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13 _	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accor	nplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which inco			contrib	uted importantly to the accon	nplishment of
			_		
					<u> </u>
				 	
					··
					
					
					
			-		
					-
		 			_ _
				· 	

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923621 12-17-19

						·		
(a) Name of organization			(b) Type of organization		(c) Description of re	elationship	
		N/A	,					
								•
					•			
			1					
Sign Here		penalties of perjury declare the					nas any knowledge	May the IRS discuss this return with the preparer shown below? See instr
	Sign	ature of Officer or trustee			Date	Title		
		Print/Type preparer's na	me	Preparer's sign	ature	Date	Check if	PTIN
							self- employed	
Paid		MARY A. CO	ATES, CP.	AMARY A.	COATES, C	07/02/20		P00134220
Prepa Use 0		Firm's name ►WIP	FLI LLP				Firm's EIN ► 3	9-0758449
		Firm's address ▶ PO	BOX 801	.0				
WAUSAU, WI 54402-8010				Phone no. 71	5.845.3111			
				,			•	Form 990-PF (2019)

3 Grants and Contributions Paid During the Y	ear (Continuation)	,		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
YMCA OF MARQUETTE COUNTY	NONE	PUBLIC CHARITY	DONATION FOR FACILITY	
1420 PINE STREET			IMPROVEMENTS	
MARQUETTE, MI 49855			-	10,00
WOODSON YMCA FOUNDATION, INC.	NONE	PUBLIC CHARITY	CAPITAL CAMPAIGN FOR	
707 3RD ST.			EXPANSION	20.00
WAUSAU, WI 54403				20,00
WAUSAU SCHOOL DISTRICT	NONE	GOVERNMENT	FUNDS NEW SCOREBOARDS	
415 SEYMOUR ST. WAUSAU, WI 54403		ENTITY		8,00
MOSAO, WI 34403				0,00
COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN	NONE	PUBLIC CHARITY	LIVE IT UP WAUSAU FUND - DOWNPAYMENT	
500 FIRST STREET			ASSISTANCE PROGRAM.	
WAUSAU, WI 54403				2,00
NORTHERN LIGHTS YMCA INC.	NONE	PUBLIC CHARITY	CAPITAL CAMPAIGN	
800 CRYSTAL LAKE BLVD			DONATION FOR FACILITY	
IRON MOUNTAIN, MI 49801			RENOVATION	6,25
LITTLE BROTHERS - FRIENDS OF THE	NONE	PUBLIC CHARITY	FUNDING FOR FOOD	
ELDERLY			PANTRY	
527 HANCOCK ST. HANCOCK, MI 49930				5,00
marcock, in 1990				
VILAS COUNTY ECONOMIC DEVELOPMENT	NONE	PUBLIC CHARITY	ECONOMIC DEVELOPMENT	
CORP. 555 ENTERPRISE WAY			PROGRAMMING	
EAGLE RIVER, WI 54521			-	2,50
MEDICAL COLLEGE OF WISCONSIN	NONE	DIEDITC CUADITY	COMMUNITY-BASED	
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD	NONE	FOBLIC CHARITI	STUDENT RESEARCH	
MILWAUKEE, WI 53226			PROJECTS	2,00
DC EVEREST EDUCATION FOUNDATION	NONE	PUBLIC CHARITY	IMAGINE EVENT	
6300 ALDERSON ST.			SPONSORSHIP	
WESTON, WI 54476				1,50
FAITH IN ACTION OF MARATHON COUNTY	NONE	PUBLIC CHARITY		
630 ADAMS ST. WAUSAU, WI 54403			ENHANCEMENTS FOR THE ELDERLY	1,50
Total from continuation sheets	_1	<u> </u>		187,40

Part XV Supplementary Information	BLEBANK FOUNDAT	ion, inc.	81-146	3223
3 Grants and Contributions Paid During the Ye	ear (Continuation)	· · ·		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
WA WUI LTD.	NONE	PUBLIC CHARITY	DONATION FOR YOUTH	
PO BOX 102			HOCKEY ICE TIME.	
TOMAHAWK, WI 54487				2,500
EAGLE RIVER RECREATIONAL ASSOCIATION PO BOX 1495	NONE	PUBLIC CHARITY	FACILITY IMPROVEMENTS	
EAGLE RIVER, WI 54521				5,000
FIRST PRESBYTERIAN CHURCH	NONE	PUBLIC CHARITY	FREE CLINIC	
406 GRANT ST.		(GROUP EXEMPTIO	l i	
WAUSAU, WI 54403		<u> </u>		2,500
ENDOWMENT FUND OF TB SCOTT LIBRARY	NONE	PUBLIC CHARITY	BUILDING IMPROVEMENTS	
106 WEST FIRST STREET				
MERRILL, WI 54452				5,000
MERRILL HISTORICAL SOCIETY	NONE	PUBLIC CHARTTY	EXPANSION PROJECT	
100 E 3RD ST.	NONE	COBBIC CHARTI	EATENDION INCOLUE	
MERRILL, WI 54452				2,500
TOURS OF WINDOWS	NONE	GOVERNMENT	TORPY PARK PAVILION	
TOWN OF MINOCQUA 415 MENOMINEE ST. STE. 300	NONE	ENTITY	TORFI PARK PAVIDION	
MINOCQUA, WI 54548				2,500
NORMY LANDIAND DISCOVERY CENTER	NONE	DIIRITO CUARTAV	CAPITAL CAMPAIGN	
NORTH LAKELAND DISCOVERY CENTER PO BOX 237	NONE	POBLIC CHARITI	CAFILAD CAMPAIGN	
MANITOWISH WATERS, WI 54545	_			5,000
CLK PUBLIC SCHOOLS	NONE	GOVERNMENT	GYM IMPROVEMENT	
PO BOX 415	NONE	ENTITY	i im kovanawi	
CALUMET, MI 49913				4,95
IMAGINATION FACTORY CHILDREN'S MUSEUM	TONE	מוופן דר משאפזדיי	SUPPORT FOR EXHIBIT	
IMAGINATION FACTORY CHILDREN'S MUSEUM 217 IZZO-MARIUCCI WAY	NONE	FUBLIC CHARITY	SOLLOWI LOW EVEIDII	
IRON MOUNTAIN, MI 49801				1,000
HOUGHTON-PORTAGE TOWNSHIP SCHOOL	NONE	GOVERNMENT	SOLAR ARRAY	
DISTRICT		ENTITY		
1603 GUNLACH RD. HOUGHTON, MI 49931				4,000
Total from continuation sheets	<u> </u>		<u> </u>	

3 Grants and Contributions Paid During the	Year (Continuation)	_		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
WAUSAU CONSERVATORY OF MUSIC	NONE	PUBLIC CHARITY	GENERAL DONATION	
404 SEYMOUR ST.				
WAUSAU, WI 54403				2,500
NEVER FORGOTTEN HONOR FLIGHT	NONE	PUBLIC CHARITY	GENERAL DONATION	
4404 RIB MOUNTAIN DRIVE				
WAUSAU, WI 54401				1,000
WAGS, INC.	NONE	PUBLIC CHARITY	GENERAL DONATION	
1337 GREENWAY CROSS, #157				
MADISON, WI 53713	· · · · · · · · · · · · · · · · · · ·			1,000
DICKINSON COUNTY CANCER UNIT	NONE	PUBLIC CHARITY	GENERAL DONATION	
201 BREITUNG AVE.				
KINGSFORD, MI 49802				1,000
VODENIA CONTRACTOR ATTACA	1011	DUDI TO OURDING	GENERAL DONATION	
NORTHWOODS WILDLIFE CENTER 8683 S BLUMENSTEIN RD.	NONE	PUBLIC CHARITI	GENERAL DONATION	
MINOCQUA, WI 54548				1,000
START THE CYCLE P.O. BOX 815	NONE	PUBLIC CHARITY	GENERAL DONATION	
MARQUETTE, MI 49855				1,000
WISCONSIN VFW FOUNDATION	NONE	PUBLIC CHARITY	GENERAL DONATION	
PO BOX 242 CAMP DOUGLAS, WI 54618	****			1,000
SENIOR EAGLE RIVER VOLUNTEER	NONE	PUBLIC CHARITY	GENERAL DONATION	
ENTERPRISES				
P.O. BOX 817 EAGLE RIVER, WI 54521				1,000
				= 1,73
NEW LIFE PET ADOPTION	NONE	PUBLIC CHARITY	GENERAL DONATION	
125 CATTAIL AVE.				1 000
MARATHON CITY, WI 54448				1,000
COPPER COUNTRY HUMANE SOCIETY	NONE	PUBLIC CHARITY	GENERAL DONATION	
501 NARA, PARK RD.				
HOUGHTON, MI 49931 Total from continuation sheets		<u> </u>		1,000

INCREDIBLEBANK FOUNDATION, INC. 81-1465995

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Continuation	
SECOND HARVEST FOOD BANK OF SOUTHERN	NONE	PUBLIC CHARITY	GENERAL DONATION	
VI.				
2802 DAIRY DR.				4 00
MADISON, WI 53718				1,000
CLK COUNCIL OF CHURCHES	NONE	PUBLIC CHARITY	FOOD PANTRY	
PO BOX 415				
CALUMET, MI 49913				1,000
CLK COUNCIL OF CHURCHES PO BOX 415	NONE	PUBLIC CHARITY	FOOD PANTRY	
CALUMET, MI 49913				1,000
TOMAHAWK EMERGENCY FOOD PANTRY	NONE	PUBLIC CHARITY	FOOD PANTRY	
w7994 SOMO DAM DR. romahawk, wi 54487				400
THE SALVATION ARMY - WI & UP DIVISION	NONE	PUBLIC CHARITY	FOOD PANTRY	
11315 WEST WATERTOWN PLANK RD.		(GROUP EXEMPTIO		
WAUWATOSA, WI 53226				600
LIGHTHOUSE MINISTRIES FAITH CENTER 777 E AYER ST.	NONE	PUBLIC CHARITY	FOOD PANTRY	
IRONWOOD, MI 49938				1,000
THE SALVATION ARMY - MARQUETTE	NONE	PUBLIC CHARITY		
1009 W. BARAGA AVE. MARQUETTE, MI 49855		(GROUP EXEMPTIO		1,000
WESTERN UPPER PENINSULA FOOD BANK,	NONE	PUBLIC CHARITY	FOOD BANK	
INC.				
310 E SHARON AVE.				
HOUGHTON, MI 49931	<u> </u>			1,000
HOWARD YOUNG FOUNDATION, INC.	NONE	PUBLIC CHARITY	LAKELAND FOOD PANTRY	
420 ONEIDA STREET				
MINOCQUA, WI 54548	<u> </u>			1,000
SPECIAL OLYMPICS WISCONSIN, INC.	NONE	PUBLIC CHARITY	SUPPORT ADULT SWIM TEAM	
2310 CROSSROADS DR., STE. 1000 MADISON, WI 50718			ATA	1,000
Total from continuation sheets				· · · ·

INCREDIBLEBANK FOUNDATION, INC. 81-1465995

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				. –
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
OOD NEWS PROJECT	NONE	PUBLIC CHARITY	PURCHASE OF EQUIPMENT	
1106 5TH ST.				
WAUSAU, WI 54403				4,000
VILAS FOOD PANTRY	none	PUBLIC CHARITY	FOOD PANTRY	
PO BOX 761				
EAGLE RIVER, WI 54521				1,000
LAKE SUPERIOR COMMUNITY PARTNERSHIP	NONE	PUBLIC CHARITY	DICKINSON AREA	
FDN			ECONOMIC DEVELOPMENT	
501 S FRONT ST.			ALLIANCE - OPERATIONAL	
MARQUETTE, MI 49855	-		SUPPORT	1,000
JUNIOR ACHIEVEMENT OF WISCONSIN -	NONE	PUBLIC CHARITY	FUNDS FINANCIAL	
NORTHCENTRAL DISTRICT		- GROUP EXEMPTI	LITERACY PROGRAMMING	
2904 RIB MOUNTAIN DR			IN AREA SCHOOLS.	
VAUSAU, WI 54401				4,70
ST, NORBERT COLLEGE	NONE	PUBLIC CHARITY		
100 GRANT ST.		- GROUP EXEMPTI		12 004
DEPERE, WI 54115				12,000
MARQUETTE UNIVERSITY	NONE	PUBLIC CHARITY	E-LEAD - ENGINEERING	
1250 W. WISCONSIN AVE.			EDUCATION PROGRAM.	
MILWAUKEE, WI 53201				10,000
MERRILL AREA PUBLIC SCHOOLS	NONE	GOVERNMENT	SCHOLARSHIP.	
1201 NORTH SALES ST. MERRILL, WI 54452		ENTITY		8,000
TOMAHAWK HIGH SCHOOL	NONE	GOVERNMENT	SCHOLARSHIP.	
1048 E KING RD		ENTITY		
TOMAHAWK, WI 54487				1,00
NICOLET COLLEGE FOUNDATION	NONE	PUBLIC CHARITY	SCHOLARSHIP	
5364 COLLEGE DR.				
RHINELANDER, WI 54501				75
THE NEIGHBORS' PLACE	NONE	PUBLIC CHARITY	DONATION TO FOOD	
745 SCOTT ST.			PANTRY	
WAUSAU, WI 54403		<u> </u>	L	2,50

3 Grants and Contributions Paid During the Y	ear (Continuation)			
` Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
THE SALVATION ARMY (MARATHON COUNTY)	NONE	PUBLIC CHARITY	DONATION TO FOOD	
202 CALLON ST.		(GROUP EXEMPTIO		
WAUSAU, WI 54401				2,500
ASPIRUS HEALTH FOUNDATION	NONE	PUBLIC CHARITY	GENERAL SUPPORT	
425 PINE RIDGE BLVD				
WAUSAU, WI 54401		<u> </u>	· · · · · · · · · · · · · · · · · · ·	4,000
FORREST GOETSCH CHARITIES	NONE	PUBLIC CHARITY	SPONSOR 5K RUN	
R11581 SPORTSMANS LANE				
SCHOFIELD, WI 54476				3,500
PERFORMING ARTS FOUNDATION	NONE	PUBLIC CHARITY	SUPPORT FOR OPERATIONS	
401 FOURTH STREET			OF THE GRAND THEATER	2,500
WAUSAU, WI 54403				2,500
NEWMAN CATHOLIC SCHOOLS BOOSTER CLUB	NONE		CABIN FEVER SPONSOR	
602 MILITARY RD. ROTHSCHILD, WI 54474		- GROUP EXEMPTI		250
				
CATHOLIC CHARITIES - DIOCESE OF	NONE	PUBLIC CHARITY	LENTEN LUNCHEON	
LACROSSE			SPONSOR	
540 s. 3RD AVE. WAUSAU, WI 54401				1,000
,				•
THE NEIGHBORS' PLACE	NONE	PUBLIC CHARITY	NEW TECHNOLOGY	
745 SCOTT ST.	NONE	FOBLIC CHARITI	NEW IECTHOLOGI	
WAUSAU, WI 54403				2,500
MERRILL AREA UNITED WAY	NONE	PUBLIC CHARTTY	DONATION SUPPORTS	
PO BOX 813	NONE	CODDIC CODECITI	UNITED WAY PROGRAMMING	
MERRILL, WI 54452			RELATED TO HEALTH -	
	1		EDUCATION - INCOME.	360
NORTHWOODS UNITED WAY, INC.	NONE	PUBLIC CHARTTY	DONATION SUPPORTS	
PO BOX 177			UNITED WAY PROGRAMMING	
RHINELANDER, WI 54501			RELATED TO HEALTH -	
			EDUCATION - INCOME.	1,400
UNITED WAY OF DANE COUNTY	NONE	PUBLIC CHARTTY	DONATION SUPPORTS	
2059 ATWOOD AVE			UNITED WAY PROGRAMMING	
			RELATED TO HEALTH -	
MADISON, WI 53704	1			

Part XV Supplementary Information	BLEBANK FOUNDAT	TON, INC.	81-146	<u> </u>
3 Grants and Contributions Paid During the		_		
Recipient	If recipient is an individual,	-	 	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	Todipioni		
INITED WAY OF MARATHON COUNTY	NONE	PUBLIC CHARITY	FUNDS DIRECTED TO THE	
705 S 24TH STE, 400B	10112		MARATHON COUNTY HUNGER	
WAUSAU, WI 54401			COALITION	8,760
JNITED WAY OF MARQUETTE COUNTY	NONE	PUBLIC CHARITY	DONATION SUPPORTS	
PO BOX 73			UNITED WAY PROGRAMMING	
MARQUETTE, MI 49855			RELATED TO HEALTH -	880
		+	EDUCATION - INCOME.	880
<u> </u>				
				_

· · · · · · · · · · · · · · · · · · ·			+	
			İ	
		<u> </u>		
		-		
		-		
Total from continuation sheets				

3 Grants and Contributions Approved for Futi	re Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ORREST GOETSCH CHARITIES	NONE	PUBLIC CHARITY	SPONSOR 5K RUN -	
11581 SPORTSMANS LANE			RECOGNIZES OUTSTANDING	
CHOFIELD, WI 54476			ACHIEVEMENT BY YOUTH	
			AND OR ORGANIZATIONS	
			WHO HAVE HELPED OT	3,50
ERRILL AREA UNITED WAY	NONE	PUBLIC CHARITY	DONATION SUPPORTS	
O BOX 813			UNITED WAY PROGRAMMING	
MERRILL, WI 54452			RELATED TO HEALTH -	25
	-	_	EDUCATION - INCOME.	36
CODMITTOODS INTEREST LINE	NONE	DUDITO CUADIMY	DOMARTON CURRORMS	
NORTHWOODS UNITED WAY, INC.	NONE	PUBLIC CHARITY	DONATION SUPPORTS	
PO BOX 177			UNITED WAY PROGRAMMING	
RHINELANDER, WI 54501			RELATED TO HEALTH -	1,400
			EDUCATION - INCOME.	1,400
THE NEIGHBORS' PLACE	NONE	PUBLIC CHARITY	DONATION TO FOOD	
745 SCOTT ST.			PANTRY	
AUSAU, WI 54403				2,500
· · · · · · · · · · · · · · · · · · ·				
THE SALVATION ARMY (MARATHON COUNTY)	NONE	PUBLIC CHARITY	DONATION TO FOOD	
202 CALLON ST.		(GROUP EXEMPTIC	PANTRY	
WAUSAU, WI 54401		<u> </u>		2,500
UNITED WAY OF MARATHON COUNTY	NONE	PUBLIC CHARITY	FUNDS DIRECTED TO THE	
705 S 24TH STE, 400B			MARATHON COUNTY HUNGER	
WAUSAU, WI 54401			COALITION	9,360
INITED WAY OF MARQUETTE COUNTY	NONE	PUBLIC CHARITY	DONATION SUPPORTS	
РО ВОХ 73			UNITED WAY PROGRAMMING	
MARQUETTE, MI 49855			RELATED TO HEALTH -	
			EDUCATION - INCOME.	880
MERRILL HIGH SCHOOL	NONE	GOVERNMENT	SCHOLARSHIP.	
1201 NORTH SALES ST.		ENTITY		
MERRILL WI 54452				8,000
		†	_	*
		,		
TOMAHAWK HIGH SCHOOL	NONE	GOVERNMENT	SCHOLARSHIP.	
1048 E KING RD		ENTITY		
COMAHAWK, WI 54487				1,000
JOHAND VOIDIG FOIDINATON INC	MONTE	DIIDITO CUARTON	TICK BORNE ILLNESS	
HOWARD YOUNG FOUNDATION, INC.	NONE	FUBLIC CHARITY	CENTER	
120 ONEIDA STREET 11NOCQUA, WI 54548			CHAICR	75,000
AIROCOON WI JAJAO	i	I	l	,5,000

Part XV Supplementary Information				
3 Grants and Contributions Approved for Future	re Payment (Continuation)			
· Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SCHOOL DISTRICT OF TOMAHAWK	NONE	GOVERNMENT	FOOTBALL STADIUM	
1048 E. KING RD.		ENTITY	REBUILD.	
TOMAHAWK, WI 54487	-			100,000.
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Total from continuation sheets				

Schedule B

(Form 990, 990-EZ, or, 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number

81-1465995 INCREDIBLEBANK FOUNDATION, INC. Organization type (check one) Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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,

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

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

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 990-PF, Part I, line 2, to

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

prevention of cruelty to children or animals. Complete Parts I, II, and III

or (ii) Form 990-EZ, line 1 Complete Parts I and II

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
INCREDIBLEBANK FOUNDATION, INC.

81-1465995

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	INCREDIBLEBANK 327 N. 17TH AVENUE WAUSAU, WI 54401	\$ <u>342,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INCREDIBLEBANK FOUNDATION, INC.

81-1465995

art II N	loncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ _		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
$-\begin{vmatrix} 1 \\ 1 \end{vmatrix}$		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ _		* \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
$- \frac{1}{2}$			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			L

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** 81-1465995 INCREDIBLEBANK FOUNDATION, 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 info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	OTHER EXPENSES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATIVE EXPENSES	30.	0.		30.
TO FORM 990-PF, PG 1, LN 23	30.	0.		30.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 2

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DAWN FOLLENDORF 327 N. 17TH AVENUE WAUSAU, WI 54401

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

715-845-5522

NONE

FORM AND CONTENT OF APPLICATIONS

OBTAIN APPLICATION FROM BANK AND COMPLETE BY PROVIDING BASIC INFORMATION OUTLINING THE PROJECT/PROGRAM LOOKING FOR FUNDING AND THE ANTICIPATED BUDGET.

ANY SUBMISSION DEADLINES

VARIOUS DEADLINES THROUGHOUT YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE