Form 990-T	E	xempt Orga	nization Bus	ine	ss Income T	ax Return	ıL	OMB No 1545-0687	
	_	(aı	nd proxy tax und	er se	ction 6033(e))	100	6	2040	
	For cal	endar year 2018 or other tax ye	ar beginning JUL 1,	20	18 , and ending JU	<u>N 30, 201</u>	<u>9</u>	ZU I 8	
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe			ons and the latest inform de public if your organiza			Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed								oyer identification number loyees' trust, see ictions)	
B Exempt under section	Print	WISCONSIN H		9-0921093					
X 501(c)(3)	Or Number, street, and room or suite no. If a P O. box, see instructions.							ated business activity code instructions)	
408(e) 220(e)	Туре	816 STATE S							
408A530(a) = 529(a)	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53706-1417							812930	
C Book value of all assets at end of year	F Group exemption number (See instructions.)								
31,886,2		G Check organization type		oration		401(a)		Other trust_	
H Enter the number of the				<u> </u>		the only (or first) uni		than and	
		PLOYEE PARKI ce at the end of the previous		rto Lon		complete Parts I-V. I			
			is semence, complete Pa	ris i an	id ii, complete a Schedule	WI TO Each addition	ai ii aut	; UI	
business, then complete		oration a subsidiary in an a	affiliated aroun or a narer	nt-cuhe	idiary controlled group?		Ye	s X No	
		ifying number of the parer	_	11 3003	idiary controlled group.			3 22 110	
J The books are in care of					Telepho	one number 🕨 6	08-	264-6590	
		de or Business Inc			(A) Income	(B) Expenses		(C) Net	
1 a Gross receipts or sale	 S							_	
b Less returns and allow			c Balance	1c					
2 Cost of goods sold (S	chedule	A, line 7)		2					
Gross profit. Subtract	line 2 fr	om line 1c		3_					
4 Capital gain net incom	ne (attac	h Schedule D)		4a					
(b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b					
🗓 c Capital loss deduction	for trus	ats		4c_					
Income (loss) from a	Income (loss) from a partnership or an S corporation (attach statement)								
Capital loss deduction income (loss) from a Rent income (Schedu Unrelated debt-finance				6_					
がっ Unrelated debt-finance		,		7					
o interest, armones, roy		and rents from a controlled	_	8_					
		on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9			-		
10 Exploited exempt activ	-	•		10					
Advertising income (S		•		11					
Other income (See ins Total. Combine lines				13	0.			<u></u> .	
Part II Deductio	ns No	t Taken Elsewhei	e (See instructions fo	r limita	ations on deductions)				
	ontribu	utions, deductions must	be directly connected	d with	the unrelated business	income)			
14 Compensation of offi	cers, di	rectors, and trustees (Sche					14		
15 Salaries and wages			RE(CEI	VED		15		
16 Repairs and mainten	ance				ည္တ		16		
17 Bad debts			S JUN	29	2020 0		17		
18 Interest (attach sche	dule) (s	ee instructions)		-	1821		18 19		
	9 Taxes and licenses								
O Charitable contributions (See instructions for limitation rules) 1 Depreciation (attach Form 4562) 21							20		
			o oo roturn		21 22a	<u>.</u>	22b		
22 Less depreciation cla23 Depletion	iiinea oi	n Schedule A and elsewher	e on return		[224		23		
·	rred co	mnensation nlans				Ì	24		
24 Contributions to deferred compensation plans 25 Employee benefit programs							25		
26 Excess exempt expenses (Schedule I)							26		
							27		
								0.	
		ncome before net operating	loss deduction. Subtrac	t line 2	9 from line 13		30	0.	
31 Deduction for net op	erating l	oss arising in tax years be	ginning on or after Janua	ry 1, 20	18 (see instructions)		31		
32 Unrelated business to	axable ii	ncome, Subtract line 31 fro	m line 30				32	0.	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Form 990-		0921093	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 37 L	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	3,8	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 45b		
С	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch	edule) 47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments A 2017 overnayment credited to 2018		
b		00.	
c	Tax deposited with Form 8868		
_	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
·	Other credits, adjustments, and payments: Form 2439		
9	Form 4136 Other Total 50g		
51	Total payments Add lines 50a through 50g	51	2,600.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	51 52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,600.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	5 5 55	2,600.
Part \		•	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
-	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?	X
•	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\sum_{\text{\$\sum_{\text{\$\cute{1}}}}}\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	my knowledge and belief	, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IRS discus	e this return with
Here	03/16/2020 EXECUTIVE DIRECTOR	the preparer shown	
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	self- emr	oloyed	
Prepa	MIKE HABLEWITZ, CPA Mult # 3-10-20 Sun Sun,	P012	59157
Use C	Surface NEGATED CDAC LLD		974031
USE C	2921 LANDMARK PL STE 300		
	Firm's address ► MADISON, WI 53713-4236 Phone r	no 608-27 4	-4020
922711 01	20.40	Form	990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invei	ntory v	aluation ► N/A							
Inventory at beginning of year 1			6	6 Inventory at end of year							
2 Purchases				Cost of goods sold Su	Subtract line 6						
3 Cost of labor	3		from line 5. Enter here and			Part I,					
4 a Additional section 263A costs		<u> </u>	line 2				7				
(attach schedule)	4a		8 Do the rules of section 263A (with respect to			with respect to		Yes	No		
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to			d for resale) apply to					
5 Total Add lines 1 through 4b 5				the organization?							
Schedule C - Rent Income ((see instructions)	From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 			
Description of property											
(1)	ν										
(2)											
(3)											
(4)											
	2 Rent receiv	ed or accrued				0/232 /					
rent for personal property is more than of rent for p			personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			ın		
(1)											
(2)											
(3)											
(4)							,				
Total	0.	Total			0.						
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.		
Schedule E - Unrelated Deb	t-Financed	I Income (see	ınstru	ctions)							
			2	Gross income from		3. Deductions directly co. to debt-finan					
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)			
(1)							_				
(2)											
(3)						· · · · · · · · · · · · · · · · · · ·					
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjuster of or allocable debt-financed pro (attach schedule)		allocable to inced property	6 Column 4 divided by column 5			7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))			
(1)				%							
(2)				%							
(3)				%							
(4)			l	%				<u></u>			
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column			
Totals				▶		_0			0.		
Total dividends-received deductions in	cluded in column	n 8		,			•		0.		

Schedule F - Interest,	Annuities, Roy	alties, ar		S From Controlled O			atio	ns (see in:	struction	ns)
1 Name of controlled organiza	iden	Employer tification umber	3. Net un	related income e instructions)	4 Tot	al of specified nents made	5 Part of column 4 included in the con organization's gross		tralling	6 Deductions directly connected with income in column 5
(1)			<u>-</u>							.
(2)								·· · ·		
(3)										
(4)					ł					
lonexempt Controlled Organ	izations		1							
7. Taxable Income	8 Net unrelated inc (see instruction		9 Total	of specified payi made	ments	10 Part of colu in the controll gross		nization's		eductions directly connected h income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, c		e 1, Part I,	1	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
otals					>			0.		0
Schedule G - Investme		a Section	501(c)((7), (9), or	(17) Or	ganization)			
(see inst	ructions)			1		•		, ————		T = .
1 Desc	cription of income			2. Amount of	ıncome	3 Deductio directly conne	cted	4 Set-	asides ichedule)	5 Total deductions and set-asides
/4\	_			!		(attach sched	ule)	(4114017)		(col 3 plus col 4)
(1)										
(2)								<u> </u>		
(4)										
				Enter here and Part I, line 9, co			1	<u> </u>		Enter here and on page Part I, line 9, column (B)
				raiti, inte 3, co						at i, inte 3, colonii (5)
otals	· · · · · · · · · · · · · · · · · · ·		<u> </u>		0.					0
Schedule I - Exploited	•	ty Incom	e, Othe	r Than Ad	lvertisi	ng Income	•			
1 Description of exploited activity	2 Gross JEXPENSES of unrelated business of uncome from income from uncohered business (to the production minus column minus column		Net income (loss) n unrelated trade or usiness (column 2 nus column 3) if a n, compute cols 5 Gross incor if om activity th is not unrelate business incor		that attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than			
	trade or business	busines	s income	through						column 4)
(1)										
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col (A)									Enter here and on page 1, Part II, line 26
otals <u></u>	0		<u> </u>							0
Schedule J - Advertisi					Dania					
Part I Income From	Periodicais Re	portea o	n a Con	isoiiaatea	Basis					
1 Name of periodical	2 Gross advertising income	. '	3 Direct ertising costs	or (loss) (co	ain, comput	5. Circulat income	ion	6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1	- -								
(2)			_	7						
(3)		-								
4)										
otals (carry to Part II, line (5))	•	0.	0							0
, , , , , , , , , , , , , , , , , , , ,			,	-						Form 990-T (2018

Form 990-T (2018) WISCONSIN HISTORICAL FOUNDATION, INC. 39-09210

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						-
(3)				•		
(4)						
Totals from Part I	0.	0.			•	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	· 0.	O.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)