| Form 8879-EO  | IRS e-file Signature Authorization<br>for an Exempt Organization  |   | OMB No. 1545-0047   |
|---|---|---|---|
|   |   |   |   |
|   | For calendar year 2020, or fiscal year beginning, 2020, and ending  | , 20  | 2020  |
| Department of the Treasury<br>Internal Revenue Service  | <ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest information.</li> </ul>  |   |   |
| Name of exempt organization   |   | Taxpayer  | identification number   |
|   |   |   |   |
| GREATER MILWAUKEE F   | ·   | 39-60   | 036407  |
| KEN ROBERTSON<br>SECRETARY  |   |   |   |
| Part I Type of  | Return and Return Information (Whole Dollars Only)  |   |   |
| check the box on line <b>1a,</b><br>blank, then leave line <b>1b,</b> 2   | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro<br>2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with<br>2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter<br>e applicable line below. Do not complete more than one line in Part I.  | n this form \   | was   |
| 1a Form 990 check here  | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)   | 1b  | 102,077,452.  |
| 2a Form 990-EZ check h  | ere 🕨 🗌 b Total revenue, if any (Form 990-EZ, line 9)   | 2b  |   |
| 3a Form 1120-POL chec   | k here 🕨 📃 b Total tax (Form 1120-POL, line 22)   | 3b  |   |
| 4a Form 990-PF check h  | ere 🕨 📃 b Tax based on investment income (Form 990-PF, Part VI, line 5)   | 4b  |   |
| 5a Form 8868 check here   | e <b>b Balance due</b> (Form 8868, line 3c)   | 5b  |   |
| 6a Form 990-T check he  |   |   |   |
| 7a Form 4720 check her  | b Total tax (Form 4720, Part III, line 1)   |   |   |
| Part II Declarat  | ion and Signature Authorization of Officer or Person Subject to Tax   | (   |   |
| I consent to allow my inter<br>to receive from the IRS (a)<br>processing the return or re<br>Agent to initiate an electro<br>software for payment of th<br>a payment, I must contact<br>(settlement) date. I also au<br>confidential information ne<br>identification number (PIN<br><b>PIN: check one box only</b> | e. I further declare that the amount in Part I above is the amount shown on the copy of the<br>mediate service provider, transmitter, or electronic return originator (ERO) to send the rei-<br>an acknowledgement of receipt or reason for rejection of the transmission, (b) the rease<br>fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its c<br>nic funds withdrawal (direct debit) entry to the financial institution account indicated in the<br>efederal taxes owed on this return, and the financial institution to debit the entry to this<br>the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior<br>thorize the financial institutions involved in the processing of the electronic payment of to<br>cessary to answer inquiries and resolve issues related to the payment. I have selected a<br>as my signature for the electronic return and, if applicable, the consent to electronic fun-<br>cessary to answer induced the electronic return and if applicable, the consent to electronic fun-<br>tional applicable is the selected and the processing of the determined the electronic fun-<br>tional applicable is and resolve issues related to the payment. I have selected a<br>as my signature for the electronic return and, if applicable, the consent to electronic fun- | turn to the I<br>on for any c<br>lesignated I<br>ne tax prepa<br>account. To<br>to the payr<br>to the payr<br>axes to reco<br>personal<br>ds withdraw | IRS and<br>lelay in<br>Financial<br>aration<br>o revoke<br>nent<br>eive<br>wal. |
| X I authorize KPM   | ERO firm name   | to enter m  | PINSOU4   |
|   |   |   | do not enter all zeros  |
| a state agency(i  | on the tax year 2020 electronically filed return. If I have indicated within this return that a<br>es) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme<br>n's disclosure consent screen.  |   |   |
| electronically file   | berson subject to tax with respect to the organization, I will enter my PIN as my signature<br>of return. If I have indicated within this return that a copy of the return is being filed with<br>ies as part of the indicated/State program, I will enter my PIN on the return's disclosure co   | a state age   | ncy(ies)  |
|   | ten Robertson   | <b>D</b> .  | e ▶ 11/09/2021  |
| Signature of officer or person subje  | tion and Authentication   | Dat   |   |
| ERO's EFIN/PIN. Enter vo  | ur six-digit electronic filing identification   |   |   |
| •   | your five-digit self-selected PIN. 41438715504<br>Do not enter all zeros  |   |   |
| -   | neric entry is my PIN, which is my signature on the 2020 electronically filed return indicated entry in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Inform  |   |   |
| ERO's signature 🕨   | Date ▶  |   |   |
|   | ERO Must Retain This Form - See Instructions<br>Do Not Submit This Form to the IRS Unless Requested To Do   | So  |   |
| LHA For Paperwork Rec   | luction Act Notice, see instructions.   |   | Form <b>8879-EO</b> (2020)  |
| 023051 11-03-20   |   |   |   |

| Form <b>990</b> |  |
|-----------------|--|
|-----------------|--|

Internal Revenue Se

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.



A For the 2020 calendar year, or tax year beginning and ending D Employer identification number В Check if applicable C Name of organization Address change GREATER MILWAUKEE FOUNDATION, INC. Name 39-6036407 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 210 414-275-5805 101 W. PLEASANT 389,741,048. City or town, state or province, country, and ZIP or foreign postal code Gross receipts \$ Amended MILWAUKEE, WI 53212 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KEN ROBERTSON Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.GREATERMILWAUKEEFOUNDATION.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1989 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: INSPIRING PHILANTHROPY, SERVING 1 Activities & Governance DONORS STRENGTHENING COMMUNITIES NOW AND FOR FUTURE GENERATIONS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 з Number of voting members of the governing body (Part VI, line 1a) 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 67 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 5 42 Total number of volunteers (estimate if necessary) 6 6 -287,969. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ο. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 65,980,162. 48,903,404. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 56,241,664, Investment income (Part VIII, column (A), lines 3, 4, and 7d) 52,632,729. 10 480,576, 541,319. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 122,702,402. 102,077,452. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 54,877,796. 59,075,745. 13 Ο. Ο. Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,242,637, 6,630,740. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 76,250. 2,498,275. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e) 5,853,313. 4,895,470. 17 66,973,746. 70,678,205. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 55,728,656. 31,399,247. 19 Revenue less expenses. Subtract line 18 from line 12 Р **Beginning of Current Year** End of Year 890,452,666. 1,002,313,148. Total assets (Part X, line 16) 20 23,465,392. 22,531,763. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 866,987,274. 979,781,385. 22

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| May the I | RS discuss this return with the preparer shown a                | above? See instructions |                 | X Yes                                       | No |
|-----------|---|-------------------------|-----------------|---|----|
|           | MINNEAPOLIS, MN 55402   |                         | Phor            | <sub>10 N0.</sub> 612-305-5000              |    |
| Use Only  | Firm's address 90 S. 7TH ST., STE 420                           | 00                      |                 |   |    |
| Preparer  | Firm's name KPMG LLP  |                         | Firm            | 's EIN ▶ 13-5565207                         |    |
| Paid      | Print/Type preparer's name<br>MONROE J. GIERL                   | Preparer's signature    | Date 11/10/2021 | Check PTIN<br>if<br>self-employed P01413237 |    |
| Here      | KEN ROBERTSON, SECRETARY           Type or print name and title |                         |                 |   |    |
| Sign      | Signature of officer  |                         | Date            |   |    |
|           |   |                         |                 |   |    |

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| _  | 1990 (2020)         GREATER MILWAUKEE FOUNDATION, INC.           rt III         Statement of Program Service Accomplishments                        | 39-                                  | 6036407 Page              |
|----|---|--------------------------------------|---------------------------|
|    | Check if Schedule O contains a response or note to any line in this R   | Part III                             | Г                         |
| 1  | Briefly describe the organization's mission:  |                                      | ·····                     |
| •  | INSPIRING PHILANTHROPY, SERVING DONORS, STRENGTHENING   | COMMUNITIES, NOW                     |                           |
|    | AND FOR FUTURE GENERATIONS.   |                                      |                           |
|    |   |                                      |                           |
| 2  | Did the organization undertake any significant program services during the  | year which were not listed on the    |                           |
|    | prior Form 990 or 990-EZ?   |                                      | Yes X N                   |
|    | If "Yes," describe these new services on Schedule O.  |                                      |                           |
| 3  | Did the organization cease conducting, or make significant changes in how   | w it conducts, any program services? | Yes X N                   |
| _  | If "Yes," describe these changes on Schedule O.   |                                      |                           |
| 4  | Describe the organization's program service accomplishments for each of Section 501(c)(3) and 501(c)(4) organizations are required to report the am |                                      |                           |
|    | revenue, if any, for each program service reported.   |                                      | otal oxponoco, and        |
| 4a | (Code:) (Expenses \$63,295,206. including grants of \$  | 59,075,745.) (Revenue \$             | 0.                        |
|    | INSPIRING PHILANTHROPY, SERVING DONORS, STRENGHTHENING  |                                      |                           |
|    | AND FORFUTURE GENERATIONS.  |                                      |                           |
|    |   |                                      |                           |
|    | FOR OVER 100 YEARS. THE GREATER MILWAUKEE FOUNDATION HA<br>INDIVIDUALS AND FAMILIES COMMITTED TO PHILANTHROPY LEAN                                  |                                      |                           |
|    | BUILD A STRONGER AND MORE VIBRANT COMMUNITY- NOW AND FO   | ,                                    |                           |
|    | GENERATIONS. THANKS TO THE GENEROUS, ONGOING INVESTMENT   |                                      |                           |
|    | MAKE, WE AS A COMMUNITY FOUNDATION ARE ABLE TO STRONGLY   |                                      |                           |
|    | IMPACT OUR REGION THROUGH OUR DISCRETIONARY GRANTMAKING   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
| 4b | (Code:) (Expenses \$ including grants of \$   | 5 ) (Revenue \$                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
| 4c | (Code: ) (Expenses \$ including grants of \$  | \$) (Revenue \$                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
|    |   |                                      |                           |
| 4d | Other program services (Describe on Schedule O.)  |                                      |                           |
|    | (Expenses \$ including grants of \$   | ) (Revenue \$                        | )                         |
|    |   | ) (Revenue \$                        | )<br>Form <b>990</b> (20) |

Form 990 (2020)

Part IV Checklist of Required Schedules

GREATER MILWAUKEE FOUNDATION, INC.

Page 3

|     |  |     | Yes | No       |
|-----|--|-----|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |     |     |          |
|     | If "Yes," complete Schedule A  | 1   | X   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | X   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |     |     |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   | X   |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |     |     |          |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5   |     | X        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |     |     |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6   | X   |          |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |     |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7   |     | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |     |     |          |
|     | Schedule D, Part III   | 8   |     | X        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |     |     |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |     |     |          |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | x        |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                     |     |     |          |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | X   |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X |     |     |          |
|     | as applicable.   |     |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |     |     |          |
|     | Part VI  | 11a | х   |          |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total     |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | x        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total      |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | x        |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in    |     |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | x        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e | X   |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |     |     |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f |     | X        |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |     |     |          |
|     | Schedule D, Parts XI and XII   | 12a |     | X        |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b | X   |          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13  |     | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |     |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |     |     |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        |     |     |          |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |     |     |          |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | x        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |     |     |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  | X   | <u> </u> |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |     |     |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | x        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |     |     |          |
|     | complete Schedule G, Part III  | 19  |     | x        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                      | 20a |     | x        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b |     |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |     |     |          |
|     | domestic government on Part IX, column (A), line 12, If "Yes," complete Schedule I, Parts Land II                                | 21  | х   | 1        |

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Form 990 (2020)

|        |   |            | Yes | No     |
|--------|---|------------|-----|--------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |            |     |        |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         |     | x      |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |            |     |        |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |            | 37  |        |
|        | Schedule J  | 23         | X   |        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |            |     |        |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  | 04-        |     | x      |
| h      | Schedule K. If "No," go to line 25a<br>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24a<br>24b |     |        |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 240        |     |        |
| Ŭ      | any tax-exempt bonds?   | 24c        |     |        |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |        |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |            |     |        |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | x      |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |            |     |        |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |            |     |        |
|        | Schedule L, Part I  | 25b        |     | х      |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |            |     |        |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |            |     |        |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26         |     | X      |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |            |     |        |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |            |     |        |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27         |     | x      |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |            |     |        |
| _      | instructions, for applicable filing thresholds, conditions, and exceptions):  |            |     |        |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>   | 00-        |     | x      |
| h      | "Yes," complete Schedule L, Part IV   | 28a<br>28b |     | x      |
|        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If   | 200        |     |        |
| U      | "Yes," complete Schedule L, Part IV   | 28c        | x   |        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         | х   |        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |            |     |        |
|        | contributions? If "Yes," complete Schedule M  | 30         |     | x      |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |     | Х      |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |            |     |        |
|        | Schedule N, Part II   | 32         |     | x      |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |            |     |        |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | X      |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |            |     |        |
| _      | Part V, line 1  | 34         | X   |        |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <u>35a</u> | X   |        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 0.5%       | x   |        |
| 26     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        | 21  |        |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 36         |     | x      |
| 37     | <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i><br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 30       |     |        |
| 0,     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | x      |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |            |     |        |
|        | Note: All Form 990 filers are required to complete Schedule O   | 38         | х   |        |
| Par    |   |            |     | -      |
|        | Check if Schedule O contains a response or note to any line in this Part V  | <u></u> .  |     |        |
|        |   |            | Yes | No     |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 69  |            |     |        |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  |            |     |        |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |            |     |        |
|        | (gambling) winnings to prize winners?   | <u>1c</u>  | X   | 0.5.5  |
| 032004 | 12-23-20  | Form       | 990 | (2020) |

|  |          | 990 (2020) GREATER MILWAUKEE FOUNDATION, INC. 39-603640  | 7         | Р    | age <b>5</b> |
|--|----------|--|-----------|------|--------------|
| 2a         Ener the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements.         2a         57           bit at east one is reported on line 2a, dd the organization fiel all required federal employment tax returns?         2b         X           3a         Dd the organization have unrelated business gross income of \$1.000 or more during the year?         3a         X           bit 7 Ma, "hast fitted a form 600.1 for this year? if 700 to time 0.1, south are then as objective or a fitted during the year?         3a         X           bit 7 Ym, "hast fitted a form 600.1 for this year? if 700 to time 0.1, southers in cort a significant or other authority over, a fitted matching requirements for a significant or other authority over, a fitted matching requirements for fitted matching and the significant or other authority over, a fitted matching requirements for fitted matching and the significant or other authority over, a fitted matching requirements for fitted matching and the significant or other authority over, a fitted matching requirements for fitted matching the significant of the significant of the significant or other significant or other authority over, a fitted matching requirements for fitted matching the significant or other significant or any the significant or other significant or other significant or other significant or authority the significant or any the significant or other significant or any the significant or other significant oreceless do the orisplatacont or other significant or ot   | Par      | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |           |      |              |
| Ited tor the calendar year anding with or within the year covered by this return       20       67         ID If a lead on errophote on inc.2 and the organization file at required to ending the year?       20       X         Note: If the sum of lines 1 and 2a is greater than 250, you may be required to ending the year?       20       X         ID 'Yes, 'Inat the a form GOD Tork is year?       20       X         ID 'Yes, 'Inat the a form GOD Tork is year?       20       X         So in anticutors for filing required to ending the war in therest in, or a signature or other authorty our, a financial Accounts (FBAP).       40         So in anticutors for filing required to the two or is a part to a prohibited tax sheler transaction.       56       X         So in anticutors for filing required to the two or is a part to a prohibited tax sheler transaction?       50       X         C H'Yes' to line 6a or 5b, did the organization the form 688617?       56       X       X         B Does the organization include with ways is a party to a prohibited tax sheler transaction?       50       X         B Does the organization include signation file form 688617?       56       X         B Does the organization include signation file form 688617       56       X         B Does the organization include signation that a spread back that an oronnal guest regulate that an other 6000000000000000000000000000000000000   |          |  |           | Yes  | No           |
| b if at least one in reported on line 2a, did the organization file all required federal employment tax return?       20       X         Note: If the sum of line 2a, did the organization file all required federal employment tax return?       20       X         Note: If the sum of line 2a, did the organization may be required to <i>cylle</i> (see instructions)       31       X         D if the organization have unreal to bains argonization have all interest in, or alignature or other subtonty over, a financial account in a foreign country seed. At any time term is norm of \$10000 meet during the last weet of the organization have an interest in, or alignature or other subtonty over, a financial accounts (FEAR).       50       X         See instructions for filing requirements for FricCEN Ferm 11A, Report of Foreign Bank and Financial Accounts (FEAR).       50       X         See instructions for filing requirements for FricCEN Ferm 11A, Report of Foreign Bank and Financial Accounts (FEAR).       50       X         See instructions for thing requirements for regulation that any time during the lax year?       50       X         D any taxable party notify the organization have in that any time during the lax year?       50       X         D If Year (a line base and goes receipts contributions and services provided the organization account that during the year?       50       X         D If Year (a line organization have and the organization file all revers (all contributions of the year) and the organization file all revers (all contributions of they organization have and they during the year?  | 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |           |      |              |
| Note: If the sum of lines 1s and 2s is greater than 250, you may be required to <i>e.sig</i> (see instructions)       23         3a       Dot the organization have uncleader business gross income of \$1.000 or more suring the year?       23         4a       At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is or tering output whether the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is or tering anguinements for FinCe NF orm 114, Report of Foreign Bark and Financial Accounts (FBAR).         5a       Was the organization a party to a prohibited tax sheler transaction at any time during the taxy year?       56       X         5a       Dod any taxable party notify the organization the was in the aver in a prohibited tax sheler transaction?       56       X         5a       Dod any taxable party notify the organization the forein Bark and Financial Accounts (FBAR).       56       X         5a       Dod any taxable party notify the organization time that was the onthoutions?       56       X         6a       Dod any taxable party notify the organization an appress taxable montal grass required to a prohibite tax accountibutions?       56       X         7b       Type, "dd the organization network party to a prohibite tax accountibutions or gifts were not tax deductible contributions an aparys a taxothibite tax shelter transaction?       56       X         7b       Type, "dd the organization netuck ass  |          | filed for the calendar year ending with or within the year covered by this return 2a   |           |      |              |
| Note: If the sum of items 1e and 2a is greater than 250, your may be required to gripp (see instructions)         Image: Second Sec | b        |  | 2b        | х    |              |
| ab         Dit the organization have unreliated basiness gross income of \$1.000 or mone during the year?         3a         X           bit "Year," has it field a Ferm Source of Year Vieo 100 and 200 provide an explanation on Schedule O         3b         X           bit "Year," inter the name of the loreign country (such as a back account, source or other authority over, a financial account?         4a         X           bit "Year," inter the name of the loreign country (such as a back account, source and provide an explanation in the rest of the CHAR).         5a         5a           bit "Year," and the loreign country (such as a back account, source and provide an explanation in the loreign country (such as a back account, source).         5a         X           bit "Year," and the loreign country (such as a back account, source).         5a         X         X           bit "Year," and the loreign country (such as a back account, source).         5a         X         X           bit "Year," dot the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         5a         X           bit "Year," dot the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         5b         7a         X           bit "Year," dot the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         7a         X           bit "Year,"  |          |  |           |      |              |
| b       If "Yes," hait filed a Form 90-1" for this year, db the organization have an interest in, or a signature or other authority over, a financial account in a toreign ocurity (such as a bank account, securities account, or other financial account)?       38         b       If Yes," other the name of the foreign ocurity (such as a bank account, securities account, or other financial accounts (FBARF).       58         58       instructions for filing requirements for FinceNE Form 114, Report of Foreign Bank and Financial Accounts (FBARF).       58         50       Was the organization a party to a prohibited tax shelter transaction at any time during the taxy year?       58         50       Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       50         51       Tyes," tota for obs. dot the organization that was or is a party to a prohibited tax shelter transaction?       50         52       Tyes," tota for obs. dot the organization nucleus with every solicitation an express statement that such contributions or gifts were not tax deductible or threwise dispose of tangible personal property for which it was required to the payor?       74       X         74       Tyes," idd the organization notify the doner of the value of the goods or services provided?       72       X         74       Tyes," idd the organization network as party lunds, directly or indirectly, on a personal benefit contract?       74       X         74       Tyes," idd the organization network asparty funds? <td< th=""><th>3a</th><th></th><th>3a</th><th></th><th>x</th></td<>   | 3a       |  | 3a        |      | x            |
| 4a At any time during the calendar year, all the organization have an interest in, or a signature or cher authority over, a financial account is orbit or contry (such as bank account, socutites account, or other financial accounts (FBAR).         5a Was the organization apprive to prohibited tax short carcounts control of the organization apprive to a prohibited tax short transaction at any time during the tax year?       5a       X         5b If 'Yes', end ine Sa or 5b, dot the organization that it was or is a party to a prohibited tax short transaction at any time during the tax year?       5a       X         6c If 'Yes', end the organization that it was or is a party to a prohibited tax short transaction?       5b       X         6c If 'Yes', end the organization the form 8886.17       Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that ween to tax deductible form 8886.17       Organization receive adductible contributions under section 170(c).         7 Uf 'Yes', ridid the organization include with every solicitation an express statement that such contributions or gifts ween not tax deductible contributions under section 170(c).       7a       X         7 Uf 'Yes', ridid the organization receive adductible contributions and party to paroided?       7a       X         7 Uf 'Yes', ridid the organization receive a payment in excess of 157 market any contribution and party for prohibed tax sheet?       7a       X         7 Uf 'Yes', rididate the number of Forms 8828 field during the year       7d       Y       X <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>   |          |  |           |      |              |
| francial account in a foreign country (such as a bank account, socutits account, or other financial account)?     4a     X       b ff 'Yes,' enter the name of the foreign country.     >     See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See       5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     Sa     X       5b Did any taxable part notify the organization that it was or is a party to a prohibited tax shelter transaction?     So     So       6a Does the organization have annual gross receives that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible?     So     So       7b If 'Yes.' did the organization notidy the donor of the value of the goods or services provided?     So     So       7b If 'Yes.' did the organization notidy the donor of the value of the goods or services provided?     To     To       7c If 'Yes.' did the organization notidy the donor of the value of the goods or services provided?     To     To       7c If 'Yes.' did the organization sellex approximation cost approximation cost approximation receive approximation sellex approximation receive approximation and party the prohibite tax shells the second?     To     To       7c If 'Yes.' did the organization network party approximation approximation received acontribution of anisot of indirectly, to party real while it was received?     To     To       7d If 'Yes.' did the organization network approximation second approperty for which i   |          |  |           |      |              |
| b       H*Yes,* enter the name of the foreign country.       ▶         See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a       Was the organization apply to a prohibited tax shelter transaction?       5b       5c         5a       Ut Yes' to line 5a or 5b, of the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c         6a       Dese the organization have annual gross needipts that are normally greater than \$100,000, and did the organization socielt any contributions that were not tax deductible?       5c       5c         7       Organization thatre y receive deductible contributions under section 170(c).       0       0       7a       X         10       If Yes,* (did the organization notify the door of the value of the goods or services provided to the payor?       7a       X         10       If Yes,* (did the organization notify the door of the value of the goods or services provided?       7a       X         10       If Yes,* (indicate the number of Forms 8282? field during the year       Zd       7a       X         10       If Yes,* (indicate the number of Forms 8282? field during the year       Zd       7a       X         11       If the organization neceive a contribution of number, directly, to pay premiums on a personal benefit contract?       7a       7a       X <th>Ha</th> <th></th> <th>10</th> <th></th> <th>x</th>  | Ha       |  | 10        |      | x            |
| See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR),       5a       Xa         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b       If 'Yes' to line 6a or 5b, did the organization take annual gross requires that are normally greater than \$100,000, and did the organization solid any contributions that was not as deductible as charabale contributions?       6a       X         5b       If 'Yes' to the organization necelve abgument in excess of S7 anda party as a contribution and party for goods and services provided to the payor?       7a       X         7b       If 'Yes', did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?       7a       X         7c       If 'Yes', floating the function of qualified intelecular property for which it was required?       7a       X         7b       If 'Yes', floating the function of qualified intelecular property for which it was required?       7a       X         7c       If 'Yes', floating the year, pay premiums, directly or indirectly, on a personal benefit contract?       7a       X         7d       If 'Yes', floating the year, pay premiums, directly orindirectly, on a personal benefit contract?  | L.       |  | 40        |      |              |
| 5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       6a     Does the organization have annual gross needpts that are normally greater than \$100,000, and did the organization solid:<br>any contributions that ware not tax deductible eschartable contributions?     5c     X       6b     TYes, 'd d the organization include with every solicitation an express statement that such contributions or gits were not tax deductible eschartable contributions and party for goods and services provided to the part?     7a     X       7b     Organization stat may receive deductible contributions under section 170(c).     7a     X       8     H'Yes, 'd d the organization notify the donor of the value of the goods or services provided?     7b     7c       7b     Did the organization notify the donor of the value of the goods or services provided?     7c     X       9     If 'Yes, 'ld the organization notify the donor of the value of the goods or services provided?     7c     X       16     If 'Yes, 'ld the organization neceive as any function, diractly to pay promiums on a personal benefit contract?     7c     X       17     If the organization neceive as contribution or directly, to ap promiums on a personal benefit contract?     7c     X       16     If the organization neceive as contribution or or directly, on a pere   | a        |  |           |      |              |
| b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shells transaction?       Image: Control of the organization shell it was or is a party to a prohibited tax shells transaction?       Image: Control of the organization shell it was or is a party to a prohibited tax shells transaction?       Image: Control of the organization solut any control of the organization solut any control turbutions that were not tax deductible as chartable contributions?       Image: Control of the organization notice with every solicitation an express statement that such contributions or gifts were not tax deductible?       Image: Control of the organization notice with every solicitation and party for goods and services provided to the payor?       Image: Control of the organization notice with every solicitation and party for goods and services provided to the payor?       Image: Control of the organization notice with every solicitation and party for goods and services provided to the payor?       Image: Control of the organization notice with the donor of the value of the goods or services provided?       Image: Control of the organization notice with the donor of the value of the goods or services provided?       Image: Control of the organization notice with the donor of the value of the goods or services provided?       Image: Control of the organization notice with the donor of the value of the goods or services provided?       Image: Control of the organization notice with the donor of the value of the organization notice and control or or individe to a good or services provided?       Image: Control of the organization control or organization notice and control or or organization notice and control or or individe of the organization.       Image: Control of the organization notice andithe donard of the organizati   | _        |  | _         |      | v            |
| c     H*Yes* to line 5a or 5b, did the organization file Form 8866-7?     5c       Ga     Does the organization have annual gross receipts that are normally great than \$100,000, and did the organization solicit<br>any contributions that were not tax deductible as charitable contributions?     5c       b     H*Yes,* did the organization include with every solicitation an express statement that such contributions or gifts<br>were not tax deductible?     6d       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       b     H*Yes,* did the organization notify th donor of the value of the goods or services provided to the payr?     7a     X       c     Did the organization notify th donor of the value of the goods or services provided to the payr?     7a     X       di H*Yes,* indicate the number of Forms 8282 filed during the year     Td     Td     7a     X       di D the organization during the year, payr permiums, directify or indirectly, no payrosing on a personal benefit contract?     7f     X       fi H the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1986 as required?     7a     X       g If the organization maintaining door advised funds.     8     X       a Did the sponsoring organization maintaining door advised funds.     9a     X       di Socion 501(c)(7) organizations.     6.     10a       di Socion 501(c)(7) organizations.     110 the organization induced on Fo   |          |  |           |      |              |
| Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Image: Contributions that were not tax deductible as charitable contributions?       Image: Contributions that were not tax deductible as charitable contributions and party for goods and services provided to the payor?       Image: Contributions that are normally greater than \$100,000, and did the organization services deductible contributions under section 170(c).       Image: Contribution tay for goods and services provided to the payor?       Image: Contribution tay for goods and services provided to the payor?       Image: Contribution tay for goods and services provided to the payor?       Image: Contribution tay for goods and services provided to the payor?       Image: Contribution tay for goods and services provided to the payor?       Image: Contribution tay for goods and services provided to the payor?       Image: Contribution of the value of the goods or services provided?       Image: Contribution of the value of the goods or services provided?       Image: Contribution of the value of the goods or services provided?       Image: Contribution of the value of the goods or services provided?       Image: Contribution of the value of the goods or services provided?       Image: Contribution of the value of the goods or services provided?       Image: Contribution of cars, basic pay premiums on a personal benefit contract?       Image: Contract?   |          |  |           |      |              |
| arry contributions that were not tax deductible as charitable contributions?       6a       X         b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts       6b       4b         7 Organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file form 8282?       7b       7b       7c       7a       X         4 If 'Yes,'' did the organization cell, exchange, or otherwise dispose of targible personal property for which it was required to file form 8282?       7c       X       7c       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         g If the organization received a contribution of cars, boats, anglenase, or other whicles, did the organization file Form 1098-C?       7h       1c         8       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       X  | С        |  | <u>5c</u> |      |              |
| b       If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       B         7       Organizations that may receive deductible contributions under section 170(c).       B         a       Did the organization nealer a payment in excess of 57 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If 'Yes,'' did the organization nealer and the donor of the value of the goods or services provided?       7c       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified inflectual property (if the organization file Form 8989 as required?       7h       X         f       If the organization maximaling donor advised funds.       Did a donor advised fund maintaine by the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         10       the sponsoring organization make any taxable distributions under section 4966?       9a       X         10       Gross income from members or shareho  | 6a       |  |           |      |              |
| were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       b     II'''ves," did the organization notify the donor of the value of the goods or services provided?     7a     X       b     II''ves," did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization neceives any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       f     I''res," indicate the number of Forms 8282 filed during the year     7d     X       f     Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?     7c     X       g     If the organization neceived a contribution of cars, boats, anglanees, or other vehicles, did the organization file Form 1084C?     8     X       Sponsoring organization make any taxable distributions under section 4966?     9a     X       S     Did the sponsoring organization make any taxable distributions under section 4966?     9a     X       So did the sponsoring organization make any taxable distributions under section 4966?     9a     X       So did the sponsoring organization make any taxable distributions under section 4966?     9a     X       So did the sponsoring organiz  |          |  | <u>6a</u> |      | X            |
| 7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a Did the organization receive a payment in excess of S75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7d       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         d If 'Yes,'' indicate the number of Forms 8282 filed during the year       7d       X       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g Sponsoring organizations maintaining doora advised funds.       3e       X         g Did the sponsoring organization make a distributions under section 4966?       9a       X         g Sonsoring organization make a distribution to a donor, donor advised funds.       3b       3b       3b         g Sonsoring organizations. Enter:       10a       10a       10b       10a         1       Section 501(c)(1) organizations. Enter:       10a       11b       11b       12a       12a         18<   | b        |  |           |      |              |
| a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization received a contribution of casu.blast, airplanes, or other vehicles, did the organization file a Form 1098-07       7h       X         8 Sponsoring organizations maintaining door advised funds.       Did a door advised fund the year?       8       X         9 Sponsoring organizations maintaining door advised funds.       Did a door advised fund the year?       8       X         9 Sponsoring organizations maintaining door advised funds.       Did a door advised fund the year?       8       X         9 Sonsoring organization make any taxable distributions under section 4966?       9a       X       X         9 Sociation 501(C(X) organizations. Enter:       10a       10a       10a       10a       10a         11 Section 501(C(X) organizat   |          | were not tax deductible?   | 6b        |      |              |
| b       if "Nes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         f       If the organization received a contribution of ausi, bata any time during the year?       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Sponsoring organizations. Enter:       10a       10a       10a         11       Section 501(c)(7) organizations. Enter:       10a       11a       10b       11a         12       Section 501(c)(12) organizations. Enter:       10a       11a       10a       11a         13       Section 501(c)(12) organizations. Enter:       11a   | 7        |  |           |      |              |
| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       I''se, ''indicate the number of Forms 8282? filed during the year       Zd       -       -         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       X         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         10       Eoross income from members or shareholders       10a       10a       10a         11       Section 501(c)(17) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       10a       10a       10a       10a         13       Section 501(c)(12) organizations. Enter:       10b<  | а        |  | 7a        |      | X            |
| to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       Zd       Id'''se,'' indicate the number of Forms 8282 filed during the year       Zd       Id'''se,'' indicate the number of Forms 8282 filed during the year       Zd       Id'''se,'''se,'' indicate the number of Forms 8282 filed during the year       Zd       Id'''se,'''se,'' complete Form 4282         Bit the organization receive any funds, directly or indirectly, on a personal benefit contract?       7r       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098C?       7n       Id'''se,'' complete Form 1098C?         S ponsoring organization make any taxable distributions under section 4966?       9a       X         Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         Did the sponsoring organizations. Enter:       10a       10b       10b       10b         S coss income from members or shareholders       11a       10b       12a       1   | b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b        |      |              |
| d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums, directly or indirectly, an a personal benefit contract?       7d       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n       X         8 Sponsoring organizations maintaining donor advised funds.       0 d donor advised funds.       X       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       X         10 bit the sponsoring organization make a distribution to a donor, donor advised, rorelated person?       9b       X         10 Section 501(c)(7) organizations, Enter:       10a       10b       10b       10b         11 Section 501(c)(12) organizations, Enter:       11a       10b       10b       10c       10b       10c       10b       10c       10b       10c       10b       10c       10c       10c       10c       10c       10c       10c       10c       10c   | С        |  |           |      |              |
| e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organization make excess business holdings at any time during the year?       8a       X         9       Section 501(c)? Organizations. Enter:       10a       10a       10a       X         11       Section 501(c)? Organizations. Enter:       10a       10b       10b       X         12       Section 501(c)? Organizations. Enter:       11a       10a       10a </th <th></th> <th>to file Form 8282?</th> <th>7c</th> <th></th> <th>X</th>   |          | to file Form 8282?   | 7c        |      | X            |
| bit die organization, during the year, pap premiums, directly or indirectly, on a personal benefit contract?       77       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       70       71       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       70       71       X         g Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8       X         9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       X         10 bit the sponsoring organizations. Enter:       10a       10b       X         11 Section 501(c)(7) organizations, Enter:       10b       10b       10b       X         11 Section 501(c)(2) organizations, Enter:       10a       10b       10b       11a       10a       10b         12 Section 501(c)(2) organizations, Enter:       11a       10b       10b       12a       10a       11a       10b       12a       10a       11b       12a       11b       12a       11b       12a       11a       12a       12a<   | d        | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |           |      |              |
| I bit no organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h         If the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required?       7h         If the organization property did the organization file Form 8990 as required?       7h         If the organization have excess business holdings at any time during the year?       8       x         If the sponsoring organization make any taxable distributions under section 4966?       9a       x         If the form 8990 property did the organization file Form 8900 property did the organization form 501(c)(7) organizations. Enter:       10a       10a         If Section 501(c)(2) organizations. Enter:       11a       10b       11b         If Yes," enter the amount of theresent received or accrued during the year       12b       12a       12a         If Yes," enter the amount of reserves the or  | е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e        |      | x            |
| h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8       X         9       Sponsoring organizations maintaining donor advised funds.       8       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organizations. Enter:       10a       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       <  | f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | 7f        |      | х            |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8       x         9       Sponsoring organizations maintaining donor advised funds.       9       x         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       x         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       x         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11b       10b         a       Gross income from members or shareholders       11a       10b       11b       10c       10c         12       Section 501(c)(12) organizations. Enter:       11b       11b       11b       12a       10c         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       10c       12a       10c       13a       10a       10a       10a       10a       10a  | g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g        |      |              |
| sponsoring organization have excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       9       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Section 501(c)(7) organizations. Enter:       10a       10a       10b       X         10       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       10b       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b   | h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h        |      |              |
| 9       Sponsoring organizations maintaining door advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10c         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c         12       Gross income from members or shareholders       11a       10b       11c       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a       13a         14       Did the organization is licensed to issue qualified health plans in more than one state?       13a       13a       13a       13a         14       Did the organization filed a Form 720 to report these payments? <i>If *No,* provide an explanation on Schedule O</i> 14a       X         14       Did the organization subject to th  | 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |           |      |              |
| a Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(12) organizations. Enter:       11a       10b       11a       12a       12a         a Gross income from members or shareholders       11a       11b       12a       12a       12a         b B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12  |          | sponsoring organization have excess business holdings at any time during the year?   | 8         |      | х            |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       00       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a       10b       10b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12b       12a       12a       12a       12b       12a   | 9        | Sponsoring organizations maintaining donor advised funds.  |           |      |              |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       11a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b       11a       10b       11a       11a       11a       11a       11a       11b       11a       11b       11a       11b       12a  | а        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a        |      | x            |
| 10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a       10b         a       Gross income from members or shareholders       11a       11b       11b       11c         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13       Section for reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is  | b        |  | 9b        |      | х            |
| a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         a Is the organization licensed to issue qualified health plans       13b       13a       14a       14a         b Enter the amount of reserves on hand       13c       13a       14a       14b       15       15 the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess pa   | 10       |  |           |      |              |
| b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X  | а        |  |           |      |              |
| 11       Section 501(c)(12) organizations. Enter:       I1a       I1a         a       Gross income from members or shareholders       I1a       I1b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       I1b       I1b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       I2a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       I3a       I3a         a       Is the organization licensed to issue qualified health plans in more than one state?       I3a       I3a         Note: See the instructions for additional information the organization must report on Schedule O.       I3b       I3c         b       Enter the amount of reserves on hand       I3a       I3a         c       Enter the amount of reserves on hand       I3a       I3a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       I4a       X         b       If "Yes," has it filed a Form 720 to report these payments? if "No," provide an explanation on Schedule O       I4b       I4b       I4b         c       Is the organization sub  | b        |  |           |      |              |
| a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X       15       X         If "Yes," complete Form 4720,   | 11       |  |           |      |              |
| b       Gross income from other sources (Do not net amounts due or paid to other sources against<br>amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       12c       14a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization and file Form 4720, Schedule N.       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X   |          |  |           |      |              |
| amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X   |          |  |           |      |              |
| 12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       If "Yes," complete Form 4720, Schedule O.  | ~        |  |           |      |              |
| b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       14a       14b         b       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X   | 12a      | /  | 12a       |      |              |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X  |          |  | 120       |      |              |
| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Transition of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization and file Form 4720, Schedule N.       15       X       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X  |          |  |           |      |              |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: I   |          |  | 120       |      |              |
| b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X  | d        | • • •  | 154       |      |              |
| organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       X   | <b>h</b> | -  |           |      |              |
| c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X  | a        |  |           |      |              |
| 14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         16       "Yes," complete Form 4720, Schedule O.       16       X  | -        |  |           |      |              |
| b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X  |          |  |           |      | v            |
| 15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         I6       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       10       10       10   |          |  |           |      |              |
| excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X   |          |  | 14b       |      |              |
| If "Yes," see instructions and file Form 4720, Schedule N.       If       <   | 15       |  |           |      |              |
| 16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Complete Form 4720, Sche  |          |  | 15        |      | X            |
| If "Yes," complete Form 4720, Schedule O.  |          |  |           |      |              |
|  | 16       |  | 16        |      | X            |
|  |          | If "Yes," complete Form 4720, Schedule O.  |           | 0000 |              |

Form **990** (2020)

032005 12-23-20

|  |   |          |        | X   |
|--|---|----------|--------|-----|
| <ul> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</li> <li>4 Did the organization heave members or stockholders?</li> <li>5 Did the organization have members or stockholders?</li> <li>7 Did the organization have members or stockholders?</li> <li>7 Did the organization have members stockholders?</li> <li>7 Did the organization have members stockholders?</li> <li>7 Did the organization have members stockholders?</li> <li>9 Did the organization have members stockholders?</li> <li>9 Did the organization have members stockholders?</li> <li>9 Did the organization onterporateously document the meetings held or written actions undertaken during the year by the following:</li> <li>9 The governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on behalf of the governing body?</li> <li>9 Each committee with authority to act on partice ton the aution authority to act on the authority to act on</li></ul> |   | <u></u>  |        |     |
|  |   |          | Yes    | No  |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year 18  |          |        |     |
|  | If there are material differences in voting rights among members of the governing body, or if the governing                       |          |        |     |
|  | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.                             |          |        |     |
| b  | Enter the number of voting members included on line 1a, above, who are independent 1b 18  |          |        |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other          |          |        |     |
|  | officer, director, trustee, or key employee?  | 2        |        | X   |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision             |          |        |     |
|  | of officers, directors, trustees, or key employees to a management company or other person?                                       | 3        |        | X   |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                  | 4        |        | X   |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                        | 5        |        | X   |
| 6  | Did the organization have members or stockholders?  | 6        |        | X   |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                    |          |        |     |
|  | more members of the governing body?   | 7a       |        | X   |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                |          |        |     |
|  | persons other than the governing body?  | 7b       |        | X   |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: |          |        |     |
| а  | The governing body?   | 8a       | X      |     |
| b  | Each committee with authority to act on behalf of the governing body?   | 8b       | Х      |     |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the              |          |        |     |
|  | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   | 9        |        | X   |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                  |          |        |     |
|  |   |          | Yes    | No  |
| 10a  | Did the organization have local chapters, branches, or affiliates?  | 10a      |        | X   |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,        |          |        |     |
|  | and branches to ensure their operations are consistent with the organization's exempt purposes?                                   | 10b      |        |     |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       | 11a      | Х      |     |
| b  |   |          |        |     |
| 12a  |   | 12a      | X      |     |
| b  |   | 12b      | X      |     |
| С  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                |          |        |     |
|  |   | 12c      | X      |     |
| 13   | Did the organization have a written whistleblower policy?   | 13       | X      |     |
| 14   |   | 14       | X      |     |
| 15   |   |          |        |     |
|  |   |          |        |     |
| а  |   | 15a      | X      |     |
| b  | • • • •   | 15b      | Х      |     |
|  |   |          |        |     |
| 16a  |   |          |        |     |
|  |   | 16a      |        | X   |
| b  |   |          |        |     |
|  |   |          |        |     |
|  |   | 16b      |        |     |
| Sec  |   |          |        |     |
| 17   |   |          |        |     |
| 18   |   | s only)  | availa | ble |
|  |   |          |        |     |
|  |   |          |        |     |
| 19   |   | 1 finano | cial   |     |
|  |   |          |        |     |
| 20   |   |          |        |     |
|  | GREATER MILWAUKEE FOUNDATION - 414-272-5805   |          |        |     |
|  |   |          |        |     |
|  | 101 W.PLEASANT, STE.210, MILWAUKEE, WI 53212  |          | 990    |     |

| Form 990 (2020)                           | GREATER MILWAUKEE FOUNDATION, INC.  | 39-6036407                                   | Page 7    |
|---|---|--|-----------|
| Part VII Compens                          | sation of Officers, Directors, Trustees, Key Employees, Hig                       | phest Compensated                            |           |
| Employee                                  | es, and Independent Contractors   |  |           |
| Check if Sch                              | nedule O contains a response or note to any line in this Part VII                 |  |           |
| Section A. Officers, D                    | irectors, Trustees, Key Employees, and Highest Compensated Employed               | es   |           |
| 1a Complete this table                    | for all persons required to be listed. Report compensation for the calendar ye    | ear ending with or within the organization's | tax year. |
| <ul> <li>List all of the organ</li> </ul> | nization's current officers, directors, trustees (whether individuals or organize | ations), regardless of amount of compensi    | ation.    |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title      | (B)<br>Average   | (do                            | not cl                | Pos       | <b>C)</b><br>ition |                              | one  | <b>(D)</b><br>Reportable                       | <b>(E)</b><br>Reportable                         | <b>(F)</b><br>Estimated   |
|----------------------------|--|--------------------------------|-----------------------|-----------|--------------------|------------------------------|------|--|--|---|
|                            | hours per  | box                            | , unles<br>cer an     | ss pei    | rson i             | s botł                       | n an | compensation                                   | compensation                                     | amount of   |
|                            | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer D | Key employee       | Highest compensated employee |      | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ELLEN GILLIGAN         | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| PRESIDENT                  | 0.00   |                                |                       | х         |                    |                              |      | 368,480.                                       | 0.   | 34,645.   |
| (2) KEN ROBERTSON          | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| SECRETARY/TREASURER        | 0.00   |                                |                       | х         |                    |                              |      | 207,769.                                       | 0.   | 22,515.   |
| (3) DANAE DAVIS            | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| EXECUTIVE DIRECTOR-MKE SUC | 0.00   |                                |                       |           |                    | х                            |      | 195,273.                                       | 0.   | 22,236.   |
| (4) KATHRYN DUNN           | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| VP OF COMM. INVEST.        | 0.00   |                                |                       | х         |                    |                              |      | 185,555.                                       | 0.   | 28,543.   |
| (5) KRISTEN MEKEMSON       | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| VP DEVEL/PHIL SERVICES     | 0.00   |                                |                       |           |                    | х                            |      | 162,823.                                       | 0.   | 26,680.   |
| (6) LAURA GLAWE            | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| VP OF MARKETING            | 0.00   |                                |                       |           |                    | х                            |      | 147,893.                                       | 0.   | 28,139.   |
| (7) WENDY POINTING         | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| VP OF FINANCE              | 0.00   |                                |                       |           |                    | х                            |      | 146,907.                                       | 0.   | 24,357.   |
| (8) MICHAEL HOFFMAN        | 40.00  |                                |                       |           |                    |                              |      |  |  |   |
| VP OF HUMAN RESOURCES      | 0.00   |                                |                       |           |                    | x                            |      | 143,100.                                       | 0.   | 28,079.   |
| (9) DAVE DRURY             | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD MEMBER               | 0.00   | X                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |
| (10) MARY ELLEN STANEK     | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD MEMBER               | 0.00   | X                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |
| (11) PAUL JONES            | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| VICE CHAIR                 | 0.00   | Х                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |
| (12) GREGORY OBERLAND      | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD MEMBER               | 0.00   | х                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |
| (13) WENDY BOSWORTH        | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD MEMBER               | 0.00   | х                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |
| (14) CECELIA GORE          | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD MEMBER               | 0.00   | х                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |
| (15) DAVE KUNDERT          | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD MEMBER               | 0.00   | X                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |
| (16) JACKIE HERD-BABER     | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD CHAIR                | 0.00   | х                              |                       | х         |                    |                              |      | 0.   | 0.   | 0.  |
| (17) CORY NETTLES          | 0.00   |                                |                       |           |                    |                              |      |  |  |   |
| BOARD MEMBER               | 0.00   | Х                              |                       |           |                    |                              |      | 0.   | 0.   | 0.  |

032007 12-23-20

Form 990 (2020)

### 08481110 153541 2698725

2020.05000 GREATER MILWAUKEE FOUNDAT 26987251

| Form 990 (2020) GREATER MILWA                                 | UKEE FOUND            | ATI                           | ON,                  | IN      | c.           |                                 |        |                            | 39-603            | 640   | 7        | Pa     | age <b>8</b> |
|---|-----------------------|-------------------------------|----------------------|---------|--------------|---------------------------------|--------|----------------------------|-------------------|-------|----------|--------|--------------|
| Part VII Section A. Officers, Directors, Trust                | ees, Key Emp          | ploy                          | ees,                 | and     | d Hig        | ghes                            | t C    | ompensated Employee        | s (continued)     |       |          |        |              |
| (A)   | (B)                   |                               |                      |         | C)           |                                 |        | (D)                        | (E)               |       | (        | (F)    |              |
| Name and title  | Average               | (do                           | not c                |         | ition        | <b>ا</b><br>than d              | ne     | Reportable                 | Reportable        |       | Esti     | mate   | d            |
|   | hours per             | box                           | , un <b>l</b> e:     | ss pei  | rson i       | s both                          | an     | compensation               | compensation      | ı     | amo      | ount c | of           |
|   | week                  | offi                          | cer ar               | nd a d  | irecto       | or/trus                         | tee)   | from                       | from related      |       | o        | ther   |              |
|   | (list any             | ector                         |                      |         |              |                                 |        | the                        | organizations     |       | compe    | ensat  | ion:         |
|   | hours for             | or din                        |                      |         |              | ted                             |        | organization               | (W-2/1099-MISC    | ) (C  | fror     | n the  | 3            |
|   | related               | stee (                        | 'uste                |         |              | ensa                            |        | (W-2/1099-MISC)            |                   |       | orgar    |        |              |
|   | organizations         | altru                         | nalt                 |         | oyee         | e mp                            |        |                            |                   |       | and      |        |              |
|   | below                 | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                            |                   |       | organ    | izatic | ns           |
|   | line)                 | Pul                           | <u>-su</u>           | 0ffi    | Key          | em                              | For    |                            |                   |       |          |        |              |
| (18) GREG MARCUS  | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        | •            |
| BOARD MEMBER  | 0.00                  | X                             |                      |         |              |                                 |        | 0.                         |                   | 0.    |          |        | 0.           |
| (19) MARIE O'BRIEN  | 0.00                  |                               |                      |         |              |                                 |        | 0                          |                   |       |          |        | 0            |
| BOARD MEMBER  | 0.00                  | X                             |                      |         | <u> </u>     |                                 |        | 0.                         |                   | 0.    |          |        | 0.           |
| (20) SUSAN ELA  | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        | •            |
| BOARD MEMBER  | 0.00                  | X                             |                      |         |              |                                 |        | 0.                         |                   | 0.    |          |        | 0.           |
| (21) DALE KENT  | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| BOARD MEMBER  | 0.00                  | X                             |                      |         |              |                                 |        | 0.                         |                   | ٥.    |          |        | ٥.           |
| (22) GREGORY WESLEY   | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| BOARD MEMBER  | 0.00                  | х                             |                      |         |              |                                 |        | 0.                         |                   | ٥.    |          |        | Ο.           |
| (23) PEDRO COLON  | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| BOARD MEMBER  | 0.00                  | х                             |                      |         |              |                                 |        | 0.                         |                   | 0.    |          |        | 0.           |
| (24) THOMAS FLORSHEIM   | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| BOARD MEMBER  | 0.00                  | x                             |                      |         |              |                                 |        | 0.                         |                   | 0.    |          |        | Ο.           |
| (25) DARRYL MORIN   | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| BOARD MEMBER  | 0.00                  | x                             |                      |         |              |                                 |        | 0.                         |                   | 0.    |          |        | Ο.           |
| (26) DEREK TYUS   | 0.00                  |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| BOARD MEMBER  | 0.00                  | x                             |                      |         |              |                                 |        | 0.                         |                   | ٥.    |          |        | Ο.           |
| 1b Subtotal   |                       |                               |                      |         |              |                                 |        | 1,557,800.                 |                   | 0.    | 2        | 15,1   | 194.         |
| c Total from continuation sheets to Part VI                   |                       |                               |                      |         |              |                                 |        | 0.                         |                   | 0.    |          |        | ٥.           |
| d Total (add lines 1b and 1c)                                 |                       |                               |                      |         |              |                                 |        | 1,557,800.                 |                   | 0.    | 2        | 15,1   | 194.         |
| 2 Total number of individuals (including but no               |                       |                               |                      |         |              |                                 | o re   | eceived more than \$100    | 000 of reportable |       |          |        |              |
| compensation from the organization                            |                       | 000                           | noto                 | a ac    |              | ,                               | 010    |                            |                   |       |          |        | 8            |
|   |                       |                               |                      |         |              |                                 |        |                            |                   |       | N        | /es    | No           |
| <b>3</b> Did the organization list any <b>former</b> officer, | director trust        | ا مم                          |                      | mnl     | ove          | a or                            | hio    | hest compensated emp       |                   | ſ     |          |        |              |
| <b>c</b>  | ,                     |                               |                      |         |              | '                               |        | , , ,                      |                   |       | 3        |        | х            |
| line 1a? If "Yes," complete Schedule J for su                 |                       |                               |                      |         |              |                                 |        |                            |                   | ···   | 3        |        |              |
| 4 For any individual listed on line 1a, is the su             |                       |                               |                      |         |              |                                 |        |                            |                   |       |          | x      |              |
| and related organizations greater than \$150                  |                       |                               |                      |         |              |                                 |        |                            |                   |       | 4        |        |              |
| 5 Did any person listed on line 1a receive or a               | -                     |                               |                      |         | -            |                                 |        | -                          |                   |       | _        |        | v            |
| rendered to the organization? <i>If "Yes." com</i>            | <u>plete Schedule</u> | e J fo                        | or si                | ich į   | bers         | on .                            |        |                            | <u></u>           |       | 5        |        | X            |
| Section B. Independent Contractors                            |                       |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| 1 Complete this table for your five highest cor               |                       |                               |                      |         |              |                                 |        |                            |                   | ensat | ion from | ٦      |              |
| the organization. Report compensation for t                   | he calendar ye        | ear e                         | endir                | ng w    | rith c       | or wi                           | thin   | n the organization's tax y | ear.              |       |          |        |              |
| (A)   | addraaa               |                               |                      |         |              |                                 |        | (B)                        | onvisoo           | C     | (C)      |        |              |
| Name and business   |                       |                               |                      |         |              |                                 |        | Description of s           | ervices           |       | ompens   | satior | I            |
| NEW VENTURE FUND, 1201 CONNECTICUT AV                         | /E NW,                |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| WASHINGTON, DC 20036  |                       |                               |                      |         |              |                                 |        | GRANTMAKING                |                   |       | 4        | 39,9   | 999.         |
| COLONIAL CONSULTING   |                       |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| 750 THIRD AVENUE, NEW YORK, NY 10017                          |                       |                               |                      |         |              |                                 |        | INVST CONSULTING           |                   |       | 3        | 71,0   | 003.         |
| ATHENA COMMUNICATIONS   |                       |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| PO BOX 100615, MILWAUKEE, WI 53210                            |                       |                               |                      |         |              |                                 |        | MARKETING/BRANDING         |                   |       | 1        | 32,7   | 738.         |
|   |                       |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
|   |                       |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
|   |                       |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
|   |                       |                               |                      |         |              |                                 |        |                            |                   |       |          |        |              |
| 2 Total number of independent contractors (ir                 | ncluding but n        | ot lir                        | nited                | d to    | thos         | se lis                          | ted    | above) who received mo     | ore than          |       |          |        |              |
| \$100,000 of compensation from the organiz                    | ation 🕨               |                               |                      |         |              | 3                               |        |                            |                   |       |          |        |              |

Form **990** (2020)

032008 12-23-20

| Stand Potence     Function revenue     Dusiness revenue     ftmit Linder<br>sectors 312 - 31.       1     a     Federated compaigns     1a       1     b     Membarship duss     1b       1     a     1a     1a       1     a     a     1a       1     a     a     a       1     a     a     a       1     a     a     a       1     a     a     a       1     a     a     a       1     a     a     a       1     a     a     a       1     a     a     a       1     a     a     a       1     a   |               | n 990 ( | <u></u> ,                         |                                  | FOUNDATION, IN         | IC.          |                   | 39-603640 | 7 Page <b>9</b>  |
|--|---------------|---------|-----------------------------------|----------------------------------|------------------------|--------------|-------------------|-----------|------------------|
| Image: second | Pa            | rt VII  | Statement of Re                   | venue                            |                        |              |                   |           |                  |
| Total revenue         Pfeltiol or exemue         Unrestream         Pfeltiol or exemue         Pfeltiol or exemue </td <td></td> <td></td> <td>Check if Schedule O</td> <td>contains a respons</td> <td>se or note to any line</td> <td></td> <td></td> <td>(0)</td> <td></td>   |               |         | Check if Schedule O               | contains a respons               | se or note to any line |              |                   | (0)       |                  |
| Book Membership dues       tb         Image: Construction of the intervent of the contribution of the intervent of the interven   |               |         |                                   |                                  |                        | • • •        | Related or exempt | Unrelated | Revenue excluded |
| Book Membership dues       tb         Image: Construction of the intervent of the contribution of the intervent of the interven   | ຽ່            | 1 a     | Federated campaigns               | 1a                               |                        |              |                   |           |                  |
| Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>   | unt           | b.      |                                   |                                  |                        |              |                   |           |                  |
| Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>   | n G           | c       |                                   |                                  |                        |              |                   |           |                  |
| Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>   | ar A          | d       |                                   |                                  | 139,628.               |              |                   |           |                  |
| Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>   | s, s<br>Bilio | е       |                                   |                                  |                        |              |                   |           |                  |
| Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>   | r Si          | f       | All other contributions, gifts,   | grants, and                      |                        |              |                   |           |                  |
| Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>   | the           |         | similar amounts not included      | d above <b>1f</b>                |                        |              |                   |           |                  |
| Business Code         Image: Code <thimage: code<="" th="">         Image: Code         <thimage: code<="" th=""> <thimage: code<="" th=""></thimage:></thimage:></thimage:>   | d dr          | g       | Noncash contributions included in | lines 1a-1f 1g \$                | 15,238,162.            |              |                   |           |                  |
| g       2 a  | <u> </u>      | h       | Total. Add lines 1a-1f            |                                  |                        | 48,903,404.  |                   |           |                  |
| 90       00 <t< td=""><td></td><td></td><td></td><td></td><td>Business Code</td><td></td><td></td><td></td><td></td></t<>  |               |         |                                   |                                  | Business Code          |              |                   |           |                  |
| g       Total. Add lines 2a:21       Investment income (including dividends, interest, and other similar amounts)       15, 248, 333.       -287, 969.       15, 536, 302         4       income from investment of tax exempt bond proceeds       15, 248, 333.       -287, 969.       15, 536, 302         5       Royalties       0) Real       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       00       0       15, 248, 333.       -287, 969.       15, 536, 302         7 a       Gross amount from sales of assets other than inverses.       5b       0  | e             | 2 a     |                                   |                                  | -                      |              |                   |           |                  |
| g       Total. Add lines 2a:21       Investment income (including dividends, interest, and other similar amounts)       15, 248, 333.       -287, 969.       15, 536, 302         4       income from investment of tax exempt bond proceeds       15, 248, 333.       -287, 969.       15, 536, 302         5       Royalties       0) Real       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       00       0       15, 248, 333.       -287, 969.       15, 536, 302         7 a       Gross amount from sales of assets other than inverses.       5b       0  | er.           | b       |                                   |                                  |                        |              |                   |           |                  |
| g       Total. Add lines 2a:21       Investment income (including dividends, interest, and other similar amounts)       15, 248, 333.       -287, 969.       15, 536, 302         4       income from investment of tax exempt bond proceeds       15, 248, 333.       -287, 969.       15, 536, 302         5       Royalties       0) Real       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       00       0       15, 248, 333.       -287, 969.       15, 536, 302         7 a       Gross amount from sales of assets other than inverses.       5b       0  | n S<br>(enu   | c       |                                   |                                  |                        |              |                   |           |                  |
| g       Total. Add lines 2a:21       Investment income (including dividends, interest, and other similar amounts)       15, 248, 333.       -287, 969.       15, 536, 302         4       income from investment of tax exempt bond proceeds       15, 248, 333.       -287, 969.       15, 536, 302         5       Royalties       0) Real       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       00       0       15, 248, 333.       -287, 969.       15, 536, 302         7 a       Gross amount from sales of assets other than inverses.       5b       0  | grar<br>Be∖   | d       |                                   |                                  | -                      |              |                   |           |                  |
| g       Total. Add lines 2a:21       Investment income (including dividends, interest, and other similar amounts)       15, 248, 333.       -287, 969.       15, 536, 302         4       income from investment of tax exempt bond proceeds       15, 248, 333.       -287, 969.       15, 536, 302         5       Royalties       0) Real       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       0) Personal       15, 248, 333.       -287, 969.       15, 536, 302         6 a       Gross rents       5a       00       0       15, 248, 333.       -287, 969.       15, 536, 302         7 a       Gross amount from sales of assets other than inverses.       5b       0  | Š             | e       |                                   |                                  |                        |              |                   |           |                  |
| 3       Investment income (including dividends, interest, and other similar amounts)       15, 248, 333.       -287, 959.       15, 536, 302         4       Income from investment of tax-exempt bond proceeds       Image: Come from investax-exemptax-exempt bond proceeds       Image: Come from   | -             | •       |                                   |                                  |                        |              |                   |           |                  |
| other similar amounts)       15,248,333.       -287,969.       15,536,302         4       income from investment of tax-axempt bond proceeds       income from investment of tax-axempt bond proceeds       income from investment of tax-axempt bond proceeds         5       Royatiles       income from investment of tax-axempt bond proceeds       income from investment of tax-axempt bond proceeds         6       a Gross rents       isa       income from investment of tax-axempt bond proceeds       income from investment of tax-axempt bond proceeds         7       a Gross mount from sales of axempt bond proceeds       income from from sales of axempt bond proceeds       income from from sales of axempt bond proceeds       income from from from sales of axempt bond proceeds         7       a Gross mount from sales of axes cost or other basis and sales axempts       income from from from from from from from from  |               |         |                                   |                                  |                        |              |                   |           |                  |
| 4       Income from investment of tax-exempt bond proceeds         5       Royatties         6       a Gross rents         6       a Gross mount from sales of Gross mount from sales of Gross mount from sales of Tra \$25, 047, 992.         b Less: cost or other basis and sales sopeness       Tra \$25, 047, 992.         c Gain or (loss)       Tra \$25, 047, 992.         d Net gain or (loss)       Tra \$25, 047, 992.         d Net again or floss       Tra \$25, 047, 992.         d Net again or (loss)       Tra \$25, 047, 992.         e Gross income from fundraling events       37, 384, 396.         a Gross income from fundraling events       37, 384, 396.         9       Gross income from gaming activities. See       9         9       Gross nome from gaming activities. See       9   |               | Ū       |                                   | -                                |                        | 15,248,333.  |                   | -287,969. | 15,536,302.      |
| 5       Royatties       (i) Real       (ii) Personal         6       Gross rents       6a       6b       6c         b       Less: rental expenses       6b       6c       6c         c       Rental income or (loss)       (ii) Securities       (ii) Other         7 assess on our from sales of assess or other basis and sales expenses       (ii) Securities       (iii) Other         7 assess other than inventory       b       Less: cost or other basis and sales expenses       7b ¥ 7, 663, 596.         c       Gain or (loss)       7c       37, 384, 396.       37, 384, 396.         d       Net gain or (loss)       7c       37, 384, 396.       37, 384, 396.         8 a       Gross income from fundraising events (not including S of a contributions reported on line 10. See       ada set       ada set         9 a       Gross income from gaming activities. See       ada set       ada set       ada set         9 a       Gross flow from gaming activities. See       ada allowances       b       ada allowances       b         9 Less: clifect expenses       10a       Gross sales of inventory.       ada allowances       10a       541, 319.         10 a       Gross sales of inventory.       Image: Second second set of goods sold       10a       541, 319.  |               | 4       |                                   |                                  |                        | · · ·        |                   |           |                  |
| 6 a       Gross rents       0  |               | 5       |                                   | •                                | · ·                    |              |                   |           |                  |
| b         Less: rental expenses         6b           c         Rental income or (loss)         6c           d         Net rental income or (loss)         0           7         Bross amount from sales of assets other than inventory         0           b         Less: cost or other basis         7           a Gross and allo come from tundralising events (not including \$  |               |         |                                   | (i) Real                         |                        |              |                   |           |                  |
| c       Rental income or (loss)       Gc       Image: constraint of the securities of the securitis of the securities of the securities of the securiti                                    |               | 6 a     | Gross rents                       | 6a                               |                        |              |                   |           |                  |
| d       Net rental income or (loss) <ul> <li>(i) Obscurities</li> <li>(ii) Other</li> <li>assets other than inventory</li> <li>b Less: cost or ther basis</li> <li>and sales expenses</li> <li>7 a [37, 384, 396.]</li> </ul> 37, 384, 396.]           8 a Gross income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of contributions reported on line 1c). See         37, 384, 396.]         37, 384, 396.]           9 a Gross income from gaming activities. See         9 a         game         9 a         game         9 a         100 a         101 a         101 a         101 a         102 a         101 a         102 a         101 a         102 a         101 a         102 a         101 a         101 a         102 a   |               | b       | Less: rental expenses             | 6b                               |                        |              |                   |           |                  |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       (i) Securities       (ii) Other 7a 225, 047, 992.         b Less: cost or other basis and sales expenses       7b 287, 663, 596.       (iii) Comparison of the cost of the c   |               | с       | Rental income or (loss)           | 6c                               |                        |              |                   |           |                  |
| 9000000000000000000000000000000000000  |               | d       | Net rental income or (loss        |                                  |                        |              |                   |           |                  |
| Bit Less: cost or other basis<br>and sales expenses       7b ± 87, 663, 596.         c Gain or (loss)       7c 37, 384, 396.         d Net gain or (loss)       37, 384, 396.         a Gross income from fundraising events (not<br>including \$ of<br>contributions reported on line 1c). See<br>Part IV, line 18       38b         b Less: direct expenses       8b         g Gross income from gaming activities. See<br>Part IV, line 19       9a         g Gross income from gaming activities. See<br>Part IV, line 19       9a         g Gross alcome from gaming activities. See<br>Part IV, line 19       9a         g Gross sales of inventory, less returns<br>and allowances       10a         g Less: cost of goods sold       10a         g Administrative FEES       541, 319.         g All other revenue       541, 319.         g All other revenue       102, 077, 452.         g Total revenue. See instructions       102, 077, 452.   |               | 7 a     | Gross amount from sales of        |                                  |                        |              |                   |           |                  |
| and sales expenses       Tb 287, 663, 596.         c       Gain or (loss)       Tc 37, 384, 396.         d       Net gain or (loss)       37, 384, 396.         d       Net gain or (loss)       37, 384, 396.         a       Gross income from fundraising events (not including \$  |               |         | assets other than inventory       | <b>7a</b> <sup>325</sup> ,047,99 | <sup>2</sup> .         |              |                   |           |                  |
| c       Gain or (loss)       Tc 37, 384, 396.       37, 384, 396.         d       Net gain or (loss)       > 37, 384, 396.       37, 384, 396.         8 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       > 8a         b       Less: direct expenses       8b       > 9a         c       Net income or (loss) from fundraising events       > 9a         9 a       Gross income from gaming activities. See Part IV, line 19       > 9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       > 0         c       Net income or (loss) from gaming activities       > 0         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       > 0         d       Allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       > 0         d       All other revenue       541, 319.       541, 319.         c       All other revenue       - 0       - 287, 969.       53, 462, 017         12       Total revenue. See instructions       102, 077, 452.       0287, 969.       53, 4   |               | b       |                                   |                                  |                        |              |                   |           |                  |
| d       Net gain or (loss)       37, 384, 396.       37, 384, 396.         8 a       Gross income from fundriaising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a       38a         b       Less: direct expenses       8b       38a       38a         c       Net income or (loss) from fundraising events       38a       38a         9 a       Gross income from gaming activities. See Part IV, line 19       9a       38a         9 b       Less: direct expenses       9b       38a         c       Net income or (loss) from gaming activities       38a         10 a       Gross sales of inventory, less returns and allowances       10a       10a         b       Less: cost of goods sold       10b       10b       10b         c       Net income or (loss) from sales of inventory       10a       10a       541,319.         b       Less: cost of goods sold       10b       10b       10c       10c         c   | nu            |         |                                   |                                  |                        |              |                   |           |                  |
| B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Bat U, line 18 b. Less: direct expenses bb       ab         C Net income or (loss) from fundraising events b. Less: direct expenses bb       a         9 a Gross income from gaming activities. See Part IV, line 19 bb       ya         9 a Gross income from gaming activities. See Part IV, line 19 bb       ya         9 a Gross sincome or (loss) from gaming activities bb   | evel          |         |                                   |                                  |                        | 28 204 206   |                   |           | 25.204.206       |
| contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events       Image: Contributions reported on line 1c). See         9 a       Gross income from gaming activities. See       Part IV, line 19         9 a       Gross sincome from gaming activities. See       Part IV, line 19         9 b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       Image: Control of Control o   | r<br>R        |         | • • •                             | _                                | ····· ►                | 37,384,396.  |                   |           | 37,384,396.      |
| contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events       Image: Contributions reported on line 1c). See         9 a       Gross income from gaming activities. See       Part IV, line 19         9 a       Gross sincome from gaming activities. See       Part IV, line 19         9 b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       Image: Control of Control o   | the           | 8 a     |                                   |                                  |                        |              |                   |           |                  |
| Part IV, line 18 8a   b Less: direct expenses   8b   c   9 a   Gross income from gaming activities. See   Part IV, line 19   b   b   Less: direct expenses   9 a   Gross income from gaming activities. See   Part IV, line 19   b   Less: direct expenses   9 b   b   Less: direct expenses   9 b   b   Less: direct expenses   9 b   c   nd allowances   10 a   Gross sales of inventory, less returns   and allowances   10 a   Gross sold   10 b   Less: cost of goods sold   10 b   c   c   d   All other revenue   e   Total revenue. See instructions   10 a   10 a, Corr, 452.   0.   -287,969.   53,462,017   | 0             |         |                                   |                                  |                        |              |                   |           |                  |
| b       Less: direct expenses       8b       Ab         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a       9b         b       Less: direct expenses       9b       9b       9b       9b         c       Net income or (loss) from gaming activities       9a       9b       9b       9b         c       Net income or (loss) from gaming activities       Image: Comparison of the set of t   |               |         | -                                 | · ·                              | 2-                     |              |                   |           |                  |
| c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9b 9b     10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   10 a Gross from sales of inventory   b Less: cost of goods sold   10 a ADMINISTRATIVE FEES     541,319.     12     Total revenue. See instructions     10 a     12        10 a        10 a        10 a           10 a        10 a        10 a        10 a <td></td> <td>h</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |               | h       |                                   |                                  |                        |              |                   |           |                  |
| 9 a Gross income from gaming activities. See   Part IV, line 19   b   Less: direct expenses   9b   c   Net income or (loss) from gaming activities   10 a   Gross sales of inventory, less returns   and allowances   b   Less: cost of goods sold   10b   c   Net income or (loss) from sales of inventory   b   Less: cost of goods sold   10b   c   Net income or (loss) from sales of inventory   b   Less: cost of goods sold   10b   c   d   ADMINISTRATIVE FEES   541,319.      b   c   d   All other revenue   e   Total revenue. See instructions   |               |         |                                   |                                  |                        |              |                   |           |                  |
| Part IV, line 19       9a       9b       9b         b Less: direct expenses       9b       0       0         c Net income or (loss) from gaming activities       0       0       0         10 a Gross sales of inventory, less returns and allowances       10a       0       0         b Less: cost of goods sold       10b       0       0       0         c Net income or (loss) from sales of inventory       ▶       0       0         stand allowances       10b       0       0       0         c Net income or (loss) from sales of inventory       ▶       0       0         stand allowances       10b       0       0       0         c Net income or (loss) from sales of inventory       ▶       0       0       0         b  |               |         |                                   |                                  |                        |              |                   |           |                  |
| b Less: direct expenses 9b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |               | Ju      | -                                 | -                                | Pa                     |              |                   |           |                  |
| c       Net income or (loss) from gaming activities       ▶       ■       ■         10 a       Gross sales of inventory, less returns<br>and allowances       10a       ■       ■         b       Less: cost of goods sold       10b       ■       ■       ■         c       Net income or (loss) from sales of inventory       ▶       ■       ■       ■         s       Net income or (loss) from sales of inventory       ▶       ■       ■       ■         s       Net income or (loss) from sales of inventory       ▶       ■       ■       ■         s       0       ■ <t< td=""><td></td><td>b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |               | b       |                                   |                                  |                        |              |                   |           |                  |
| 10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   11 a ADMINISTRATIVE FEES   b c c d All other revenue   c Total. Add lines 11a-11d   12 Total revenue. See instructions  |               |         |                                   |                                  |                        |              |                   |           |                  |
| and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         I1 a       ADMINISTRATIVE FEES         b       Source         b       Statistic         c       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions  |               |         |                                   | <b>-</b>                         |                        |              |                   |           |                  |
| b Less: cost of goods sold 10b<br>c Net income or (loss) from sales of inventory ▶ 6 100 100 100 100 100 100 100 100 100 1   |               |         | -                                 |                                  | 0a                     |              |                   |           |                  |
| Business Code         Image: Code  |               | b       |                                   |                                  | 0b                     |              |                   |           |                  |
| 11 a       ADMINISTRATIVE FEES       541,319.       541,319.         b       -       -       -         c       -       -       -         d       All other revenue       -       -         e       Total. Add lines 11a-11d       541,319.       -         12       Total revenue. See instructions       102,077,452.       0.       -287,969.       53,462,017   |               |         |                                   |                                  | ▶                      |              |                   |           |                  |
| e Total. Add lines 11a-11d       ▶       541,319.         12 Total revenue. See instructions       ▶       102,077,452.       0.       -287,969.       53,462,017  | ß             |         |                                   |                                  | Business Code          |              |                   |           |                  |
| e Total. Add lines 11a-11d       ▶       541,319.         12 Total revenue. See instructions       ▶       102,077,452.       0.       -287,969.       53,462,017  | in a          | 11 a    | ADMINISTRATIVE FEES               | 3                                | _                      | 541,319.     |                   |           | 541,319.         |
| e Total. Add lines 11a-11d       ▶       541,319.         12 Total revenue. See instructions       ▶       102,077,452.       0.       -287,969.       53,462,017  | an∉           | b       |                                   |                                  | -                      |              |                   |           |                  |
| e Total. Add lines 11a-11d       ▶       541,319.         12 Total revenue. See instructions       ▶       102,077,452.       0.       -287,969.       53,462,017  | Sell          | С       |                                   |                                  | -                      |              |                   |           |                  |
| e Total. Add lines 11a-11d       ▶       541,319.         12 Total revenue. See instructions       ▶       102,077,452.       0.       -287,969.       53,462,017  | Mis           | d       |                                   |                                  |                        | F 44 - 54 5  |                   |           |                  |
|  |               |         |                                   |                                  |                        |              |                   | 207.000   | 52 462 015       |
|  |               |         |                                   | ons                              |                        | 102,077,452. | J0.               | -201,909. |                  |

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GREATER MILWAUKEE FOUNDATION, INC.

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| Do not include amounts reported on lines 6b,   | onse or note to any line in t<br>(A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and | ( <b>D)</b><br>Fundraising |
|--|--|------------------------|-----------------------|----------------------------|
| b, 8b, 9b, and 10b of Part VIII.   |  | ĕxpenses               | general expenses      | expenses                   |
| 1 Grants and other assistance to domestic organization   | S  |                        |                       |                            |
| and domestic governments. See Part IV, line 21   |  |                        |                       |                            |
| 2 Grants and other assistance to domestic  |  |                        |                       |                            |
| individuals. See Part IV, line 22  |  |                        |                       |                            |
| 3 Grants and other assistance to foreign   |  |                        |                       |                            |
| organizations, foreign governments, and foreigr  |  |                        |                       |                            |
| individuals. See Part IV, lines 15 and 16  | 59,075,745.  | 59,075,745.            |                       |                            |
| 4 Benefits paid to or for members  |  |                        |                       |                            |
| 5 Compensation of current officers, directors,   | 855,376.   | 254,952.               | 573,613.              | 26,81                      |
| trustees, and key employees  | 000,070.   | 234,552.               | 575,015.              | 20,01                      |
| 6 Compensation not included above to disqualified<br>persons (as defined under section 4958(f)(1)) and   |  |                        |                       |                            |
| (D, D)   |  |                        |                       |                            |
| 7 Other salaries and wages   | 4,818,171.   | 1,933,589.             | 1,374,596.            | 1,509,98                   |
| <ul> <li>Pension plan accruals and contributions (include</li> </ul>   | _,,,   | _,,,                   | _,,                   | _,,,,,,,                   |
| section 401(k) and 403(b) employer contributions)  | 344,451.   | 133,990.               | 103,835.              | 106,62                     |
| 9 Other employee benefits  | 564,465.   | 189,424.               | 182,946.              | 192,09                     |
| 0 Payroll taxes  | 48,277.  | 17,763.                | 13,587.               | ,<br>16,92                 |
| 1 Fees for services (nonemployees):  | ,  | ,                      | ,                     | · · ·                      |
| a Management   |  |                        |                       |                            |
| b Legal  | 83,919.  | 11,145.                | 50,822.               | 21,95                      |
| c Accounting   | 111,725.   | 18,441.                | 80,164.               | 13,12                      |
| d Lobbying   | 46,514.  | 46,514.                |                       | · · · ·                    |
| e Professional fundraising services. See Part IV, line 17  | 76,250.  |                        |                       | 76,25                      |
| f Investment management fees   |  |                        | 1,526,794.            | 47                         |
| g Other. (If line 11g amount exceeds 10% of line 25,   |  |                        |                       |                            |
| column (A) amount, list line 11g expenses on Sch 0.)   | 1,254,470.   | 1,131,359.             | 123,111.              |                            |
| 2 Advertising and promotion  | 111,279.   | 43,211.                | 24,220.               | 43,84                      |
| 3 Office expenses  |  | 36,277.                | 100,374.              | 74,28                      |
| 4 Information technology   |  | 39,947.                | 226,685.              | 27,89                      |
| 5 Royalties  |  |                        |                       |                            |
| 6 Occupancy  | 489,228.   | 188,991.               | 165,651.              | 134,58                     |
| 7 Travel   | 1,320.   |                        | 1,320.                |                            |
| 8 Payments of travel or entertainment expenses   |  |                        |                       |                            |
| for any federal, state, or local public officials $\dots$  |  |                        |                       |                            |
| 9 Conferences, conventions, and meetings   | 223,188.   | 46,755.                | 81,362.               | 95,07                      |
| 0 Interest   |  |                        |                       |                            |
| 1 Payments to affiliates   |  |                        |                       |                            |
| 2 Depreciation, depletion, and amortization  | 158,255.   | 61,151.                | 53,599.               | 43,50                      |
| 3 Insurance  |  |                        |                       |                            |
| 4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If  |  |                        |                       |                            |
| line 24e amount exceeds 10% of line 25, column (A)   |  |                        |                       |                            |
| amount, list line 24e expenses on Schedule 0.)   | 100 605  | 10.200                 | 110 500               |                            |
| a DUES & MEMBESHIPS  | 129,695.   | 10,308.                | 110,502.              | 8,88                       |
| b MISCELLANEOUS  | 121,951.   | 51,505.                | 46,615.               | 23,83                      |
| COMMUNITY EVENTS   | 104,010.   | 4,139.                 | 17,753.               | 82,11                      |
| d D&O LIABILITY INSURANCE  | 27,175.  |                        | 27,175.               |                            |
| e All other expenses   | 70 670 005   | 62 205 200             | A 00A 70A             | 2 400 07                   |
| 5 Total functional expenses. Add lines 1 through 24e   | 70,678,205.  | 63,295,206.            | 4,884,724.            | 2,498,27                   |
| 6 Joint costs. Complete this line only if the organization   | 1  |                        |                       |                            |
| reported in column (B) joint costs from a combined   |  |                        |                       |                            |
| educational campaign and fundraising solicitation.   |  |                        |                       |                            |
| Check here Figure 16 International International Check here International Internationa |  |                        |                       | Form <b>990</b> (20        |

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|                             |          | Check if Schedule O contains a response or note to      |                    | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year |
|-----------------------------|----------|---|--------------------|---------------------------------|-------------|---------------------------|
|                             | 1        | Cash - non-interest-bearing                             |                    | 0.                              | 1           | 0.                        |
|                             | 2        | Savings and temporary cash investments                  | 46,745,980.        | 2                               | 40,256,297. |                           |
|                             | 3        | Pledges and grants receivable, net                      |                    | 0.                              | 3           | 0.                        |
|                             | 4        | · · · · · ·   |                    | 6,629,018.                      | 4           | 7,176,742.                |
|                             | 5        | Loans and other receivables from any current or for     |                    | , , .                           |             | , , , .                   |
|                             | Ŭ        | trustee, key employee, creator or founder, substant     |                    |                                 |             |                           |
|                             |          | controlled entity or family member of any of these p    |                    | 0.                              | 5           | 0.                        |
|                             | 6        | Loans and other receivables from other disqualified     |                    | -                               |             |                           |
|                             | Ŭ        | under section 4958(f)(1)), and persons described in     |                    | 0.                              | 6           | 0.                        |
|                             | 7        | Notes and loans receivable, net                         |                    | 206,065.                        | 7           | 191,437.                  |
| iets                        | 8        | Inventories for sale or use                             |                    | 0.                              | 8           | 0.                        |
| Assets                      | 9        |   |                    | 205,503.                        | 9           | 499,574.                  |
|                             |          | Land, buildings, and equipment: cost or other           |                    |                                 | 9           |                           |
|                             | IUa      | basis. Complete Part VI of Schedule D1                  | <b>0a</b> 988,557. |                                 |             |                           |
|                             | b        | Less: accumulated depreciation                          |                    | 277,623.                        | 10c         | 247,114.                  |
|                             | 11       | Investments - publicly traded securities                |                    | 831,560,458.                    | 11          | 949,999,219.              |
|                             | 12       | Investments - other securities. See Part IV, line 11    |                    | 3,610,922.                      | 12          | 3,135,594.                |
|                             | 12       | Investments - program-related. See Part IV, line 11     |                    | 813,002.                        | 13          | 807,171.                  |
|                             | 14       |   |                    | 0.                              | 14          | 0.                        |
|                             | 15       | Intangible assets                                       | 404,095.           | 15                              | 0.          |                           |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal li     |                    | 890,452,666.                    | 16          | 1,002,313,148.            |
|                             | 17       | Accounts payable and accrued expenses                   |                    | 1,048,700.                      | 17          | 1,232,920.                |
|                             | 18       | Grants payable  | 22,331,347.        | 18                              | 21,214,471. |                           |
|                             | 19       | Deferred revenue  | 0.                 | 19                              | 0.          |                           |
|                             | 20       | Tax-exempt bond liabilities                             | 0.                 | 20                              | 0.          |                           |
|                             | 20<br>21 | Escrow or custodial account liability. Complete Par     | 0.                 | 20                              | 0.          |                           |
|                             | 22       | Loans and other payables to any current or former       |                    | 21                              | • •         |                           |
| ties                        | ~~       | trustee, key employee, creator or founder, substant     |                    |                                 |             |                           |
| Liabilities                 |          | controlled entity or family member of any of these p    | 0.                 | 22                              | 0.          |                           |
| Гіа                         | 23       | Secured mortgages and notes payable to unrelated        |                    | 0.                              | 23          | 0.                        |
|                             | 23<br>24 | Unsecured notes and loans payable to unrelated th       |                    | 0.                              | 24          | 0.                        |
|                             | 25       | Other liabilities (including federal income tax, payab  |                    | -                               |             | -                         |
|                             | 20       | parties, and other liabilities not included on lines 17 |                    |                                 |             |                           |
|                             |          |   |                    | 85,345.                         | 25          | 84,372.                   |
|                             | 26       | Tatal liabilities Add lines 17 through 05               |                    | 23,465,392.                     | 26          | 22,531,763.               |
|                             | 20       | Organizations that follow FASB ASC 958, check           | here 🕨 🛛           | , , .                           | 20          | , , .                     |
| es                          |          | and complete lines 27, 28, 32, and 33.                  |                    |                                 |             |                           |
| anc                         | 27       |   |                    | 9,754,374.                      | 27          | 34,387,671.               |
| Bala                        | 28       |   |                    | 857,232,900.                    | 28          | 945,393,714.              |
| pu                          |          | Organizations that do not follow FASB ASC 958,          |                    |                                 |             |                           |
| μ                           |          | and complete lines 29 through 33.                       |                    |                                 |             |                           |
| ۲<br>۵                      | 29       | Capital stock or trust principal, or current funds      |                    |                                 | 29          |                           |
| Sets                        | 30       | Paid-in or capital surplus, or land, building, or equip |                    |                                 | 30          |                           |
| Net Assets or Fund Balances | 31       | Retained earnings, endowment, accumulated incon         |                    |                                 | 31          |                           |
| let                         | 32       | Total net assets or fund balances                       |                    | 866,987,274.                    | 32          | 979,781,385.              |
| ~                           | 33       |   |                    | 890,452,666.                    | 33          | 1,002,313,148.            |

GREATER MILWAUKEE FOUNDATION, INC. Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

39-6036407

Page **11** 

| Form | 1990 (2020) GREATER MILWAUKEE FOUNDATION, INC.  | 39-603640 | 7          | Pad  | <sub>ge</sub> 12 |
|------|---|-----------|------------|------|------------------|
| Pa   | rt XI Reconciliation of Net Assets  |           |            | •    | 2                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |            |      | Х                |
|      |   |           |            |      |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 102,       | 077, | 452.             |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 70,        | 678, | 205.             |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | 31,        | 399, | 247.             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 866,       | 987, | 274.             |
| 5    | Net unrealized gains (losses) on investments  | 5         | 81,        | 164, | 079.             |
| 6    | Donated services and use of facilities  | 6         |            |      |                  |
| 7    | Investment expenses   | 7         |            |      |                  |
| 8    | Prior period adjustments  | 8         |            |      |                  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9         |            | 230, | 785.             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |           |            |      |                  |
|      | column (B))   | 10        | 979,       | 781, | 385.             |
| Pa   | rt XII Financial Statements and Reporting   |           |            |      |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           | <u></u>    |      |                  |
|      |   |           |            | Yes  | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |            |      |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | Э.        |            |      |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | <b>2</b> a |      | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a      |            |      |                  |
|      | separate basis, consolidated basis, or both:  |           |            |      |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |            |      |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |           | 2b         | Х    |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,    |            |      |                  |
|      | consolidated basis, or both:  |           |            |      |                  |
|      | Separate basis X Consolidated basis Both consolidated and separate basis  |           |            |      |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    |           |            |      |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c         | X    |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    |           |            |      |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |            |      |                  |
|      | Act and OMB Circular A-133?   |           | 3a         |      | x                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |           |            |      |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | 3b         | 000  |                  |

Form **990** (2020)

| SCHEDULE / | 4 |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

| (Form | 990 | or | 990- | -EZ) |
|-------|-----|----|------|------|
|-------|-----|----|------|------|

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

| OMB No. 1545-0047            |
|------------------------------|
| 2020                         |
| Open to Public<br>Inspection |

## Name of the organization

| Nam      | e of t | the organization                                    |                                 |   |                  |                                 |                      | Employer      | identification number      |
|----------|--------|---|---------------------------------|---|------------------|---------------------------------|----------------------|---------------|----------------------------|
|          |        |   | R MILWAUKEE FOU                 |   |                  |                                 |                      |               | 39-6036407                 |
| Pa       | rt I   | Reason for Public (                                 | Charity Status.                 | (All organizations must c                     | omplete th       | nis part.) S                    | ee instruction       | s.            |                            |
| The      | organ  | ization is not a private found                      | ation because it is: (F         | <sup>-</sup> or lines 1 through 12, c         | heck only        | one box.)                       |                      |               |                            |
| 1        |        | A church, convention of ch                          | urches, or associatio           | n of churches described                       | l in sectio      | n 170(b)(1                      | )(A)(i).             |               |                            |
| 2        |        | A school described in sect                          | ion 170(b)(1)(A)(ii). (         | Attach Schedule E (Forn                       | n 990 or 99      | 90-EZ).)                        |                      |               |                            |
| 3        |        | A hospital or a cooperative                         | hospital service orga           | anization described in se                     | ection 170       | (b)(1)(A)(ii                    | i).                  |               |                            |
| 4        |        | A medical research organiz                          | ation operated in cor           | njunction with a hospital                     | described        | in sectio                       | n 170(b)(1)(A        | )(iii). Enter | the hospital's name,       |
|          |        | city, and state:                                    |                                 |   |                  |                                 |                      |               |                            |
| 5        |        | An organization operated for                        | or the benefit of a col         | lege or university owned                      | l or operat      | ed by a go                      | vernmental u         | nit describe  | ed in                      |
|          |        | section 170(b)(1)(A)(iv). (C                        | Complete Part II.)              |   |                  |                                 |                      |               |                            |
| 6        |        | A federal, state, or local gov                      | vernment or governm             | nental unit described in                      | section 17       | 70(b)(1)(A)                     | (v).                 |               |                            |
| 7        |        | An organization that norma                          | lly receives a substa           | ntial part of its support fi                  | rom a gove       | ernmental                       | unit or from th      | ne general p  | oublic described in        |
|          |        | section 170(b)(1)(A)(vi). (C                        | omplete Part II.)               |   |                  |                                 |                      |               |                            |
| 8        | х      | A community trust describe                          | ed in section 170(b)(           | (1)(A)(vi). (Complete Par                     | t II.)           |                                 |                      |               |                            |
| 9        |        | An agricultural research org                        | ganization described            | in section 170(b)(1)(A)(                      | ix) operate      | ed in conju                     | nction with a        | land-grant    | college                    |
|          |        | or university or a non-land-g                       | grant college of agric          | ulture (see instructions).                    | Enter the        | name, city                      | , and state of       | the college   | e or                       |
|          |        | university:   |                                 |   |                  |                                 |                      |               |                            |
| 10       |        | An organization that norma                          | Ily receives (1) more           | than 33 1/3% of its supp                      | oort from c      | ontributior                     | ns, membersh         | ip fees, and  | d gross receipts from      |
|          |        | activities related to its exem                      | npt functions, subjec           | t to certain exceptions; a                    | and (2) no       | more than                       | 33 1/3% of its       | s support fi  | rom gross investment       |
|          |        | income and unrelated busir                          | ness taxable income             | (less section 511 tax) fro                    | om busines       | ses acqui                       | red by the org       | anization a   | after June 30, 1975.       |
|          |        | See section 509(a)(2). (Con                         | mplete Part III.)               |   |                  |                                 |                      |               |                            |
| 11       |        | An organization organized a                         | and operated exclusi            | vely to test for public sa                    | fety. See        | section 50                      | )9(a)(4).            |               |                            |
| 12       |        | An organization organized a                         | and operated exclusi            | vely for the benefit of, to                   | perform t        | he functio                      | ns of, or to ca      | rry out the   | purposes of one or         |
|          |        | more publicly supported or                          | ganizations describe            | d in <b>section 509(a)(1)</b> d               | or section       | 509(a)(2).                      | See <b>section</b> ! | 509(a)(3). 🤇  | Check the box in           |
|          |        | lines 12a through 12d that                          | describes the type of           | f supporting organizatior                     | n and com        | plete lines                     | 12e, 12f, and        | 12g.          |                            |
| а        |        | <b>Type I.</b> A supporting orga                    | anization operated, s           | upervised, or controlled                      | by its supp      | ported org                      | anization(s), ty     | pically by    | giving                     |
|          |        | the supported organization                          | on(s) the power to reg          | gularly appoint or elect a                    | i majority c     | of the direc                    | tors or truste       | es of the su  | upporting                  |
|          |        | _ organization. You must o                          | complete Part IV, Se            | ections A and B.                              |                  |                                 |                      |               |                            |
| b        |        | <b>Type II.</b> A supporting org                    | anization supervised            | or controlled in connect                      | tion with it     | s supporte                      | d organizatio        | n(s), by hav  | ving                       |
|          |        | control or management o                             | f the supporting orga           | anization vested in the sa                    | ame perso        | ns that co                      | ntrol or manag       | ge the supp   | ported                     |
|          |        | organization(s). You mus                            | •                               |   |                  |                                 |                      |               |                            |
| С        |        | Type III functionally inte                          | grated. A supporting            | g organization operated                       | in connect       | ion with, a                     | ind functional       | ly integrate  | ed with,                   |
|          |        | its supported organization                          | n(s) (see instructions)         | ). You must complete I                        | Part IV, Se      | ctions A,                       | D, and E.            |               |                            |
| d        |        | <b>Type III non-functionally</b>                    | <pre>/ integrated. A supp</pre> | orting organization oper                      | ated in co       | nnection w                      | ith its suppor       | ted organiz   | zation(s)                  |
|          |        | that is not functionally int                        | egrated. The organiz            | ation generally must sat                      | isfy a distr     | ibution rec                     | uirement and         | an attentiv   | /eness                     |
|          |        | requirement (see instructi                          |                                 | •   | -                |                                 |                      |               |                            |
| е        |        | Check this box if the orga                          |                                 |   |                  |                                 | Type I, Type         | II, Type III  |                            |
|          |        | functionally integrated, or                         |                                 | nally integrated supportion                   | ng organiz       | ation.                          |                      |               |                            |
| f        |        | er the number of supported o                        | •                               |   |                  |                                 |                      |               |                            |
| <u> </u> |        | vide the following information i) Name of supported | about the supporte (ii) EIN     | d organization(s). (iii) Type of organization | (iv) is the oroa | nization listed                 | (v) Amount of        | monoton       | (vi) Amount of other       |
|          | (      | organization  |                                 | (described on lines 1-10                      |                  | nization listed<br>ng document? | support (see in      |               | support (see instructions) |
|          |        |   |                                 | above (see instructions))                     | Yes              | No                              |                      | ,             |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
|          |        |   |                                 |   |                  |                                 |                      |               |                            |
| Tota     | 1      |   |                                 |   |                  |                                 |                      |               |                            |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 GREATER MILWAUKEE FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support  |                     |                     |                     |                     |                     |                  |
|------|--|---------------------|---------------------|---------------------|---------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                              | <b>(a)</b> 2016     | <b>(b)</b> 2017     | <b>(c)</b> 2018     | <b>(d)</b> 2019     | <b>(e)</b> 2020     | <b>(f)</b> Total |
| 1    | Gifts, grants, contributions, and                                      |                     |                     |                     |                     |                     |                  |
|      | membership fees received. (Do not                                      |                     |                     |                     |                     |                     |                  |
|      | include any "unusual grants.")   | 39,319,169.         | 42,605,018.         | 42,224,278.         | 65,982,662.         | 48,903,404.         | 239,034,531.     |
| 2    | Tax revenues levied for the organ-                                     |                     |                     |                     |                     |                     |                  |
|      | ization's benefit and either paid to                                   |                     |                     |                     |                     |                     |                  |
|      | or expended on its behalf  |                     |                     |                     |                     |                     |                  |
| 3    | The value of services or facilities                                    |                     |                     |                     |                     |                     |                  |
|      | furnished by a governmental unit to                                    |                     |                     |                     |                     |                     |                  |
|      | the organization without charge  |                     |                     |                     |                     |                     |                  |
| 4    | Total. Add lines 1 through 3   | 39,319,169.         | 42,605,018.         | 42,224,278.         | 65,982,662.         | 48,903,404.         | 239,034,531.     |
|      | The portion of total contributions                                     |                     |                     |                     |                     |                     |                  |
|      | by each person (other than a   |                     |                     |                     |                     |                     |                  |
|      | governmental unit or publicly  |                     |                     |                     |                     |                     |                  |
|      | supported organization) included                                       |                     |                     |                     |                     |                     |                  |
|      | on line 1 that exceeds 2% of the                                       |                     |                     |                     |                     |                     |                  |
|      | amount shown on line 11,   |                     |                     |                     |                     |                     |                  |
|      | column (f)   |                     |                     |                     |                     |                     | 46,332,749.      |
| 6    | Public support. Subtract line 5 from line 4.                           |                     |                     |                     |                     |                     | 192,701,782.     |
|      | ction B. Total Support   |                     |                     |                     |                     |                     | , , ,            |
|      | ndar year (or fiscal year beginning in) 🕨                              | <b>(a)</b> 2016     | <b>(b)</b> 2017     | (c) 2018            | <b>(d)</b> 2019     | (e) 2020            | (f) Total        |
|      | Amounts from line 4  | 39,319,169.         | 42,605,018.         | 42,224,278.         | 65,982,662.         | 48,903,404.         | 239,034,531.     |
|      | Gross income from interest,  | . , ,               | , ,                 | , ,                 | , ,                 | ,                   | ,                |
| Ũ    | dividends, payments received on  |                     |                     |                     |                     |                     |                  |
|      | securities loans, rents, royalties,                                    |                     |                     |                     |                     |                     |                  |
|      | and income from similar sources  | 10,798,611.         | 10,773,846.         | 12 808 624.         | 17 632 204.         | 15,248,333.         | 67,261,618.      |
| 9    | Net income from unrelated business                                     | ,,                  | ,,,.                | ,,                  | _ , , ,             | ,                   |                  |
| 9    | activities, whether or not the   |                     |                     |                     |                     |                     |                  |
|      |  |                     |                     |                     |                     |                     |                  |
| 10   | business is regularly carried on                                       |                     |                     |                     |                     |                     |                  |
| 10   | Other income. Do not include gain                                      |                     |                     |                     |                     |                     |                  |
|      | or loss from the sale of capital                                       | 505,613.            | 530,109.            | 589,978.            | 480,576.            | 541,319.            | 2,647,595.       |
|      | assets (Explain in Part VI.)   | 505,015.            | 550,105.            | 505,570.            | 400,570.            | 541,519.            | 308,943,744.     |
| 11   | 11 \$  |                     |                     |                     |                     | 10                  | 500,545,744.     |
| 12   | Gross receipts from related activities,                                |                     |                     |                     |                     |                     |                  |
| 13   | First 5 years. If the Form 990 is for th                               |                     |                     |                     |                     |                     |                  |
| Sec  | organization, check this box and stor<br>ction C. Computation of Publi |                     | contano             |                     |                     |                     |                  |
| 14   | Public support percentage for 2020 (I                                  |                     |                     | olump (f))          |                     | 14                  | 62.37 %          |
| 15   | Public support percentage from 2019                                    |                     |                     |                     |                     | 15                  | 63.91 %          |
|      | <b>33 1/3% support test - 2020.</b> If the c                           |                     |                     |                     |                     |                     | ,0               |
| 104  | stop here. The organization qualifies                                  | -                   |                     |                     |                     |                     |                  |
| h    | 33 1/3% support test - 2019. If the c                                  |                     | -                   |                     |                     | or more, aback thi  | ······           |
| L.   | and stop here. The organization qual                                   | •                   |                     |                     |                     |                     |                  |
| 47-  |  |                     |                     |                     |                     | and line 14 is 1004 |                  |
| 17a  | 10% -facts-and-circumstances test                                      | •                   |                     |                     |                     |                     |                  |
|      | and if the organization meets the facts                                |                     |                     | •                   |                     | •                   |                  |
|      | meets the facts-and-circumstances te                                   | •                   | •                   | • • • •             | •                   |                     |                  |
| b    | 10% -facts-and-circumstances test                                      | •                   |                     |                     |                     |                     | 10% or           |
|      | more, and if the organization meets th                                 |                     |                     |                     |                     |                     | . —              |
|      | organization meets the facts-and-circu                                 |                     | •                   |                     |                     |                     |                  |
| 18   | Private foundation. If the organizatio                                 | n did not check a l | oox on line 13, 16a | i, 16b, 17a, or 17b | , check this box ar | nd see instructions |                  |

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

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#### 39-6036407 Pa

#### Schedule A (Form 990 or 990-EZ) 2020 GREATER MILWAUKEE FOUNDATION, INC.

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec     | ction A. Public Support  |                            | _                         | -                    | _                    |                       |                   |
|---------|--|----------------------------|---------------------------|----------------------|----------------------|-----------------------|-------------------|
| Cale    | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016            | <b>(b)</b> 2017           | (c) 2018             | (d) 2019             | (e) 2020              | <b>(f)</b> Total  |
| 1       | Gifts, grants, contributions, and  |                            |                           |                      |                      |                       |                   |
|         | membership fees received. (Do not  |                            |                           |                      |                      |                       |                   |
|         | include any "unusual grants.")   |                            |                           |                      |                      |                       |                   |
| 2       | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                            |                           |                      |                      |                       |                   |
| 3       | Gross receipts from activities that  |                            |                           |                      |                      |                       |                   |
| Ū       | are not an unrelated trade or bus-<br>iness under section 513  |                            |                           |                      |                      |                       |                   |
| 4       | Tax revenues levied for the organ-   |                            |                           |                      |                      |                       |                   |
| •       | ization's benefit and either paid to<br>or expended on its behalf  |                            |                           |                      |                      |                       |                   |
| 5       | The value of services or facilities  |                            |                           |                      |                      |                       |                   |
|         | furnished by a governmental unit to the organization without charge  |                            |                           |                      |                      |                       |                   |
| 6       | Total. Add lines 1 through 5   |                            |                           |                      |                      |                       |                   |
| 7a      | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                            |                           |                      |                      |                       |                   |
| b       | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                            |                           |                      |                      |                       |                   |
| c       | Add lines 7a and 7b  |                            |                           |                      |                      |                       |                   |
|         | Public support. (Subtract line 7c from line 6.)  |                            |                           |                      |                      |                       |                   |
| Sec     | ction B. Total Support   |                            | -                         | -                    | -                    |                       |                   |
| Cale    | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016            | <b>(b)</b> 2017           | (c) 2018             | (d) 2019             | (e) 2020              | <b>(f)</b> Total  |
| 9       | Amounts from line 6  |                            |                           |                      |                      |                       |                   |
| 10a     | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                            |                           |                      |                      |                       |                   |
| b       | Unrelated business taxable income  |                            |                           |                      |                      |                       |                   |
|         | (less section 511 taxes) from businesses acquired after June 30, 1975  |                            |                           |                      |                      |                       |                   |
| с<br>11 | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                          |                            |                           |                      |                      |                       |                   |
| 12      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                            |                           |                      |                      |                       |                   |
| 13      | Total support. (Add lines 9, 10c, 11, and 12.)   |                            |                           |                      |                      |                       |                   |
| 14      | First 5 years. If the Form 990 is for th   | e organization's fi        | irst, second, third,      | fourth, or fifth tax | year as a section 5  | 501(c)(3) organizatio | on,               |
|         |  |                            |                           |                      |                      |                       | <b>&gt;</b>       |
| Sec     | ction C. Computation of Publi  | c Support Per              | rcentage                  |                      |                      |                       |                   |
| 15      | Public support percentage for 2020 (li   | ine 8, column (f), c       | divided by line 13, o     | column (f))          |                      | 15                    | %                 |
| 16      | Public support percentage from 2019  | Schedule A, Part           | III, line 15              |                      |                      | 16                    | %                 |
| Sec     | ction D. Computation of Inves  | tment Income               | e Percentage              |                      |                      |                       |                   |
| 17      | Investment income percentage for 20  | <b>120</b> (line 10c, colu | mn (f), divided by li     | ine 13, column (f))  |                      | 17                    | %                 |
| 18      | Investment income percentage from 2  | 2019 Schedule A,           | Part III, line 17         |                      |                      | 18                    | %                 |
| 19a     | 33 1/3% support tests - 2020. If the   | organization did r         |                           |                      |                      | 33 1/3%, and line 1   | 7 is not          |
|         | more than 33 1/3%, check this box ar   | nd stop here. The          | organization quali        | fies as a publicly   | supported organiza   | ation                 |                   |
| b       | 33 1/3% support tests - 2019. If the   | organization did r         | not check a box or        | line 14 or line 19   | a, and line 16 is mo | ore than 33 1/3%, a   | nd                |
|         | line 18 is not more than 33 1/3%, che  | ck this box and <b>s</b> t | <b>top here.</b> The orga | nization qualifies   | as a publicly suppo  | orted organization    |                   |
| 20      | Private foundation. If the organizatio   | n did not check a          | box on line 14, 19        | a, or 19b, check t   | his box and see ins  | structions            | <b>&gt;</b>       |
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No

Yes

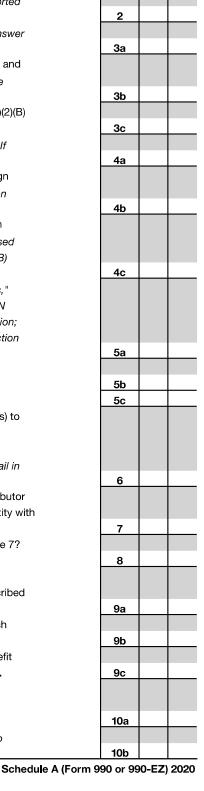
#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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|-----|--|---------|-----|-------|
| Pa  | rt IV Supporting Organizations (continued)   |         |     |       |
|     |  |         | Yes | No    |
| 1   | Has the organization accepted a gift or contribution from any of the following persons?  |         |     |       |
| а   | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and   |         |     |       |
|     | 11c below, the governing body of a supported organization?   | 11a     |     |       |
| b   | A family member of a person described in line 11a above?   | 11b     |     |       |
|     | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |         |     |       |
| -   | detail in Part VI.   | 11c     |     |       |
| ec  | ction B. Type I Supporting Organizations   |         |     |       |
|     |  |         | Yes | No    |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? <i>If</i> "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | ,       |     |       |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported  |         |     |       |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |         |     |       |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |         |     |       |
|     | supervised, or controlled the supporting organization.   | 2       |     |       |
| ec  | ction C. Type II Supporting Organizations  |         |     |       |
|     |  |         | Yes | No    |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |         |     |       |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |         |     |       |
|     | or management of the supporting organization was vested in the same persons that controlled or managed   |         |     |       |
|     | the supported organization(s).   | 1       |     |       |
| ec  | ction D. All Type III Supporting Organizations   |         |     |       |
|     |  |         | Yes | No    |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |         |     |       |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |         |     |       |
|     |  |         |     |       |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   | 1       |     |       |
| ~   | organization's governing documents in effect on the date of notification, to the extent not previously provided?   |         |     |       |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |         |     |       |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |         |     |       |
| _   | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2       |     |       |
| 3   | By reason of the relationship described in line 2, above, did the organization's supported organizations have a  |         |     |       |
|     | significant voice in the organization's investment policies and in directing the use of the organization's   |         |     |       |
|     | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |         |     |       |
|     | supported organizations played in this regard.   | 3       |     |       |
| ec  | ction E. Type III Functionally Integrated Supporting Organizations   |         |     |       |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction is a set of the second | ons).   |     |       |
| а   | The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>  |         |     |       |
|     | The organization is the parent of each of its supported organizations. Complete line 3 below.  |         |     |       |

| с | The organization supported a governmental entity. Describe in Pa | t <b>VI</b> how you supported a governmental entity (see instruction <u>s).</u> |   |
|---|--|---|---|
| 2 | Activities Test. Answer lines 2a and 2b below.                   | Yes   | s |

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#### 2 Activities Test. Answer lines 2a and 2b below.

| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of |
|---|--|
|   | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify         |
|   | those supported organizations and explain how these activities directly furthered their exempt purposes,           |
|   | how the organization was responsive to those supported organizations, and how the organization determined          |
|   | that these activities constituted substantially all of its activities.   |
|   |  |

| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, |
|---|---|
|   | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in        |
|   | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in        |
|   | these activities but for the organization's involvement.  |
|   |   |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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2a

2b

3a

3b

No

| chedule A (Form 990 or 990-EZ) 2020 GREATER MILWAUKEE FOUNDATION, INC<br>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting |               | zations               |                                |
|---|---------------|-----------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyi   |               | •                     | Part VI). See instruction      |
| All other Type III non-functionally integrated supporting organizations mus   | st complete S | Sections A through E. |                                |
| ection A - Adjusted Net Income  |               | (A) Prior Year        | (B) Current Year<br>(optional) |
| 1 Net short-term capital gain   | 1             |                       |                                |
| 2 Recoveries of prior-year distributions  | 2             |                       |                                |
| 3 Other gross income (see instructions)   | 3             |                       |                                |
| 4 Add lines 1 through 3.  | 4             |                       |                                |
| 5 Depreciation and depletion  | 5             |                       |                                |
| 6 Portion of operating expenses paid or incurred for production or  |               |                       |                                |
| collection of gross income or for management, conservation, or  |               |                       |                                |
| maintenance of property held for production of income (see instructions)  | 6             |                       |                                |
| 7 Other expenses (see instructions)   | 7             |                       |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8             |                       |                                |
| ection B - Minimum Asset Amount   |               | (A) Prior Year        | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see   |               |                       |                                |
| instructions for short tax year or assets held for part of year):   |               |                       |                                |
| a Average monthly value of securities   | 1a            |                       |                                |
| b Average monthly cash balances   | 1b            |                       |                                |
| c Fair market value of other non-exempt-use assets  | 1c            |                       |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d            |                       |                                |
| e Discount claimed for blockage or other factors  |               |                       |                                |
| (explain in detail in Part VI):   |               |                       |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2             |                       |                                |
| 3 Subtract line 2 from line 1d.   | 3             |                       |                                |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |               |                       |                                |
| see instructions).  | 4             |                       |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5             |                       |                                |
| 6 Multiply line 5 by 0.035.   | 6             |                       |                                |
| 7 Recoveries of prior-year distributions  | 7             |                       |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8             |                       |                                |
| ection C - Distributable Amount   |               |                       | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)   | 1             |                       |                                |
| 2 Enter 0.85 of line 1.   | 2             |                       |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)  | 3             |                       |                                |
| 4 Enter greater of line 2 or line 3.  | 4             |                       |                                |
| 5 Income tax imposed in prior year  | 5             |                       |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  |               |                       |                                |
| emergency temporary reduction (see instructions).   | 6             |                       |                                |

instructions).

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| Par   | t V Type III Non-Functionally Integrated 509(                                | a)(3) Supporting Orga             | nizations (continu            | ued) |                                  |
|-------|--|-----------------------------------|-------------------------------|------|----------------------------------|
| Sect  | on D - Distributions   |                                   |                               | -    | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exer                   |                                   | 1                             |      |                                  |
| 2     | Amounts paid to perform activity that directly furthers exemp                |                                   |                               |      |                                  |
|       | organizations, in excess of income from activity                             |                                   | 2                             |      |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose                    | 6                                 | 3                             |      |                                  |
| 4     | Amounts paid to acquire exempt-use assets                                    |                                   |                               | 4    |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro               | ovide details in <b>Part VI</b> ) |                               | 5    |                                  |
| 6     | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. |                                   |                               | 6    |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.                           |                                   |                               | 7    |                                  |
| 8     | Distributions to attentive supported organizations to which th               | e organization is responsive      |                               | -    |                                  |
| -     | (provide details in <b>Part VI</b> ). See instructions.                      |                                   |                               | 8    |                                  |
| 9     | Distributable amount for 2020 from Section C, line 6                         |                                   |                               | 9    |                                  |
| 10    | Line 8 amount divided by line 9 amount                                       |                                   |                               | 10   |                                  |
| 10    |  | (i)                               | (ii)                          |      | (iii)                            |
| Sect  | on E - Distribution Allocations (see instructions)                           | Excess Distributions              | Underdistribution<br>Pre-2020 | ns   | Distributable<br>Amount for 2020 |
|       | Distributable amount for 2020 from Section C, line 6                         |                                   |                               |      |                                  |
| 2     | Underdistributions, if any, for years prior to 2020 (reason-                 |                                   |                               |      |                                  |
|       | able cause required - explain in Part VI). See instructions.                 |                                   |                               |      |                                  |
| 3     | Excess distributions carryover, if any, to 2020                              |                                   |                               |      |                                  |
| а     | From 2015  |                                   |                               |      |                                  |
| b     | From 2016  |                                   |                               |      |                                  |
| c     | From 2017  |                                   |                               |      |                                  |
| d     | From 2018  |                                   |                               |      |                                  |
| е     | From 2019  |                                   |                               |      |                                  |
| f     | Total of lines 3a through 3e   |                                   |                               |      |                                  |
| g     | Applied to underdistributions of prior years                                 |                                   |                               |      |                                  |
|       | Applied to 2020 distributable amount   |                                   |                               |      |                                  |
| i     | Carryover from 2015 not applied (see instructions)                           |                                   |                               |      |                                  |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                                   |                               |      |                                  |
| 4     | Distributions for 2020 from Section D,                                       |                                   |                               |      |                                  |
|       | line 7: \$   |                                   |                               |      |                                  |
| a     | Applied to underdistributions of prior years                                 |                                   |                               |      |                                  |
|       | Applied to 2020 distributable amount   |                                   |                               |      |                                  |
| <br>c | Remainder. Subtract lines 4a and 4b from line 4.                             |                                   |                               |      |                                  |
|       | Remaining underdistributions for years prior to 2020, if                     |                                   |                               |      |                                  |
| Ū     | any. Subtract lines 3g and 4a from line 2. For result greater                |                                   |                               |      |                                  |
|       | than zero, explain in <b>Part VI.</b> See instructions.                      |                                   |                               |      |                                  |
| 6     | Remaining underdistributions for 2020. Subtract lines 3h                     |                                   |                               |      |                                  |
| U     | and 4b from line 1. For result greater than zero, explain in                 |                                   |                               |      |                                  |
|       | Part VI. See instructions.   |                                   |                               |      |                                  |
|       |  |                                   |                               |      |                                  |
| 7     | Excess distributions carryover to 2021. Add lines 3j and 4c.                 |                                   |                               |      |                                  |
| 8     | Breakdown of line 7:   |                                   |                               |      |                                  |
|       | Excess from 2016   |                                   |                               |      |                                  |
|       | Excess from 2016   |                                   |                               |      |                                  |
|       | Excess from 2017<br>Excess from 2018   |                                   |                               |      |                                  |
|       | Excess from 2018<br>Excess from 2019   |                                   |                               |      |                                  |
|       | Excess from 2020   |                                   |                               |      |                                  |
| e     |  |                                   |                               |      |                                  |

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|----------------|--|---|---------------|
| Part VI        | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F<br>Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac<br>(See instructions.) | nes 1 and 2; Part IV, Section<br>Part V, Section B, line 1e; Pa | ۱C,           |
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|                |  |   |               |
| 032028 01-25-2 | 1 Sch<br>20  | nedule A (Form 990 or 990                                       | -EZ) 2020     |

Greater Milwaukee Foundation, Inc. 39-6036407 2020 Form 990, Schedule B Schedule of Contributors

Note regarding inclusion of this schedule with this copy of the Form 990:

Information included in the Detail of Contributions Received, as attached to the Federal Form 990, has been excluded with this copy due to the confidential nature of the information on the schedule.

| SCHEDULE C   | Po  | litical Campaign a  | nd Lobbying             | a Activities                                  | OMB No. 1545-0047                                  |  |  |  |  |  |
|--|---|---|-------------------------|---|--|--|--|--|--|--|
| (Form 990 or 990-EZ)   |   |   |                         | -   | 2020   |  |  |  |  |  |
|  |   | anizations Exempt From Income   |                         |   |  |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service                 |   | if the organization is described t<br>Go to www.irs.gov/Form990 for ir      |                         |   | EZ. Open to Public<br>Inspection                   |  |  |  |  |  |
| If the organization answ   | vered "Yes," on   | Form 990, Part IV, line 3, or Forr  | n 990-EZ, Part V, line  | e 46 (Political Campaigr                      | Activities), then                                  |  |  |  |  |  |
| <ul> <li>Section 501(c)(3) org</li> </ul>                              | anizations: Com   | plete Parts I-A and B. Do not comp  | olete Part I-C.         |   |  |  |  |  |  |  |
| <ul> <li>Section 501(c) (other</li> </ul>                              | Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.      |   |                         |   |  |  |  |  |  |  |
| <ul> <li>Section 527 organiza</li> </ul>                               | <ul> <li>Section 527 organizations: Complete Part I-A only.</li> </ul>  |   |                         |   |  |  |  |  |  |  |
| If the organization answ   | the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then |   |                         |   |  |  |  |  |  |  |
|  |   | nave filed Form 5768 (election unde   |                         |   |  |  |  |  |  |  |
|  |   | nave NOT filed Form 5768 (election  |                         |   |  |  |  |  |  |  |
| -  |   | Form 990, Part IV, line 5 (Proxy  | Tax) (See separate in   | structions) or Form 990                       | )-EZ, Part V, line 35c (Proxy                      |  |  |  |  |  |
| Tax) (See separate inst  |   | ianas Oanaslata Dast III  |                         |   |  |  |  |  |  |  |
| Name of organization   | , or (6) organizat  | ions: Complete Part III.  |                         | Em  | ployer identification number                       |  |  |  |  |  |
| Name of organization   | CDEAMED MIL   | WALLER FOUNDATION THE   |                         |   | 39-6036407   |  |  |  |  |  |
| Part I-A Comple  |   | IWAUKEE FOUNDATION, INC.<br>anization is exempt under                       | section 501(c) or       | r is a section 527 o                          |  |  |  |  |  |  |
|  |   | anization is exempt under   |                         |   | I gamzation.                                       |  |  |  |  |  |
| 1 Drovido o descriptio   | n of the overenim   | ation's divest and indivest solitical                                       | eenneine eetivitiee in  | Dout IV                                       |  |  |  |  |  |  |
|  | -   | ation's direct and indirect political                                       |                         |   | <u>ሱ</u>   |  |  |  |  |  |
| <ul><li>2 Political campaign a</li><li>3 Volunteer hours for</li></ul> | <b>,</b>  |   |                         |   | Φ  |  |  |  |  |  |
| <b>3</b> Volunteer hours for   | political campai  | gri activities  |                         |   |  |  |  |  |  |  |
| Part I-B Comple  | ete if the org  | anization is exempt under   | section 501(c)(3)       | ).  |  |  |  |  |  |  |
| 1 Enter the amount o   | f any excise tax  | incurred by the organization under  | section 4955            | ▶   | \$   |  |  |  |  |  |
|  | -   | incurred by organization managers   |                         |   |  |  |  |  |  |  |
|  |   | n 4955 tax, did it file Form 4720 fo  |                         |   |  |  |  |  |  |  |
|  |   | · · · · · · · · · · · · · · · · · · ·                                       |                         |   |  |  |  |  |  |  |
| <b>b</b> If "Yes," describe in   | n Part IV.  |   |                         |   |  |  |  |  |  |  |
| Part I-C Comple  | ete if the org  | anization is exempt under   | section 501(c), e       | except section 501                            | c)(3).   |  |  |  |  |  |
| 1 Enter the amount d   | irectly expended  | by the filing organization for section                                      | on 527 exempt functio   | on activities                                 | \$   |  |  |  |  |  |
| 2 Enter the amount o   | f the filing organ  | ization's funds contributed to othe   | r organizations for sec | tion 527                                      |  |  |  |  |  |  |
| exempt function ac   | tivities  |   |                         | ►   | \$   |  |  |  |  |  |
| 3 Total exempt functi  | on expenditures   | . Add lines 1 and 2. Enter here and   | l on Form 1120-POL,     |   |  |  |  |  |  |  |
|  |   |   |                         |   | \$   |  |  |  |  |  |
|  |   |   |                         |   |  |  |  |  |  |  |
|  |   | ployer identification number (EIN)  |                         |   |  |  |  |  |  |  |
|  | -   | tion listed, enter the amount paid fi                                       |                         |   |  |  |  |  |  |  |
|  | •   | omptly and directly delivered to a s<br>additional space is needed, provide |                         |   | ate segregated fund or a                           |  |  |  |  |  |
|  | . ,   |   |                         | 1   |  |  |  |  |  |  |
| <b>(a)</b> Name  | ;   | (b) Address   | (c) EIN                 | (d) Amount paid from<br>filing organization's | (e) Amount of political contributions received and |  |  |  |  |  |
|  |   |   |                         | funds. If none, enter -0                      | promptly and directly                              |  |  |  |  |  |
|  |   |   |                         | delivered to a separate                       |  |  |  |  |  |  |
|  |   |   |                         | political organization.<br>If none, enter -0  |  |  |  |  |  |  |
|  |   |   |                         |   |  |  |  |  |  |  |
|  |   |   |                         |   |  |  |  |  |  |  |
|  |   |   |                         |   |  |  |  |  |  |  |
|  |   |   |                         |   |  |  |  |  |  |  |
|  |   |   |                         |   |  |  |  |  |  |  |

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

| Schedule C (Form 990 or 990-EZ) 2020 GR<br>Part II-A Complete if the organ<br>section 501(h)).  |                                       |                        |                       |   | ection under                   |  |  |
|---|---------------------------------------|------------------------|-----------------------|---|--------------------------------|--|--|
| <ul> <li>A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).</li> <li>B Check ► if the filing organization checked box A and "limited control" provisions apply.</li> </ul> |                                       |                        |                       |   |                                |  |  |
|   | on Lobbying Expe                      | nditures               |                       | <b>(a)</b> Filing<br>organization's<br>totals | (b) Affiliated group<br>totals |  |  |
| <ul> <li>1a Total lobbying expenditures to influer</li> <li>b Total lobbying expenditures to influer</li> <li>c Total lobbying expenditures (add lines</li> <li>d Other exempt purpose expenditures</li> </ul>  | ice a legislative boo<br>s 1a and 1b) | ly (direct lobbying)   |                       |   |                                |  |  |
| e Total exempt purpose expenditures (a  |                                       |                        | h oolumpo             |   |                                |  |  |
| f Lobbying nontaxable amount. Enter t   |                                       |                        |                       |   |                                |  |  |
| If the amount on line 1e, column (a) or (b  |                                       | bying nontaxable am    |                       |   |                                |  |  |
| Not over \$500,000  |                                       | the amount on line 1e  |                       |   |                                |  |  |
| Over \$500,000 but not over \$1,000,0   |                                       | 00 plus 15% of the exc |                       |   |                                |  |  |
| Over \$1,000,000 but not over \$1,500   |                                       | 00 plus 10% of the exc |                       |   |                                |  |  |
| Over \$1,500,000 but not over \$17,00   |                                       | 00 plus 5% of the exce | ess over \$1,500,000. |   |                                |  |  |
| Over \$17,000,000   | \$1,000,                              | 000.                   |                       |   |                                |  |  |
| <ul> <li>h Subtract line 1g from line 1a. If zero of</li> <li>i Subtract line 1f from line 1c. If zero of</li> <li>j If there is an amount other than zero of</li> <li>reporting section 4911 tax for this year</li> </ul>  |                                       |                        |                       |   |                                |  |  |
|   | Lobbying Expe                         | nditures During 4-Ye   | ar Averaging Period   |   |                                |  |  |
| Calendar year<br>(or fiscal year beginning in)  | (a) 2017                              | <b>(b)</b> 2018        | (c) 2019              | ( <b>d)</b> 2020                              | <b>(e)</b> Total               |  |  |
| 2a Lobbying nontaxable amount   |                                       |                        |                       |   |                                |  |  |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))   |                                       |                        |                       |   |                                |  |  |
| <b>c</b> Total lobbying expenditures  |                                       |                        |                       |   |                                |  |  |
| <b>d</b> Grassroots nontaxable amount   |                                       |                        |                       |   |                                |  |  |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))  |                                       |                        |                       |   |                                |  |  |
| f Grassroots lobbying expenditures  |                                       |                        |                       |   |                                |  |  |

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description |  | (;              | a)           | (b)       |         |
|---|--|-----------------|--------------|-----------|---------|
| of the  | e lobbying activity.   | Yes             | No           | Amo       | ount    |
| 1   | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |                 |              |           |         |
| а   | Volunteers?  |                 | х            |           |         |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | х               |              |           |         |
|   | Media advertisements?  |                 | Х            |           |         |
|   | Mailings to members, legislators, or the public?   |                 | Х            |           |         |
| е   | Publications, or published or broadcast statements?  |                 | Х            |           |         |
| f   | Grants to other organizations for lobbying purposes?   |                 | X            |           |         |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                 | X            |           |         |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                 | X            |           |         |
| i   | Other activities?  | X               |              |           | 46,514. |
| j   | Total. Add lines 1c through 1i   |                 |              |           | 46,514. |
|   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                 | X            |           |         |
|   | If "Yes," enter the amount of any tax incurred under section 4912  |                 |              |           |         |
|   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                 |              |           |         |
|   | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | <b>501()</b>    | -\           |           |         |
| Par   | t III-A Complete if the organization is exempt under section 501(c)(4), sectio   | n 501(c)(       | o), or sec   | tion      |         |
|   | 501(c)(6).   |                 |              | Vee       | Na      |
|   |  |                 |              | Yes       | No      |
| 1   | Were substantially all (90% or more) dues received nondeductible by members?   |                 |              |           |         |
| 2   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                 |              |           |         |
| 3<br>Dar  | Did the organization agree to carry over lobbying and political campaign activity expenditures from th<br>t III-B Complete if the organization is exempt under section 501(c)(4), sectio                                       |                 |              | tion      |         |
| Fai   | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   |                 |              |           | 3, is   |
|   | answered "Yes."  |                 |              |           |         |
| 1   | Dues, assessments and similar amounts from members   |                 | 1            |           |         |
| 2   | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political  | cal             |              |           |         |
|   | expenses for which the section 527(f) tax was paid).   |                 |              |           |         |
| а   | Current year   |                 | 2a           |           |         |
| b   | Carryover from last year   |                 | 2b           |           |         |
| с   | Total  |                 | 2c           |           |         |
| 3   |  |                 | -            |           |         |
| 4   | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce  | ess             |              |           |         |
|   | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per  | olitical        |              |           |         |
|   | expenditure next year?   |                 | 4            |           |         |
| 5   | Taxable amount of lobbying and political expenditures (See instructions)   |                 | 5            |           |         |
| Par   | t IV Supplemental Information  |                 |              |           |         |
|   | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group   | list); Part II- | A, lines 1 a | nd 2 (See |         |
|   | uctions); and Part II-B, line 1. Also, complete this part for any additional information.  |                 |              |           |         |
| PART  | II-B, LINE 1, LOBBYING ACTIVITIES:   |                 |              |           |         |

UTILIZING A GOVERNMET RELATIONSHIP FIRM FOR FEDERAL REPRESENTATION.

Schedule C (Form 990 or 990-EZ) 2020

| SCH | EDUL | E D |
|-----|------|-----|
|-----|------|-----|

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.



| Department of the Treasury  |  | At At  | ttach to Form 990.<br>) for instructions and the latest information. |               | Open to Public<br>Inspection           |
|---|--|--|--|---------------|--|
| Nam   | Name of the organization Employ GREATER MILWAUKEE FOUNDATION, INC. |  |  | Employe       | er identification number<br>39–6036407 |
| Pa  | rt I Organia   | zations Maintaining Donor Advised                    | Funds or Other Similar Funds or A                                    | counts.       | Complete if the                        |
|   |  | ion answered "Yes" on Form 990, Part IV, line        |  |               | ·                                      |
|   | Ŭ  |  |  | (b) Funds a   | nd other accounts                      |
| 1   | Total number at  | end of year  | 478  |               |  |
| 2   |  | of contributions to (during year)                    | 29,299,382.  |               |  |
| 3   |  | of grants from (during year)                         | 28,914,061.  |               |  |
| 4   |  | at end of year                                       |  |               |  |
| 5   |  | tion inform all donors and donor advisors in wr      | •  | ds            |  |
| -   | -  | tion's property, subject to the organization's ex    | -  |               | X Yes No                               |
| 6   |  | tion inform all grantees, donors, and donor adv      |  |               |  |
|   | -  | rposes and not for the benefit of the donor or o     |  | -             |  |
|   | impermissible pr   |  |  | 0             | X Yes No                               |
| Pa  |  | vation Easements. Complete if the orga               |  |               |  |
| 1   |  | nservation easements held by the organization        |  |               |  |
|   | Preservatio  | on of land for public use (for example, recreation   | on or education) Preservation of a hist                              | orically impo | ortant land area                       |
|   |  | of natural habitat                                   | Preservation of a cert   |               |  |
|   |  | on of open space                                     |  |               |  |
| 2   | Complete lines 2   | a through 2d if the organization held a qualifie     | d conservation contribution in the form of a co                      | nservation    | easement on the last                   |
|   | day of the tax ye  |  |  |               | d at the End of the Tax Year           |
| а   |  |  |  | 2a            |  |
| b   |  |  |  | 2b            |  |
| с   | •  | ervation easements on a certified historic struc     |  | 2c            |  |
| d   |  | ervation easements included in (c) acquired aft      |  |               |  |
|   | listed in the Nation   | onal Register  |  | 2d            |  |
| 3   |  | ervation easements modified, transferred, relea      |  | ization durir | ng the tax                             |
|   | year 🕨   |  |  |               | •                                      |
| 4   | Number of states   | s where property subject to conservation ease        | ment is located ►  |               |  |
| 5   | Does the organiz   | zation have a written policy regarding the perio     | dic monitoring, inspection, handling of                              |               |  |
|   | violations, and e  | nforcement of the conservation easements it h        | olds?  |               | . 🗌 Yes 🗌 No                           |
| 6   | Staff and volunte  | eer hours devoted to monitoring, inspecting, ha      | andling of violations, and enforcing conservation                    | on easemen    | ts during the year                     |
|   | ▶  |  |  |               |  |
| 7   | Amount of exper  | nses incurred in monitoring, inspecting, handlir     | ng of violations, and enforcing conservation ea                      | sements du    | ring the year                          |
|   | ▶\$  |  |  |               |  |
| 8   | Does each conse  | ervation easement reported on line 2(d) above        | satisfy the requirements of section 170(h)(4)(B                      | )(i)          |  |
|   | and section 170  | (h)(4)(B)(ii)?                                       |  |               | Yes No                                 |
| 9   | In Part XIII, desc   | ribe how the organization reports conservation       |  | nent and      |  |
|   | balance sheet, a   | nd include, if applicable, the text of the footnot   | te to the organization's financial statements th                     | at describes  | s the                                  |
|   |  | ccounting for conservation easements.                |  |               |  |
| Pa  | rt III Organiz   | zations Maintaining Collections of A                 | Art, Historical Treasures, or Other S                                | Similar As    | sets.                                  |
|   | Complete   | e if the organization answered "Yes" on Form 9       | 90, Part IV, line 8.   |               |  |
| 1a  | If the organizatio   | n elected, as permitted under FASB ASC 958,          | not to report in its revenue statement and bal                       | ance sheet    | works                                  |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ |  |  | nce of publi   | с             |  |
|   | service, provide   | in Part XIII the text of the footnote to its financi | ial statements that describes these items.                           |               |  |
| b   | If the organizatio   | n elected, as permitted under FASB ASC 958,          | to report in its revenue statement and balance                       | e sheet worl  | ks of                                  |
|   | art, historical trea   | asures, or other similar assets held for public e    | xhibition, education, or research in furtherance                     | e of public s | ervice,                                |
|   | provide the follow   | wing amounts relating to those items:                |  |               |  |

| 032051 | 12-01-20  |                            |
|--------|---|----------------------------|
| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  | Schedule D (Form 990) 2020 |
| b      | Assets included in Form 990, Part X   | \$                         |
| а      | Revenue included on Form 990, Part VIII, line 1   | \$                         |
|        | the following amounts required to be reported under FASB ASC 958 relating to these items:                                   |                            |
| 2      | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid | e                          |
|        | (ii) Assets included in Form 990, Part X  | \$                         |
|        | (i) Revenue included on Form 990, Part VIII, line 1   | \$                         |
|        | provide the following amounts relating to these items:  |                            |
|        | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu  | iblic service,             |

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| Sche   | dule D (Form 990) 2020 GREATER MII  | WAUKEE FOUNDATI                  | ON, INC.                       |                                |                | 3                             | 9-603     | 6407              | Pa          | age <b>2</b>     |
|--------|---|----------------------------------|--------------------------------|--------------------------------|----------------|-------------------------------|-----------|-------------------|-------------|------------------|
| Par    | t III   Organizations Maintaining C   | ollections of Art                | t, Historical Tre              | asures, or Ot                  | her Si         | i <mark>mil</mark> ar A       | ssets     | (contin           | ued)        |                  |
| 3      | Using the organization's acquisition, accession   | on, and other records            | s, check any of the f          | following that mal             | ke signif      | icant use                     | of its    |                   |             |                  |
|        | collection items (check all that apply):  |                                  |                                |                                |                |                               |           |                   |             |                  |
| а      | Public exhibition   | d                                | Loan or exc                    | hange program                  |                |                               |           |                   |             |                  |
| b      | Scholarly research  | е                                |                                |                                |                |                               |           |                   |             |                  |
| с      | Preservation for future generations   |                                  |                                |                                |                |                               |           |                   |             |                  |
| 4      | Provide a description of the organization's co  | ollections and explain           | how they further th            | ne organization's (            | tamexe         | purpose ii                    | n Part :  | XIII.             |             |                  |
| 5      | During the year, did the organization solicit o   |                                  |                                |                                |                |                               |           |                   |             |                  |
| •      | to be sold to raise funds rather than to be ma  |                                  |                                |                                |                |                               |           | Yes               |             | No               |
| Par    | t IV Escrow and Custodial Arran   |                                  |                                |                                |                |                               | art IV. I |                   |             |                  |
|        | reported an amount on Form 990, Par   |                                  | in the organizatio             |                                | 01110          |                               |           |                   |             |                  |
|        | Is the organization an agent, trustee, custodi  |                                  | iary for contribution          | s or other assets              | not incli      | Ided                          |           |                   |             |                  |
| ia     | on Form 990, Part X?  |                                  |                                |                                |                |                               |           | Yes               |             | No               |
| h      | If "Yes," explain the arrangement in Part XIII  |                                  |                                |                                |                |                               | ட         |                   |             | ] 110            |
| 5      |   |                                  | iowing table.                  |                                |                |                               |           | Amount            |             |                  |
| •      | Reginning balance   |                                  |                                |                                |                | 1c                            |           | Amount            |             |                  |
| с<br>с | Beginning balance   |                                  |                                |                                |                | 1d                            |           |                   |             |                  |
| u      | Additions during the year   |                                  |                                |                                |                |                               |           |                   |             |                  |
| e      | Distributions during the year   |                                  |                                |                                |                | 1e<br>1f                      |           |                   |             |                  |
| f      | Ending balance<br>Did the organization include an amount on Fe                            |                                  |                                |                                |                |                               |           | Yes               | X           | No               |
|        | 6   |                                  |                                |                                |                |                               | ∟         |                   |             | ј <b>NO</b><br>] |
| Par    | If "Yes," explain the arrangement in Part XIII.<br><b>t V</b> Endowment Funds. Complete i |                                  |                                |                                |                |                               |           |                   |             | 1                |
| 1 41   |   |                                  |                                |                                |                | Thusau                        | a haali   | ( .) <b>Г</b> ани |             | haali            |
|        | De singing of completions   | (a) Current year<br>833,526,549. | (b) Prior year<br>694,608,334. | (c) Two years ba<br>741,184,72 |                | <u>Three year</u><br>540,738, |           | (e) Four<br>609,  |             |                  |
|        | Beginning of year balance   | 48,824,321.                      |                                | 1 1 1                          |                | 42,586,                       |           |                   | 901,        |                  |
| b      | Contributions   | · · ·                            | 65,851,124.                    |                                |                |                               |           |                   |             |                  |
| С      | Net investment earnings, gains, and losses  | 131,456,390.                     | 137,015,431.                   |                                |                | L12,659,                      |           |                   | 683,<br>756 |                  |
| d      | Grants or scholarships  | 59,065,645.                      | 54,818,368.                    | 37,114,82                      | 9.             | 46,376,                       | 092.      | 50,               | 156,        | 117.             |
| е      | Other expenditures for facilities   | 0 105 011                        | 0 604 400                      |                                |                | 0 005                         |           |                   |             |                  |
|        | and programs  | 2,187,241.                       | 2,634,492.                     |                                |                | 2,385,                        |           | ,                 | 101,        |                  |
| f      | Administrative expenses   | 7,160,660.                       | 6,495,480.                     |                                |                | 6,038,                        |           |                   |             | 539.             |
| g      | End of year balance   | 945,393,714.                     | 833,526,549.                   | 1 7 7                          | 4.             | 741,184,                      | 725.      | 640,              | 738,        | 778.             |
| 2      | Provide the estimated percentage of the curr  | -                                | e (line 1g, column (a)         | )) held as:                    |                |                               |           |                   |             |                  |
| а      | Board designated or quasi-endowment   | 1.7000                           | _%                             |                                |                |                               |           |                   |             |                  |
| b      | Permanent endowment  97.6000  | %                                |                                |                                |                |                               |           |                   |             |                  |
| С      | Term endowment  .7000   | %                                |                                |                                |                |                               |           |                   |             |                  |
|        | The percentages on lines 2a, 2b, and 2c sho   |                                  |                                |                                |                |                               |           |                   |             |                  |
| 3a     | Are there endowment funds not in the posse  | ssion of the organiza            | tion that are held ar          | nd administered fo             | or the o       | rganizatio                    | n         | -                 |             |                  |
|        | by:   |                                  |                                |                                |                |                               |           |                   | Yes         | No               |
|        | (i) Unrelated organizations   |                                  |                                |                                |                |                               |           | 3a(i)             |             | Х                |
|        | (ii) Related organizations  |                                  |                                |                                |                |                               |           | 3a(ii)            |             | Х                |
| b      | If "Yes" on line 3a(ii), are the related organiza   | tions listed as require          | ed on Schedule R?              |                                |                |                               |           | 3b                |             |                  |
| 4      | Describe in Part XIII the intended uses of the  | organization's endo              | wment funds.                   |                                |                |                               |           |                   |             |                  |
| Par    | t VI Land, Buildings, and Equipm  | ent.                             |                                |                                |                |                               |           |                   |             |                  |
|        | Complete if the organization answered   | d "Yes" on Form 990              | , Part IV, line 11a. S         | ee Form 990, Pa                | t X, line      | 10.                           |           |                   |             |                  |
|        | Description of property   | (a) Cost or o                    | ther (b) Cost                  | or other (                     | <b>c)</b> Accu | mulated                       |           | (d) Book          | value       | э                |
|        |   | basis (investm                   |                                | (other)                        | depred         |                               |           |                   |             |                  |
| 1a     | Land  |                                  |                                |                                |                |                               |           |                   |             |                  |
| b      | Buildings   |                                  |                                |                                |                |                               |           |                   |             |                  |
|        | Leasehold improvements  |                                  |                                | 122,978.                       |                | 122,978                       | 3.        |                   |             | 0.               |
| d      | Equipment   |                                  |                                | 205,398.                       |                | 136,528                       | _         |                   | 68,         | 870.             |
|        | Other   |                                  |                                | 660,181.                       |                | 481,937                       |           |                   | ,<br>178,   |                  |
|        | . Add lines 1a through 1e. (Column (d) must e   |                                  | X column (R) line 1            | •                              |                |                               | -         |                   | 247,        |                  |
| 1010   | in , laa in oo ra tin oagir roi (Columni (a) mast e                                       | <u>quari uni 990. Fall</u>       |                                | 00.,                           | <u></u>        | P                             | nedule    | D (Form           |             |                  |
|        |   |                                  |                                |                                |                | 001                           |           |                   | 550)        | -020             |

#### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes 84,372 LIABILITY GOT POOLED INCOME FUND (2)(3) (4) (5) (6) (7) (8) (9) 84,372. ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

032053 12-01-20

| Schedule D (Form 990) 2020 GREATER MILWAUKEE FOUND.                        | ATION, INC.                                   | 39-6036407 Page <b>4</b>                               |
|--|---|--|
| Part XI Reconciliation of Revenue per Audited Fir                          | nancial Statements With Revenu                | e per Return.  |
| Complete if the organization answered "Yes" on Form                        | 990, Part IV, line 12a.                       |  |
| 1 Total revenue, gains, and other support per audited financial s          | tatements                                     |  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line          | 912:  |  |
| a Net unrealized gains (losses) on investments                             | 2a  |  |
| <b>b</b> Donated services and use of facilities                            | 2b  |  |
| c Recoveries of prior year grants  |   |  |
| d Other (Describe in Part XIII.)   |   |  |
| e Add lines 2a through 2d  |   | 2e   |
| 3 Subtract line 2e from line 1   |   |  |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on li          |   |  |
| a Investment expenses not included on Form 990, Part VIII, line            | 7b 4a   |  |
| <b>b</b> Other (Describe in Part XIII.)                                    | 4b  |  |
|  |   |  |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990.            | Part I. line 12.)                             |  |
| Part XII Reconciliation of Expenses per Audited F                          | inancial Statements With Expen                | ses per Return.  |
| Complete if the organization answered "Yes" on Form 9                      | 990, Part IV, line 12a.                       |  |
| 1 Total expenses and losses per audited financial statements               |   |  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line            |   |  |
| a Donated services and use of facilities                                   | 2a  |  |
| <b>b</b> Prior year adjustments  | 2b  |  |
| c Other losses   | 2c  |  |
| d Other (Describe in Part XIII.)   |   |  |
| e Add lines 2a through 2d  |   | 2e   |
| 3 Subtract line 2e from line 1   |   |  |
| 4 Amounts included on Form 990, Part IX, line 25, but not on lin           |   |  |
| a Investment expenses not included on Form 990, Part VIII, line            | 7b 4a   |  |
| <b>b</b> Other (Describe in Part XIII.)                                    | 4b  |  |
| c Add lines 4a and 4b  |   | 4c   |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 99             | 0. Part I. line 18.)                          |  |
| Part XIII Supplemental Information.  |   |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III | , lines 1a and 4; Part IV, lines 1b and 2b; F | Part V, line 4; Part X, line 2; Part $\overline{XI}$ , |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa      | rt to provide any additional information.     |  |

| PART | v | LINE | 4: |
|------|---|------|----|
|      |   |      |    |

ALL ENDOWMENT FUNDS ARE INVESTED TO GENERATE A PERMANENT SOURCE OF INCOME.

PART X, LINE 2:

THE FOUNDATION HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL

REVENUE SERVICE RECOGNIZING IT AS EXEMPT FROM FEDERAL INCOME TAXES UNDER

INTERNAL REVENUE CODE SECTION 501(A) AND CLASSIFYING IT AS A PUBLIC

CHARITY.

THE FOUNDATION FOLLOWS THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS

 ${\tt BOARD}$  (FASB) accounting standards codification (asc) topic 740, income

TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

032054 12-01-20

08481110 153541 2698725

Schedule D (Form 990) 2020

Part XIII | Supplemental Information (continued)

RECOGNIZED IN A COMPANY S FINANCIAL STATEMENTS. ASC TOPIC 740 PRESCRIBES A

MORE-LIKELY THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR

THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION

TAKEN OR EXPECTED TO BE TAKEN. UNDER ASC TOPIC 740, TAX POSITIONS WILL BE

EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT

CRITERIA AND WILL PROVIDE MORE INFORMATION ABOUT THE UNCERTAINTY IN INCOME

TAX ASSETS AND LIABILITIES. THE FOUNDATION DOES NOT HAVE A LIABILITY

RECORDED FOR UNRECOGNIZED TAX BENEFITS.

Schedule D (Form 990) 2020

032055 12-01-20

| SCHEDULE G  | Suppleme   | ental Information Regarding  | Fund   | Iraisi   | ing or Gaming A   | ctiv    | ities  | OMB No. 1545-0047  |
|---|--|--|--|--|---|---------|--|--|
| (Form 990 or 990-EZ)  |  | e organization answered "Yes" on<br>organization entered more than \$1   |  |  |   | r 19,   | or if the  | 2020   |
| Department of the Treasury  |  | Attach to Form 990   |  |  |   |         |  | Open to Public   |
| Internal Revenue Service  |  | o to www.irs.gov/Form990 for instr   | uction   | s and  | the latest informati  | on.     |  | Inspection   |
| Name of the organization  |  | LWAUKEE FOUNDATION, INC.   |  |  |   |         | Employer ide<br>39-603640  | entification number  |
|   | complete this par  | <ul> <li>Complete if the organization answer</li> </ul>  | ered "Y  | es" or   | n Form 990, Part IV, I  | ine 1   | 7. Form 990-EZ   | filers are not   |
| <ul> <li>Indicate whether th</li> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | e organization rais<br>ions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, P<br>I highest paid indiv | sed funds through any of the followin<br>e Solicita<br>s f Solicita<br>g Special<br>pr oral agreement with any individual<br>Part VII) or entity in connection with p<br>viduals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(incluc<br>rofessi | non-g<br>gover<br>iising<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |         | Yes  |  |
| (i) Name and addres<br>or entity (func  |  | (ii) Activity  | (iii)<br>fundr<br>have c<br>or cor<br>contribu     | ustody<br>trol of                              | (iv) Gross receipts<br>from activity  | tò (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. <b>(i)</b> | <b>(vi)</b> Amount paid<br>to (or retained by)<br>organization |
| CAMPBELL & COMPANY  |  |  | Yes  | No   |   |         | 76 050   |  |
| WACKER DR #2100, C  | HICAGO, IL   | FUNDRAISING  |  | Х  | 0.  |         | 76,250.  | -76,250.   |
|   |  |  |  |  |   |         |  |  |
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| Tatal   |  |  |  |  |   |         | 76,250.  | -76,250.   |
|   |  | on is registered or licensed to solicit o  | contrib  | utions   | or has been notified  | it is ( |  | · · ·  |
| or licensing.   | Ū.   | 5  |  |  |   |         | •  |  |
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| =   | eduction Act Not   | ice, see the Instructions for Form S<br>DNTINUATIONS   | 990 or   | 990-E  | Z. S  | Sche    | dule G (Form §   | 990 or 990-EZ) 2020  |

032081 11-25-20

| Schedule G (Form 990 or 990 EZ) 2020 | GREATER | MILWAUKEE | FOUNDATION | INC |
|--------------------------------------|---------|-----------|------------|-----|
|                                      |         |           |            | ,   |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

|                 |        | of fundraising event contributions and gro  | (a) Event #1            | (event type)              | (total number)     | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--------|---|-------------------------|---------------------------|--------------------|--|
| Revenue         | 1      | Gross receipts  |                         |                           |                    |  |
|                 | 2      | Less: Contributions   |                         |                           |                    |  |
|                 | 3      | Gross income (line 1 minus line 2)  |                         |                           |                    |  |
|                 | 4      | Cash prizes   |                         |                           |                    |  |
|                 | 5      | Noncash prizes  |                         |                           |                    |  |
| Direct Expenses | 6      | Rent/facility costs   |                         |                           |                    |  |
| rect F          | 7      | Food and beverages  |                         |                           |                    |  |
| Ō               | 8<br>9 | Entertainment<br>Other direct expenses  |                         |                           |                    |  |
|                 | 10     | Direct expense summary. Add lines 4 through   | 9 in column (d)         |                           | ▶                  |  |
| _               | 11     |   |                         |                           |                    |  |
| Ра              | rt I   | <b>0</b> • • • • • • • • • • • • • • • • • • •  | answered "Yes" on Form  | 990, Part IV, line 19, or | reported more than |  |
|                 |        | \$15,000 on Form 990-EZ, line 6a.   |                         | (b) Pull tabs/instant     |                    | (d) Total gaming (add                                  |
| Revenue         |        |   | (a) Bingo               | bingo/progressive bingo   | (c) Other gaming   | col. (a) through col. (c))                             |
|                 | 1      | Gross revenue   |                         |                           |                    |  |
| ses             | 2      | Cash prizes   |                         |                           |                    |  |
| Expenses        | 3      | Noncash prizes  |                         |                           |                    |  |
| Direct E        | 4      | Rent/facility costs   |                         |                           |                    |  |
|                 | 5      | Other direct expenses   |                         |                           |                    |  |
|                 |        |   | <b>Yes</b> %            | <b>Yes</b> %              | <b>Yes</b> %       |  |
|                 | 6      | Volunteer labor   | No No                   | No                        | No                 |  |
|                 | 7      | Direct expense summary. Add lines 2 through   | 1 5 in column (d)       |                           | ▶                  |  |
|                 | 8      | Net gaming income summary. Subtract line 7  | from line 1, column (d) |                           |                    |  |
|                 | E      |   |                         |                           |                    |  |
|                 |        | ter the state(s) in which the organization condu<br>he organization licensed to conduct gaming ac |                         |                           |                    | Yes No   |
|                 |        | No," explain:   |                         |                           |                    |  |
|                 | _      | · · ·   |                         |                           |                    |  |
|                 |        |   |                         |                           |                    |  |
|                 |        | ere any of the organization's gaming licenses re  |                         | -                         | year?              | Yes No   |
| D               |        | Yes," explain:  |                         |                           |                    |  |
|                 | _      |   |                         |                           |                    |  |
| 03208           | 32 11  | I-25-20   |                         |                           | Schedule G (For    | rm 990 or 990-EZ) 2020                                 |

| <u>Sc</u> ł | edule G (Form 990 or 990-EZ) 2020 GREATER MILWAUKEE FOUNDATION, INC.   | 39-6036     | 407     | Page 3     |
|-------------|--|-------------|---------|------------|
| 11          | Does the organization conduct gaming activities with nonmembers?   | L           | Yes     | No         |
| 12          | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed      |             |         |            |
|             | to administer charitable gaming?   | [           | Yes     | 🗌 No       |
| 13          | Indicate the percentage of gaming activity conducted in:   |             |         |            |
| á           | a The organization's facility  | 13          | la      | %          |
| I           | • An outside facility  | 13          | b       | %          |
| 14          | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          |             |         |            |
|             | Name   |             |         |            |
|             | Address 🕨  |             |         |            |
| 15a         | Does the organization have a contract with a third party from whom the organization receives gaming revenue?               |             | Yes     | 🗌 No       |
| I           | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun                               | t           |         |            |
|             | of gaming revenue retained by the third party $ ightarrow$ \$  |             |         |            |
| (           | If "Yes," enter name and address of the third party:   |             |         |            |
|             | Name 🕨   |             |         |            |
|             | Address  |             |         |            |
| 16          | Gaming manager information:  |             |         |            |
|             |  |             |         |            |
|             | Name   |             |         |            |
|             | Gaming manager compensation 🕨 💲  |             |         |            |
|             |  |             |         |            |
|             | Description of services provided 🕨   |             |         |            |
|             |  |             |         |            |
|             |  |             |         |            |
|             | Director/officer Employee Independent contractor   |             |         |            |
| 17          | Mandatory distributions:   |             |         |            |
|             | Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |             |         |            |
|             | retain the state gaming license?   |             | Yes     | 🗌 No       |
| I           | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |             |         |            |
|             | organization's own exempt activities during the tax year 🕨 💲   |             |         |            |
| Pa          | <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); an           | d Part III, | lines 9 | 9b, 10b,   |
|             | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           |             |         |            |
| SCH         | EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  |             |         |            |
|             |  |             |         |            |
| ( + )       | NAME OF FININDATCED, CAMDERI, C. COMPANY   |             |         |            |
| (1)         | NAME OF FUNDRAISER: CAMPBELL & COMPANY   |             |         |            |
| (I)         | ADDRESS OF FUNDRAISER: 1 E WACKER DR #2100, CHICAGO, IL 60601  |             |         |            |
|             |  |             |         |            |
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| 0320        | 83 11-25-20 Schedule G   | 0.00111 98  | 0 01 99 | U-ELJ 2020 |

| •• | (continued) |                                 |
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|    |             | Schedule G (Form 990 or 990-EZ) |

032084 04-01-20

| SCHEDULE I<br>(Form 990)   |  | C O O O              | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br><sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup> | J Other Assistance to Organizations,<br>:s, and Individuals in the United States<br>nization answered "Yes" on Form 990, Part IV, line 21 or 2 | e to Organi<br>s in the Unit<br>on Form 990, Parl | zations,<br>ed States<br>: IV, line 21 or 22.   |   | OMB No. 1545-0047                              |
|--|--|----------------------|---|--|---|---|---|--|
| Department of the Treasury<br>Internal Revenue Service                     |  |                      | Go to www.irs   | Attach to Form 990.<br>www.irs.gov/Form990 for the latest information.   | ו 990.<br>the latest inform                       | ation.  |   | Open to Public<br>Inspection                   |
| Name of the organization   | n<br>GREATER MILWAUKEE FOUNDATION  | (EE FOUNDATIO        | INC.  |  |   |   |   | Employer identification number<br>39-6036407   |
| Part I General Info  | General Information on Grants and Assistance   | d Assistance         |   |  |   |   |   |  |
| 1 Does the organizat   | Does the organization maintain records to substantiate the amount of the   | substantiate the     |   | or assistance, the g   | rantees' eligibility i                            | or the grants or assis                          | grants or assistance, the grantees' eligibility for the grants or assistance, and the selection |  |
| criteria used to aw  | criteria used to award the grants or assistance?   | tnce?                |   |  |   |   |   | X Yes No                                       |
| 2 Describe in Part IV  | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  | edures for monite    | oring the use of grant fu   | unds in the United   | States.   |   |   |  |
| Part II Grants and (   | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | omestic Organiz      | ations and Domestic   | Governments. Co  | omplete if the orga                               | nization answered "Y                            | es" on Form 990, Part   | IV, line 21, for any                           |
| recipient tha  | recipient that received more than \$5,000. Part II can be duplicated   | ,000. Part II can    | be duplicated if additio  | if additional space is needed.   | d.  | (f) Mathod of                                   |   |  |
| <ol> <li>(a) Name and address of organization<br/>or government</li> </ol> | ress of organization<br>rnment   | (b) EIN              | (c) IRC section<br>(if applicable)  | <b>(d)</b> Amount of<br>cash grant   | <b>(e)</b> Amount of<br>non-cash<br>assistance    | FIN appraisal,<br>cterrs of the cook,<br>ether) | (g) Description of<br>noncash assistance  | ( <b>n</b> ) Purpose of grant<br>or assistance |
| 9 TO 5, NATIONAL AS  | NATIONAL ASSOCIATION OF  |                      |   |  |   |   |   |  |
| WORKING WOMEN - 207 E. BUFFALO<br>SUDEEN STITUE 211 MITWATTEE              | WOMEN - 207 E. BUFFALO<br>SHITTE 211 MILWANDEE WI  |                      |   |  |   |   |   |  |
|  |  | 34-1246311           | 501(C)(3)   | 15,000.  | 0.  |   |   | RAPID RESPONSE CARE FUND                       |
|  |  |                      |   |  |   |   |   |  |
| A CATHOLIC HIGH SCHOOL FOR AUSTIN<br>INC - 3000 BARTON CREEK BLVD -        | HOOL FOR AUSTIN,<br>CREEK BLVD -   |                      |   |  |   |   |   |  |
| AUSTIN, TX 78735   |  | 74-2266181           | 501(C)(3)   | 35,000.  | 0.  |   |   | HALO PROJECT                                   |
| A.F.A.R. INC.<br>10300 W WISCONGIN AVE                                     | A17F   |                      |   |  |   |   |   | ас оттали пих откото                           |
| WAUWATOSA, WI 53226  | АVБ<br>6   | 26-3510832           | 501(C)(3)   | 12,000.  | 0.  |   |   |  |
| ABCD, INC  |  |                      |   |  |   |   |   |  |
| GLEN PARK  | ROAD   |                      |   |  | c   |   |   |  |
| <u>Элёмиялк, wi 53209</u>  |  | 29-TAP/078 207(C)(3) | (c)(c)Tng   | 1000,15  |   |   |   | TRUPPORT                                       |
| МУ   | EDUCATION  |                      |   |  |   |   |   |  |
| 3460 N. BKOOKFIELD KU<br>BROOKFIELD, WI 53045                              | 45   | 39-0987840 501(C)(3) | 501(C)(3)   | 18,389.  | 0.  |   |   | SUSTAINING SUPPORT                             |
| ACTS COMMUNITY DEVELOPMENT   | ELOPMENT   |                      |   |  |   |   |   |  |
| CORPORATION - 2414   | 2414 W. VLIET ST   |                      |   |  |   |   |   | HOMEOWNERSHIP EMPOWERMENT                      |
| MILWAUKEE, WI 53205  | 5  | 39-1837474 501(C)(3) | 501(C)(3)   | 226,944.   | .0  |   |   | PROGRAM  |
| 2 Enter total number   | Enter total number of section 501(c)(3) and government organizations list  | d government org     | anizations listed in the  | ed in the line 1 table   |   |   |   | 731.   |
| 3 Enter total number   | Enter total number of other organizations listed in the line 1 table   | isted in the line 1  | table   |  |   |   |   | •6   |
| LHA For Paperwork R  | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | ee the Instruction   | ons for Form 990.   |  |   |   |   | Schedule I (Form 990) 2020                     |

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| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | JKEE FOUNDATIC   | DN, INC.                                |                                    |  |   |  | 39-6036407 Page 1   |
|--|------------------|---|------------------------------------|--|---|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Do | mestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |   |
| (a) Name and address of organization or government   | (a)              | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                              |
| ADVOCATES OF OZAUKEE INC<br>PO BOX 80166<br>SAUKVILLE, WI 53080  | 39-1378449       | 501(C)(3)                               | 44,256.                            | . 0  |   |  | SHELTER SERVICES -<br>COVID-19 RESPONSE                                   |
| AFRICAN AMERICAN BREASTFEEDING<br>NETWORK - PO BOX 1979 - MILWAUKEE,<br>WI 53201   | 46-2196368       | 501(C)(3)                               | 18,500.                            | 0.   |   |  | WELL MOMMY & BABY<br>SAFER-AT-HOME CARE<br>PACKAGE DRIVE-UP<br>INITIATIVE |
| AFRICAN AMERICAN CHAMBER OF<br>COMMERCE - 633 W WISCONSIN AVE STE<br>603 - MILWAUKEE, WI 53203   | 39-1768969       | 501(C)(3)                               | 541,000.                           | .0   |   |  | COVID-19 RECOVERY GRANTS<br>TO SMALL BUSINESSES                           |
| AIDS RESOURCE CENTER OF WISCONSIN<br>820 N. PLANKINTON AVE<br>MILWAUKEE, WI 53203  | 39-1534049       | 501(C)(3)                               | 105,500.                           | 0.   |   |  | COVID-19 RESPONSE<br>PROGRAMS   |
| ALBRIGHT METHODIST CHURCH<br>5555 W CAPITOL DR<br>MILWAUKEE, WI 53216  | 39-0976947       | 501(C)(3)                               | 27,145.                            | 0.   |   |  | COVID-19 CARE PACKAGE FOR<br>OLDER ADULTS IN CAPITOL<br>HEIGHTS           |
| ALEXIAN VILLAGE OF MILWAUKEE<br>9301 N 76TH ST<br>MILWAUKEE, WI 53223  | 39-1351584       | 501(C)(3)                               | 47,633.                            | 0.   |   |  | SUSTAINING SUPPORT  |
| ALLIANCE FOR THE GREAT LAKES<br>150 N MICHIGAN AVE FL 7<br>CHICAGO, IL 60601-7524  | 23-7104524       | 501(C)(3)                               | 130,000.                           |  |   |  | THE LOWER FOX RIVER CLEAN<br>WATER AGENDA                                 |
| ALLIANCE FOR YOUTH ORGANIZING<br>915 5TH ST NW<br>WASHINGTON, DC 20001   | 46-2465621       | 501(C)(3)                               | 12,169.                            | .0   |   |  | GET OUT THE VOTE CAMPAIGN   |
| ALLIANCE FRANAISE OF MILWAUKEE,<br>INC - 1800 E CAPITOL DR -<br>SHOREWOOD, WI 53211  | 39-1744501       | 501(C)(3)                               | 59,500.                            | .0   |   |  | SUSTAINING SUPPORT<br>SPECIAL DISTRIBUTION<br>Schedule   (Form 990)       |
|  |                  |   |                                    |  |   |  |   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | N, INC.                          |                                 |  |   | (,)  | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|---------------------------------|--|---|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor     | nestic Organizations             | and Domestic Go                 | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |   |
| <b>(a)</b> Name and address of organization or government  | (b) EIN              | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                    |
| ALL-IN MILWAUKEE INC<br>135 W WELLS ST STE 100<br>MILWAUKEE, WI 53203  | 83-2541054           | 501(C)(3)                        | 36,250.                         | . 0  |   |  | ALL-IN SCHOLAR SUPPORT  |
| ALMA CENTER INC<br>2821 N 4TH ST, 4TH FLOOR<br>MILWAUKEE, WI 53212   | 36-4530524           | 501(C)(3)                        | 25,000.                         | .0   |   |  | SUSTAINING SUPPORT  |
| ALVERNO COLLEGE<br>3400 S 43RD ST<br>MILWAUKEE, WI 53234-3922  | 39-0806263           | 501(C)(3)                        | 235,043.                        | .0   |   |  | THE SCHOLARSHIP FUND  |
| ALZHEIMER'S DISEASE AND RELATED<br>DISORDERS ASSOCIATION INC<br>MILWAUKEE - 620 S 76TH ST STE 160<br>- MILWAUKEE, WI 53214               | 13-3039601           | 501(C)(3)                        | 17,386.                         | •0   |   |  | SUSTAINING SUPPORT, IN<br>MEMORY OF ANNE YOUNGCLAUS<br>STRATTON |
| AMERICAN ACADEMY OF FAMILY<br>PHYSICIANS FOUNDATION - 11400<br>TOMAHAWK CREEK PARKWAY - OVERLAND<br>PARK, KS 66211                       | 44-6013671           | 501(C)(3)                        | 5,500.                          | .0   |   |  | SUSTAINING SUPPORT  |
| AMERICAN CANCER SOCIETY<br>PO BOX 902<br>FEWAUKEE, WI 53072  | 13-1788491           | 501(C)(3)                        | 34,384.                         | 0.   |   |  | PROGRAMS IN THE METRO<br>MILWAUKEE AREA                         |
| AMERICAN CIVIL LIBERTIES UNION OF<br>WISCONSIN FOUNDATION - 207 E<br>BUFFALO STE 325 - MILWAUKEE, WI<br>53202-5712                       | 23-7052345 501(C)(3) | 501(C)(3)                        | 20,750.                         | 0.   |   |  | ACLU OF WISCONSIN YOUTH<br>PROGRAM                              |
| AMERICAN COMPANY OF IRISH DANCE<br>13965 W. BURLEIGH RD. SUITE 109<br>BROOKFIELD, WI 53005-3074  | 36-4181140           | 501(C)(3)                        | 75,000.                         |  |   |  | A SPECIAL DISTRIBUTION<br>FOR SUSTAINING SUPPORT                |
| AMERICAN FRIENDS SERVICE COMMITTEE<br>1501 CHERRY ST<br>PHILADELPHIA, PA 19102   | 23-1352010 501(C)(3) | 501(C)(3)                        | 5,528.                          | .0   |   |  | SUSTAINING SUPPORT  |
|  |                      |                                  |                                 |  |   |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Dart III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part | KEE FOUNDATIO        | N, INC.<br>nestic Organizations  | and Domestic Go                    | vernments (Sche                         | dule I (Form 990) Par  |  | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|------------------------------------|---|--|--|---|
|  | ( <b>b</b> ) EIN     | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                     |
| AMERICAN HEART ASSOCIATION<br>1555 RIVERCENTER DR STE 211<br>MILWAUKEE, WI 53212   | 13-5613797           | 501(C)(3)                        | 176,389.                           | 0.                                      |  |  | THE 2020 CAMPAIGN   |
| AMERICAN LEBANESE SYRIAN<br>ASSOCIATED CHARITIES - 501 ST.<br>JUDE PL - MEMPHIS, TN 38105  | 35-1044585           | 501(C)(3)                        | 16,873.                            |   |  |  | CHARITABLE DONATION   |
| AMERICAN PLAYERS THEATRE OF<br>WISCONSIN INC - 5950 GOLF COURSE<br>RD - SPRING GREEN, WI 53588   | 39-1583361           | 501(C)(3)                        | 13,408.                            | .0                                      |  |  | THE BACK TO THE WOODS<br>CAMPAIGN   |
| AMERICAN RED CROSS OF SOUTHEASTERN<br>WISCONSIN - 2600 W WISCONSIN AVE -<br>MILWAUKEE, WI 53233  | 53-0196605           | 501(C)(3)                        | 25,770.                            | 0.                                      |  |  | SUSTAINING SUPPORT  |
| AMERICANS FOR THE ARTS<br>PO BOX 91261<br>WASHINGTON, DC 20090-1261  | 52-1996467           | 501(C)(3)                        | 15,000.                            | 0.                                      |  |  | ARTS & CULTURE LEADERS OF<br>COLOR FELLOWSHIP IN<br>MILWAUKEE             |
| APPLAUD CEDARBURG INC<br>W68N611 EVERGREEN BLVD<br>CEDARBURG, WI 53012   | 39-1754397           | 501(C)(3)                        | 5,637.                             | 0.                                      |  |  | 2020-2021 VISITING<br>ARTISTS SERIES, CEDARBURG<br>PERFORMING ARTS CENTER |
| ARCHDIOCESE OF MILWAUKEE<br>3501 S LAKE DR<br>ST. FRANCIS, WI 53235  | 39-0807221           | 501(C)(3)                        | 72,870.                            |   |  |  | THE CATHOLIC STEWARDSHIP<br>APPEAL; ST. CATHERINE OF<br>ALEXANDRIA        |
| ARIZONA LAND AND WATER TRUST INC<br>2810 N ALVERNON WAY STE 600<br>TUCSON, AZ 85712  | 86-6148507           | 501(C)(3)                        | 12,500.                            | .0                                      |  |  | SUSTAINING SUPPORT  |
| ARTHRITIS FOUNDATION<br>10427 W LINCOLN AVE STE 1400<br>WEST ALLIS, WI 53227   | 58-1341679 501(C)(3) | 501(C)(3)                        | 9,387.                             | .0                                      |  |  | RESEARCH  |
|  |                      |                                  |                                    |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION  | KEE FOUNDATIC                     | NN, INC.                         |                             |                                   |  |  | 39-6036407 Page 1   |
|---|-----------------------------------|----------------------------------|-----------------------------|-----------------------------------|--|--|---|
| Continuation or address of organization or government       (b) EIN       (c) IRC section       (d) Amount of cash grant       (e) Amount of non-cash grant       (f) Method of cash grand       (f) Method of cash grant       (f) Meth | (b) EIN                           | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |
| ARTISTS WORKING IN EDUCATION INC<br>4315 W VLIET ST<br>MILWAUKEE, WI 53208-2768   | 39-1945466                        | 501(C)(3)                        | 38,219.                     | o                                 |  |  | SUSTAINING SUPPORT  |
| ARTS AT LARGE INC<br>1100 S. 5TH ST<br>MILWAUKEE, WI 53204  | 33-1114575                        | 501(C)(3)                        | 158,000.                    | .0                                |  |  | SUSTAINING SUPPORT  |
| ARTS WISCONSIN<br>P.O. BOX 1054<br>MADISON, WI 53701  | 39-1763871                        | 501(C)(3)                        | 25,850.                     | •0                                |  |  | FINE ARTS QUARTET   |
| ARTWORKS FOR MILWAUKEE<br>207 E BUFFALO ST STE 600<br>MILWAUKEE, WI 53202   | 39-2025582                        | 501(C)(3)                        | 49,300.                     | 0.                                |  |  | ORGANIZATIONAL FINANCIAL<br>ASSESSMENT AND BOARD<br>EDUCATION                 |
| ASCENSION WISCONSIN FOUNDATION<br>HERITAGE CENTER<br>MILWAUKEE, WI 53211  | 39-1494981                        | 501(C)(3)                        | 662,475.                    | .0                                |  |  | THE HORIZON'S LAWLIS<br>FAMILY HOSPICE AT<br>COLUMBIA ST, MARY'S              |
| ASSOCIATION FOR THE RIGHTS OF<br>CITIZENS WITH HANDICAPS INC - 419<br>FREDERICK ST - WAUKESHA, WI<br>53186-5606   | 39-6030921                        | 501(C)(3)                        | 8,500.                      | 0.                                |  |  | IMPROVING MEDICAL<br>SERVICES AT CAMP POW WOW                                 |
| ATONEMENT COMMUNITY AND EDUCATION<br>SERVICES - 4224 W RUBY AVE -<br>MILWAUKEE, WI 53209  | 45-2483518                        | сниксн                           | 25,000.                     | 0.                                |  |  | VIRTUAL LEARNING SUPPORT  |
| AUDIO & BRAILLE LITERACY<br>ENHANCEMENT INC - 803 W WELLS ST -<br>MILWAUKEE, WI 53233   | 39-1593301                        | 501(C)(3)                        | 32,492.                     | 0.                                |  |  | TRANSCRIBING MATERIAL TO<br>BE USABLE BY THE BLIND OR<br>VISUALLY HANDICAPPED |
| AURORA HEALTH CARE FOUNDATION INC<br>950 N 12TH ST STE 511<br>MILWAUKEE, WI 53233-1306  | 39-6044569 <mark>501(C)(3)</mark> | 501(C)(3)                        | 125,381.                    | 0.                                |  |  | THE HEALING CENTER  |
|   |                                   |                                  |                             |                                   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | KEE FOUNDATIO                      | N, INC.  |  |  |   |  | 39-6036407 Page 1  |
|---|------------------------------------|--|--|--|---|--|--|
| Lart II     Continuation of Grants and Utner Assistance to Domestic Urganizations and Domestic Governments (Schedule I (Form 990), Part II, (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (c) if applicable cash grant non-cash (book, FMV, assistance pook, FMV, assistance pook, FMV, appraisal, other) | (b) EIN                            | restic Organizations (c) IRC section if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Scne<br>(e) Amount of<br>non-cash<br>assistance | due 1 (Form 990), Par<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (11.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                            |
| BACK 2 BACK MINISTRIES INC<br>8118 CORPORATE WAY STE 103<br>MASON, OH 45040   | 31-1468516                         | 501(C)(3)  | 15,000.  | 0  |   |  | SUSTAINING SUPPORT   |
| BADGER INSTITUTE<br>700 W VIRGINIA ST #301<br>MILWAUKEE, WI 53204   | 39-1592727                         | 501(C)(3)  | 5,500.   |  |   |  | GENERAL OPERATING SUPPORT  |
| BAY SHORE ELCA LUTHERAN CHURCH<br>1200 E HAMPTON RD<br>WHITEFISH BAY, WI 53217  | 39-0966210                         | 501(C)(3)  | 20,168.  | .0   |   |  | THE DESIGNATED MUSIC FUND  |
| BAY VIEW COMMUNITY CENTER OF<br>MILWAUKEE INC - 1320 E OKLAHOMA<br>AVE - MILWAUKEE, WI 53207  | 39-1343561                         | 501(C)(3)  | 25,000.  | 0.   |   |  | BAY VIEW COMMUNITY CENTER<br>FOOD ACCESS                         |
| BELLIN COLLEGE<br>FINANCIAL AID OFFICE<br>GREEN BAY, WI 54311   | 39-0808497                         | 501(C)(3)  | 5,400.   | 0.   |   |  | SCHOLARSHIP WITH CRITERIA  |
| BELOIT COLLEGE<br>700 COLLEGE ST<br>BELOIT, WI 53511  | 39-0808 <u>4</u> 97                | 501(C)(3)  | 21,024.  | 0.   |   |  | SCHOLARSHIP WITH CRITERIA  |
| BENEDICT CENTER INC<br>1849 N DR MARTIN LUTHER KING DR STE<br>MILWAUKEE, WI 53212   | 39-1226475                         | 501(C)(3)  | 69,250.  | 0.   |   |  | MANAGEMENT AND HUMAN<br>RESOURCE CAPACITY<br>BUILDING (PHASE II) |
| BEST BUDDIES - WISCONSIN<br>10425 W NORTH AVE #340<br>WAUWATOSA, WI 53226   | 52-1614576                         | 501(C)(3)  | 12,500.  |  |   |  | COVID-19 FUNDING NEEDS   |
| BEST FRIENDS ANIMAL SOCIETY<br>5001 ANGEL CANYON RD<br>KANAB, UT 84741-5001   | 23-7147797 <mark>501(C)(3</mark> ) | 501(C)(3)  | 21,090.  | .0   |   |  | SUSTAINING SUPPORT   |
|   |                                    |  |  |  |   |  | Schedule I (Form 990)  |

| Schedule   (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Days 11 Continuation of Grants and Other Assistance to Demostic Organizations and Demostic Generations (Schedule 1 (Form 000), Days 11) | IKEE FOUNDATIO       | N, INC.                          | and Domostic Go             | (Scho                                   | dula I (Form 000) Dar  |  | 39-6036407 Page 1  |
|---|----------------------|----------------------------------|-----------------------------|---|--|--|--|
|   | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                      |
| BETHEL-BETHANY UNITED CHURCH OF<br>CHRIST - 2878 N 54TH ST -<br>MILWAUKEE, WI 53210   | 39-1227575           | сниксн                           | 34,500.                     | °                                       |  |  | SCHOOL SUPPLIES FOR<br>STUDENTS RESPONDING TO<br>COVID-19  |
| BETHESDA LUTHERAN COMMUNITIES<br>600 HOFFMANN DR<br>WATERTOWN, WI 53094   | 39-0806446           | 501(C)(3)                        | 7,488.                      | .0                                      |  |  | THE COVID-19 CHALLENGE                                     |
| BETTY BRINN CHILDREN'S MUSEUM<br>929 E WISCONSIN AVE FL 2<br>MILWAUKEE, WI 53202  | 39-1681155 501(C)(3) | 501(C)(3)                        | 25,350.                     | •0                                      |  |  | SUSTAINING SUPPORT   |
| BIDEAWEE INC<br>410 E 38TH ST<br>NEW YORK, NY 10016   | 13-1655210           | 501(C)(3)                        | 8,628.                      | 0.                                      |  |  | SUSTAINING SUPPORT   |
| BIRCH CREEK MUSIC PERFORMANCE<br>CENTER INC - 3821 COUNTY RD E -<br>EGG HARBOR, WI 54209  | 36-3032002           | 501(C)(3)                        | 27,700.                     | 0.                                      |  |  | SUSTAINING SUPPORT   |
| BLACK ARTS MKE INC<br>929 N WATER ST FL 4<br>MILWAUKEE, WI 53202  | 47-1889202           | 501(C)(3)                        | 32,000.                     | 0.                                      |  |  | TECHNICAL ASSISTANCE FUND<br>DEVELOPMENT                   |
| BLESSINGS IN A BACKPACK<br>4121 SHELBYVILLE RD<br>LOUISVILLE, KY 40207  | 26-1964620           | 501(C)(3)                        | 8,500.                      | .0                                      |  |  | SUMMER MEALS FROGRAM<br>OCONOMOWOC AREA SCHOOL<br>DISTRICT |
| BOYS & GIRLS CLUBS OF GREATER<br>MILWAUKEE INC - 1558 N 6TH ST -<br>MILWAUKEE, WI 53212   | 39-0806292 501(C)(3) | 501(C)(3)                        | 881,840.                    | 0.                                      |  |  | CAMP WHITCOMB MASON  |
| BOYS & GIRLS CLUBS OF METRO<br>DENVER, INC 2017 W 9TH AVE -<br>DENVER, CO 80204   | 84-0510404 501(C)(3) | 501(C)(3)                        | 40,000.                     |   |  |  | REMOTE LEARNING AT<br>CENTERS AND CLUBS                    |
|   |                      |                                  |                             |   |  |  | Schedule I (Form 990)                                      |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments | JKEE FOUNDATIO<br>Assistance to Dor | <sub>N</sub> , <sub>INC</sub> .<br>nestic Organizations | and Domestic Go                    | vernments (Sche                         | (Schedule I (Form 990), Part                                   | (1)                                    | 39-6036407 Page 1  |
|--|-------------------------------------|---|------------------------------------|---|--|--|--|
|  | ( <b>b</b> ) EIN                    | (c) IRC section<br>if applicable                        | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                       |
| BOYS & GIRLS CLUBS OF WASHINGTON<br>COUNTY INC - 925 N. SILVERBROOK<br>DR WEST BEND, WI 53090-2487   | 39-1773689                          | 501(C)(3)   | 11,000.                            | 0.                                      |  |  | HEALTHY SNACK PROGRAM  |
| BRADLEY FAMILY FOUNDATION INC<br>2145 W BROWN DEER RD<br>MILWAUKEE, WI 53217   | 39-6105450                          | 501(C)(3)   | 155,000.                           | .0                                      |  |  | CALL & RESPONSE 2020   |
| BRADLEY IMPACT FUND INC<br>1400 N WATER ST STE 300<br>MILWAUKEE, WI 53202-2506   | 45-4678325                          | 501(C)(3)   | 132,474.                           | .0                                      |  |  | THE BENEFIT OF SCOTT R.<br>HAAG                                    |
| BREAD OF HEALING, INC.<br>1821 NORTH 16TH STREET<br>MILWAUKEE, WI 53205  | 81-0669867                          | 501(C)(3)   | 68,500.                            | 0.                                      |  |  | SUSTAINING SUPPORT   |
| BRESCIA UNIVERSITY<br>717 FREDERICIA ST<br>OWENSBORO, KY 42301   | 61-0660795                          | 501(C)(3)   | 16,295.                            | 0.                                      |  |  | SUPPORT OF THE DAVID C.<br>SCOTT SCHOLARSHIP                       |
| BREWERS COMMUNITY FOUNDATION<br>MILWAUKEE BREWERS BASEBALL CLUB<br>MILWAUKEE, WI 53214   | 39-1970152                          | 501(C)(3)   | 264,500.                           | 0.                                      |  |  | SPECIAL DISTRIBUTION FOR<br>COVID-19 SUPPORT                       |
| BRIGHTSTAR WISCONSIN FOUNDATION,<br>INC - 710 N PLANKINTON AVE, STE<br>340 - MILWAUKEE, WI 53203   | 90-1001588                          | 501(C)(3)   | 20,000.                            | 0.                                      |  |  | THE FILM FUND  |
| BROADSCOPE DISABILITY SERVICES<br>6102 W LAYTON AVE<br>GREENFIELD, WI 53220  | 39-11 <b>4</b> 3353                 | 501(C)(3)   | 17,000.                            | .0                                      |  |  | COVID CONSUMER NEEDS   |
| BROWN COUNTY LAND AND WATER<br>CONSERVATION DEPARTMENT - 2019<br>TECHNOLOGY WAY STE 104 - GREEN<br>BAY, WI 54311   | 39-6005671                          | GOVERNMENT  | 127,766.                           | °.                                      |  |  | UPPER EAST RIVER FISH &<br>WILDLIFE HABITAT<br>IMPROVEMENT PROJECT |
|  |                                     |   |                                    |   |  |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | JKEE FOUNDATIC       | DN, INC.                                |                                    |  |   |  | 39-6036407 Page 1  |
|--|----------------------|---|------------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Do     | mestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |  |
| <b>(a)</b> Name and address of organization or government  | (a) EIN              | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                               |
| BROWN UNIVERSITY<br>PO BOX 1860<br>PROVIDENCE, RI 02912  | 05-0258809           | 501(C)(3)                               | 23,890.                            | .0   |   |  | SUPPORT OF THE DAVID C.<br>SCOTT SCHOLARSHIP                               |
| BUENA VISTA UNIVERSITY<br>610 W. 4TH STREET<br>STORM LAKE, IA 50588  | 42-0680404           | 501(C)(3)                               | 12,976.                            | .0   |   |  | SUSTAINING SUPPORT, IN<br>MEMORY OF THE REV. HUGH<br>JOHN MAY, ALUMNUS     |
| BY GRACE ALONE FRANKFORD<br>FELLOWSHIP - 1300 DYRE STREET -<br>PHILADELPHIA, PA 19124  | 20-4423163           | СНИКСН                                  | 6,000.                             | 0.   |   |  | SUSTAINING SUPPORT, IN<br>LOVING MEMORY OF JEAN<br>DALE AND CEDRIC JAGGARD |
| CAMPBELLSPORT HIGH SCHOOL<br>SCHOLARSHIP FOUNDATION - 114 W<br>SHEBOYGAN ST - CAMPBELLSPORT, WI<br>53010                                 | 39-1651734           | 501(C)(3)                               | .000.                              | 0.   |   |  | SCHOLARSHIP WITH CRITERIA  |
| CANNEDWATER4KIDS<br>N69 W23448 DONNA DR<br>SUSSEX, WI 53089  | 26-2173180           | 501(C)(3)                               | 6,500.                             | 0.   |   |  | BOARD GOVERNANCE 2.0   |
| CAPITA PRODUCTIONS INC<br>4141 N 64TH ST<br>MILWAUKEE, WI 53216  | 39-1912062           | 501(C)(3)                               | 15,000.                            | o  |   |  | OPERATING SUPPORT  |
| CARDINAL STRITCH UNIVERSITY INC<br>6801 N YATES RD<br>MILWAUKEE, WI 53217  | 39-0806196 501(C)(3) | 501(C)(3)                               | 84,350.                            |  |   |  | NEW STUDENT ASSESSMENTS<br>AND INTERVENTION LESSONS                        |
| CARMEN HIGH SCHOOL OF SCIENCE AND<br>TECHNOLOGY INC - 5496 N 72ND ST -<br>MILWAUKEE, WI 53218  | 56-2569203           | 501(C)(3)                               | 121,950.                           |  |   |  | CARMEN COVID-19 FAMILY<br>EMERGENCY RELIEF FUND                            |
| CAROLINA PHILHARMONIC INC<br>5 MARKET SQ<br>PINEHURST, NC 28374-9319   | 27-0741753 501(C)(3) | 501(C)(3)                               | 20,000.                            | .0   |   |  | OPERATING SUPPORT  |
|  |                      |   |                                    |  |   |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | N, INC.                          |                                    |  |   |  | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|------------------------------------|--|---|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor    | nestic Organizations             | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |   |
| (a) Name and address of organization or government   | (b) EIN              | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                  |
| CARROLL UNIVERSITY INC<br>100 N EAST AVE<br>WAUKESHA, WI 53186   | 39-0806325           | 501(C)(3)                        | 57,291.                            | .0   |   |  | SCHOLARSHIP WITH CRITERIA                                     |
| CARTHAGE COLLEGE<br>2001 ALFORD PARK DR<br>KENOSHA, WI 53140-1994  | 37-0661496           | 501(C)(3)                        | 29,000.                            | .0   |   |  | THE ASPIRE PROGRAM AND<br>MANAGER POSITION                    |
| CASA GUADALUPE EDUCATION CENTER<br>INC - 419 ROOSEVELT DR - WEST<br>BEND, WI 53090   | 20-4483105           | 501(C)(3)                        | 25,000.                            | 0.   |   |  | DREAM TO SUCCEED  |
| CASA ROMERO RENEWAL CENTER<br>1501 S LAYTON BLVD STE 221<br>MILWAUKEE, WI 53204-2540   | 39-2016499           | 501(C)(3)                        | 12,950.                            | •  |   |  | JOURNEYS: EXPLORING<br>IDENTITY & VOICE THROUGH<br>VISUAL ART |
| CASE WESTERN RESERVE UNIVERSITY<br>OFFICE OF UNIVERSITY FINANCIAL AID<br>- YOST HALL ROOM 435 - CLEVELAND,<br>OH 44106-7049              | 34-1018992           | 501(C)(3)                        | 7,000.                             | 0  |   |  | SCHOLARSHIP WITH<br>CRITERIA/IVY LUCIER                       |
| CATHEDRAL CENTER INC<br>845 N VAN BUREN ST<br>MILWAUKEE, WI 53202  | 74-3038890           | 501(C)(3)                        | 45,000.                            | .0   |   |  | EMERGENCY SHELTER   |
| CATHOLIC CHARITIES OF MILWAUKEE<br>3501 S LAKE DR<br>MILWAUKEE, WI 53235   | 39-0806321           | 501(C)(3)                        | 114,004.                           | 0.   |   |  | MIGRATION LEGAL SUPPORT                                       |
| CEDARBURG ART MUSEUM & SOCIETY,<br>INC - W63N675 WASHINGTON AVE -<br>CEDARBURG, WI 53012   | 46-1480670           | 501(C)(3)                        | 62,000.                            | 0.   |   |  | A CREATIVE PLACE: THE<br>HISTORY OF WISCONSIN ART'            |
| CEDARBURG COMMUNITY SCHOLARSHIP<br>FUND - PO BOX 654 - CEDARBURG, WI<br>53012  | 51-0137841 501(C)(3) | 501(C)(3)                        | 95,641.                            | .0   |   |  | SUSTAINING SUPPORT  |
|  |                      |                                  |                                    |  |   |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | JKEE FOUNDATIC               | N, INC.                          |  |  |  |   | 39-6036407 Page 1  |
|---|------------------------------|----------------------------------|--|--|--|---|--|
| Part II       Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II, 10, Part III, 10, Part II, 10, Part II, 10, | Assistance to Doi<br>(b) EIN | (c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Sche<br>(e) Amount of<br>non-cash<br>assistance | dule I (Form 990), Par<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | t II.)<br>(g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                     |
| CEDARBURG HIGH SCHOOL<br>W68 N611 EVERGREEN BLVD<br>CEDARBURG, WI 53012   | 39-6001319                   | GOVERNMENT                       | 26,050.  | 0  |  |   | THE COMPETITIVE SWIMMING<br>PROGRAM                              |
| CEDARBURG PUBLIC LIBRARY<br>W63 N589 HANOVER AVE<br>CEDARBURG, WI 53012   | 39-6005410                   | GOVERNMENT                       | 22,000.  | 0  |  |   | A SPECIAL DISTRIBUTION<br>FOR THE MAKERS SPACE AT<br>THE LIBRARY |
| CENTER FOR FOOD SAFETY<br>DEVELOPMENT OFFICE<br>SAN FRANCISCO, CA 94111   | 52-2165893                   | 501(C)(3)                        | 300,000.                                       |  |  |   | GENERAL PROGRAMMATIC<br>SUPPORT                                  |
| CENTER FOR SELF-SUFFICIENCY<br>728 N JAMES LOVELL ST FL 2<br>MILWAUKEE, WI 53233  | 33-1118674                   | 501(C)(3)                        | 69,432.  | 0.   |  |   | REASONS FOR HOPE: VIRTUAL<br>WORKFORCE TRAINING                  |
| CENTER FOR VETERANS ISSUES, LTD.<br>PO BOX 080168<br>MILWAUKEE, WI 53208  | 39-1712359                   | 501(C)(3)                        | 43,500.  | 0.   |  |   | FEED OUR HUNGRY HEROES   |
| CENTER FOR YOUTH ENGAGEMENT<br>2342 N 27TH ST<br>MILWAUKEE, WI 53210  | 39-1981273                   | 501(C)(3)                        | 15,000.  | .0   |  |   | FEACE OF MIND  |
| CENTRAL CAROLINA COMMUNITY COLLEGE<br>FOUNDATION INC - 1105 KELLY DR -<br>SANFORD, NC 27330   | 56-1644218                   | 501(C)(3)                        | 20,000.  | 0.   |  |   | THE SKILL BOSS, CODER, A<br>LARGE BOX OF HAND TOOLS              |
| CHARLES ALLIS & VILLA TERRACE<br>MUSEUMS INC 1801 N PROSPECT AVE<br>- MILWAUKEE, WI 53202   | 45-4102317                   | 501(C)(3)                        | 16,447.  | 0.   |  |   | SUSTAINING SUPPORT   |
| CHICAGO JESUIT ACADEMY<br>5058 W JACKSON BLVD<br>CHICAGO, IL 60644  | 20-2091040 501(C)(3)         | 501(C)(3)                        | 32,500.  | 0.   |  |   | SCHOLARSHIP AND FACULTY<br>INCENTIVE                             |
|   |                              |                                  |  |  |  |   | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | KEE FOUNDATIC                | NN, INC.                         | and Domostic Co             |   |  |  | 39-6036407 Page 1  |
|---|------------------------------|----------------------------------|-----------------------------|---|--|--|--|
|   | (b) EIN                      | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                              |
| CHILDREN'S DYSLEXIA CENTER<br>3000 W WISCONSIN AVE<br>MILWAUKEE, WI 53208                             | 04-3169620                   | 501(C)(3)                        | 7,500.                      | .0                                      |  |  | THE MILWAUKEE, WI CENTER   |
| CHILDREN'S HOSPITAL OF WISCONSIN<br>FOUNDATION INC - PO BOX 1997<br>MS3050 - MILWAUKEE, WI 53201-1997 | 39-1500075                   | 501(C)(3)                        | 554,446.                    | •0                                      |  |  | THE ASMUTH FAMILY CURRENT<br>USE FUND                              |
| CHILDREN'S RIGHTS, INC.<br>88 PINE STREET, SUITE 800<br>NEW YORK CITY, NY 10005                       | 13-3801864                   | 501(C)(3)                        | 25,000.                     | .0                                      |  |  | CHILD WELFARE EFFORTS AND<br>GENERAL OPERATIONS IN<br>MILWAUKEE    |
| CHILDRENS SERVICE SOCIETY OF<br>WISCONSIN - 620 S 76TH ST STE 120<br>- MILWAUKEE, WI 53214            | 39-0806380                   | 501(C)(3)                        | 18,737.                     | .0                                      |  |  | SUSTAINING SUPPORT   |
| CHRIST PROTESTANT EPISCOPAL CHURCH<br>5655 N LAKE DR<br>WHITEFISH BAY, WI 53217                       | 39-1507335                   | 501(C)(3)                        | 36,507.                     |   |  |  | THE 2020 STEWARDSHIP<br>CAMPAIGN                                   |
| CHRISTIAN FAITH FELLOWSHIP CHURCH,<br>INC 8605 W GOOD HOPE RD -<br>MILWAUKEE, WI 53224-4123           | 39-1631872                   | 501(C)(3)                        | 13,000.                     | ·                                       |  |  | FOOD RESOURCES COVID-19<br>RESPONSE                                |
| CHRISTIAN REFORMED CHURCH IN NORTH<br>AMERICA - 1700 28TH ST S.E<br>GRAND RAPIDS, MI 49508            | 38-2051351                   | 501(C)(3)                        | 8,000.                      | .0                                      |  |  | RESONATE MISSIONS, IN<br>MEMORY OF JEAN DALE AND<br>CEDRIC JAGGARD |
| CIRCUS WORLD MUSEUM FOUNDATION<br>550 WATER ST<br>BARABOO, WI 53913                                   | 39-0968969                   | 501(C)(3)                        | 9,230.                      | .0                                      |  |  | SUSTAINING SUPPORT   |
| CITY FORWARD COLLECTIVE<br>111 W PLEASANT ST STE 101<br>MILWAUKEE, WI 53212                           | 39-1590212 <b>501(C)(3</b> ) | 501(C)(3)                        | 141,250.                    |   |  |  | SUSTAINING SUPPORT   |
|   |                              |                                  |                             |   |  |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | IKEE FOUNDATIC           | DN, INC.                         |                                    |  |  |  | 39-6036407 Page 1   |
|--|--------------------------|----------------------------------|------------------------------------|--|--|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | <b>Assistance to Dor</b> | mestic Organizations             | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |   |
| (a) Name and address of organization or government   | ( <b>b</b> ) EIN         | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                        |
| CIFY OF ALGOMA<br>416 FREMONT ST<br>ALGOMA, WI 54201   | 39-6005373               | GOVERNMENT                       | 150,000.                           | 0.   |  |  | CRESCENT BEACH<br>RESTORATION                                       |
| CITY OF BRILLION<br>201 N MAIN ST<br>BRILLION, WI 54110  | 39-6005404               | GOVERNMENT                       | 150,000.                           | .0   |  |  | SPRING CREEK AND MILLS<br>CREEK DAYLIGHTING                         |
| CITY OF GREENFIELD<br>7325 W FOREST HOME AVE.<br>MILWAUKEE, WI 53220   | 39-6005924               | GOVERNMENT                       | 150,000.                           | 0.   |  |  | RESTORATION OF THE HONEY<br>CREEK HEADWATERS                        |
| CITY OF HOPE<br>OFFICE OF PHILANTHROPY<br>DUARTE, CA 91010   | 95-3435919               | 501(C)(3)                        | 30,000.                            | 0.   |  |  | THE WORK OF DR. STEVEN<br>ROSEN                                     |
| CITY OF MILWAUKEE<br>CITY HALL RM 201<br>MILWAUKEE, WI 53202   | 39-6005532               | GOVERNMENT                       | 56,651.                            | .0   |  |  | THE MILWAUKEE CONTINUUM<br>OF CARE FOR NOVEMBER 2019                |
| CITY OF MILWAUKEE - OFFICE OF<br>ENVIRONMENTAL COLLABORATION -<br>ENVIRONMENTAL COLLABORATION OFFICE<br>- MILWAUKEE, WI 53202            | 39-6005532               | GOVERNMENT                       | 125,000.                           | 0.   |  |  | WATER CENTRIC CITY 2020   |
| CITY OF MILWAUKEE HEALTH<br>DEPARTMENT - 841 N BROADWAY 3RD FL<br>- MILWAUKEE, WI 53202-3653   | 39-6005532               | GOVERNMENT                       | 16,237.                            | 0.   |  |  | THE MILWAUKEE BREAST<br>CANCER AWARENESS PROGRAM                    |
| CITY OF RACINE<br>730 WASHINGTON AVE RM 201<br>RACINE, WI 53403  | 39-6005581               | GOVERNMENT                       | 8,557.                             | 0.   |  |  | PLANNING FOR A COMMUNITY<br>RESILIENCE HUB                          |
| CITY OF SOUTH MILWAUKEE<br>2424 15TH AVE<br>SOUTH MILWAUKEE, WI 53172  | 39-6005609 GOVERNMENT    | GOVERNMENT                       | 2,040,531.                         |  |  |  | REJUVENATING THE BUCYRUS<br>HERITAGE IN DOWNTOWN<br>SOUTH MILWAUKEE |
|  |                          |                                  |                                    |  |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.                                     | JKEE FOUNDATIO | N, INC.                          | a Contraction of Land       |   |  |  | 39-6036407 Page 1  |
|--|----------------|----------------------------------|-----------------------------|---|--|--|--|
| (a) Name and address of organization or government   | (b) EIN        | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                    |
| CITY ON A HILL<br>2224 W KILBOURN AVE<br>MILWAUKEE, WI 53233                                 | 39-2017873     | 501(C)(3)                        | 45,000.                     | 0                                       |  |  | MEDICAL HOME FOR THE<br>HOMELESS   |
| CITY REFORMED CHURCH, INC<br>1661 N FARWELL AVE<br>MILWAUKEE, WI 53202                       | 45-1598695     | 501(C)(3)                        | 60,000.                     | .0                                      |  |  | THE COVID-19 BENEVOLENCE   |
| CITY YEAR, INC<br>287 COLUMBUS AVE<br>BOSTON, MA 02116                                       | 22-2882549     | 501(C)(3)                        | 32,500.                     | .0                                      |  |  | WHOLE SCHOOL WHOLE CHILD<br>- ADAPTING FOR VIRTUAL<br>SERVICE            |
| CLEAN LAKES ALLIANCE<br>150 E GILMAN ST STE 2600<br>MADISON, WI 53703                        | 27-3917243     | 501(C)(3)                        | 10,000.                     | 0.                                      |  |  | SPONSORSHIP OF THE CLEAN<br>LAKES ALLIANCE LANDSCAPES<br>PROGRAM         |
| CLEMENT J. ZABLOCKI VA MEDICAL<br>CENTER - 5000 W NATIONAL AVE -<br>MILWAUKEE, WI 53295-1000 | 39-1326366     | GOVERNMENT                       | .066,6                      | 0.                                      |  |  | COMFORTS, LUXURIES AND<br>RECREATIONAL<br>OPPORTUNITIES FOR<br>RESIDENTS |
| CLEMSON UNIVERSITY FOUNDATION<br>155 OLD GREENVILLE HWY #105<br>CLEMSON, SC 29631            | 57-0426335     | 501(C)(3)                        | 15,000.                     | 0                                       |  |  | THE KLINGMAN/KONKEL<br>SCHOLARSHIP FUND                                  |
| CLUB KIDS INC<br>9025 W HAMPTON AVE<br>MILWAUKEE, WI 53224                                   | 39-1991555     | 501(C)(3)                        | 15,000.                     | .0                                      |  |  | REASONS FOR HOPE: CLUB<br>KIDS VIRTUAL VAN WITH<br>WIFI                  |
| COA YOUTH AND FAMILY CENTERS<br>909 E NORTH AVE<br>MILWAUKEE, WI 53212                       | 39-0806339     | 501(C)(3)                        | 165,551.                    |   |  |  | SUSTAINING SUPPORT   |
| COLLECE POSSIBLE<br>1515 N RIVER CENTER DR. STE 105<br>MILWAUKEE, WI 53212                   | 41-1968798     | 501(C)(3)                        | 112,172.                    | .0                                      |  |  | THE BIG DREAM CHALLENGE  |
|  |                |                                  |                             |   |  |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION   | JKEE FOUNDATIO                    | NN, INC.      |  |  |  |  | 39-6036407 Page 1   |
|--|-----------------------------------|---------------|--|--|--|--|---|
| Lart II     Commutation of Grants and Other Assistance to Domestic Organizations and Domestic Governments     Commutation of Grants     Commutation     Commutatin     Commutation     Commutation | (b) EIN                           | if applicable | and Lomestic Go<br>(d) Amount of<br>cash grant | (Schernents (Schernents (Schernents))<br>(e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (11.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                         |
| COLLEGE WOMEN'S CLUB FOUNDATION,<br>INC - 924 E JUNEAU AVE UNIT 202 -<br>MILWAUKEE, WI 53202   | 39-1044086                        | 501(C)(3)     | 12,295.  | 0.   |  |  | THE SCHOLARSHIP<br>FOUNDATION                                 |
| COLLIER'S TRAINING INSTITUTE INC<br>4321 N 35TH ST<br>MILWAUKEE, WI 53209  | 82-1166984                        | 501(C)(3)     | 7,500.   | .0   |  |  | ADOFTING OUR<br>NEIGHBORHOODS WINTER<br>EDITION               |
| COLONIAL WILLIAMSBURG FOUNDATION<br>PO BOX 1776<br>WILLIAMSBURG, VA 23187-1776   | 54-0505888                        | 501(C)(3)     | 21,639.  | 0.   |  |  | SUSTAINING SUPPORT  |
| COMMON GROUND INC<br>1034 E OGDEN AVE<br>MILWAUKEE, WI 53202   | 20-1545635                        | 501(C)(3)     | 9,000.   | 0.   |  |  | SUSTAINING SUPPORT  |
| COMMONBOND COMMUNITIES<br>1080 MONTREAL AVENUE<br>SAINT PAUL, MN 55116   | 41-1260469                        | 501(C)(3)     | 12,500.  | 0.   |  |  | ADVANTAGE SERVICES FOR<br>SENIORS                             |
| COMMONWEALTH CLUB OF CALIFORNIA<br>PO BOX 194210<br>SAN FRANCISCO, CA 94119  | 94-0399260                        | 501(C)(3)     | 15,000.  | 0.   |  |  | CLIMATE ONE   |
| COMMUNITY ADVOCATES INC<br>728 N JAMES LOVELL ST<br>MILWAUKEE, WI 53233-2408   | 39-1249426                        | 501(C)(3)     | 213,000.                                       | 0.   |  |  | HOMELESS STREET OUTREACH<br>SUPPORT PROJECT                   |
| COMMUNITY DEVELOPMENT SOCIETY<br>ACCOUNTS RECEIVABLE<br>MESA, AZ 85202   | 23-7074712                        | 501(C)(3)     | 11,438.  | . 0  |  |  | THE ADVANCEMENT OF THE<br>COMMUNITY DEVELOPMENT<br>PROFESSION |
| COMMUNITY RELATIONS SOCIAL<br>DEVELOPMENT COMMISSION IN<br>MILWAUKEE COUNTY - 1730 W NORTH<br>AVE - MILWAUKEE, WI 53205  | 47-0923289 <mark>501(C)(3)</mark> | 501(C)(3)     | 50,000.  | .0   |  |  | SDC NORTHWEST FAMILY FOOD<br>PANTRY                           |
|  |                                   |               |  |  |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO                              | N, INC.                          |                                    |  |   |  | 39-6036407 Page 1   |
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| <b>(a)</b> Name and address of organization or government  | (b) EIN                                    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                        |
| CONCERNED ACTUARIES GROUP<br>2919 W COUNTRY CLUB DR<br>MEQUON, WI 53092  | 82-2595741                                 | 501(C)(3)                        | 12,500.                            | .0   |   |  | SUSTAINING SUPPORT  |
| CONCORDIA UNIVERSITY<br>12800 N LAKE SHORE DR<br>MEQUON, WI 53097  | 39-0833608                                 | 501(C)(3)                        | 40,200.                            | •0   |   |  | SCHOLARSHIP WITH CRITERAI   |
| CONCORDIA UNIVERSITY FOUNDATION<br>12800 N LAKE SHORE DR<br>MEQUON, WI 53097   | 39-6077337                                 | 501(C)(3)                        | 5,636.                             | .0   |   |  | THE FURPOSE OF ENDOWMENT<br>OR FOR OTHER USES                       |
| CONGREGATION OF ST JOHNS CATHEDRAL<br>831 N VAN BUREN ST<br>MILWAUKEE, WI 53202  | 39-0806238                                 | 501(C)(3)                        | 11,000.                            | 0.   |   |  | THE OPEN DOOR CAFE  |
| CONGREGATION SHALOM<br>7630 N SANTA MONICA BLVD<br>MILWAUKEE, WI 53217   | 39-0991742                                 | 501(C)(3)                        | 414,729.                           | 0.   |   |  | SUSTAINING SUPPORT  |
| CONSERVANCY OF HEALING & HERITAGE<br>PO BOX 320305<br>FRANKLIN, WI 53132   | 26-0078171                                 | 501(C)(3)                        | .000,                              | .0   |   |  | SUSTAINING SUPPORT,<br>RECOMMENDED BY MARY AND<br>JOHN KOPMEIER     |
| CONVERGENCE RESOURCE CENTER<br>7961 N. 76TH ST.<br>MILWAUKEE, WI 53223   | 04-3698740 501(C)(3)                       | 501(C)(3)                        | 24,000.                            |  |   |  | FUNDRAISING STRATEGY<br>PLANNING                                    |
| CORBELLA CLINIC<br>101 E STATE ST<br>SOUTH ELGIN, IL 60177   | 36-3554765                                 | 501(C)(3)                        | 10,000.                            | 0.   |   |  | SUSTAINING SUPPORT  |
| CORE EL CENTRO, INC<br>130 W BRUCE ST STE 300<br>MILWAUKEE, WI 53204   | 39-20 <b>4</b> 2797 <mark>501(C)(3)</mark> | 501(C)(3)                        | 52,500.                            | 0.   |   |  | HEALTH NAVIGATION &<br>MENTAL HEALTH SERVICES<br>EMERGENCY RESPONSE |
|  |  |                                  |                                    |  |   |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990). Part | KEE FOUNDATIC                     | N, INC.<br>nestic Organizations  | and Domestic Go                    | vernments (Sche                         | dule I (Form 990). Par   | CI                                     | 39-6036407 Page 1   |
|---|-----------------------------------|----------------------------------|------------------------------------|---|--|--|---|
|   | ( <b>b</b> ) EIN                  | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                       |
| COUNCIL OF MICHIGAN FOUNDATIONS<br>1 S HARBOR DR STE 8<br>GRAND HAVEN, MI 49417   | 38-6263347                        | 501(C)(3)                        | 7,500.                             |   |  |  | THE GREAT LAKES FUNDER<br>COLLABORATIVE IN 2020                             |
| CRAFT EMERGENCY RELIEF FUND INC<br>535 STONE CUTTERS WAY SUITE 202<br>MONTPELIER, VT 05602  | 13-3273980                        | 501(C)(3)                        | 45,000.                            | ·                                       |  |  | EMERGENCY FUNDING   |
| CREAM CITY FOUNDATION INC<br>759 N MILWAUKEE ST SUITE 212<br>MILWAUKEE, WI 53202  | 39-1416063                        | 501(C)(3)                        | 68,481.                            | .0                                      |  |  | LGBTQ HEALTHY COMMUNITIES<br>HEALTHY FAMILIES<br>CONFERENCE                 |
| CRISTO REY JESUIT MILWAUKEE HIGH<br>SCHOOL INC - 1215 S 45TH ST - WEST<br>MILWAUKEE, WI 53214   | 46-5457943                        | 501(C)(3)                        | 49,350.                            | .0                                      |  |  | THE SCHOLARSHIP FUND  |
| CROSS LUTHERAN CHURCH<br>1821 N 16TH ST<br>MILWAUKEE, WI 53205  | 39-0818678                        | 501(C)(3)                        | 22,000.                            | 0.                                      |  |  | BREAD OF HEALING<br>EMPOWERMENT MINISTRY FOOD<br>PANTRY                     |
| CROSSROADS AT BIG CREEK<br>2401 MICHIGAN ST<br>STURGEON BAY, WI 54235   | 05-0560158                        | 501(C)(3)                        | 42,412.                            | 0.                                      |  |  | TRANSFORMING AN "IDEAL<br>PLACE FOR A GAS STATION"<br>INTO RESTORED HABITAT |
| CROSSROADS PRESBYTERIAN CHURCH<br>6031 W CHAPEL HILL RD<br>MEQUON, WI 53097   | 39-0968929                        | 501(C)(3)                        | 10,000.                            |   |  |  | MEALS FOR FAMILY<br>PROMISE'S HOMELESS<br>CLIENTS                           |
| CULINARY INSTITUTE OF AMERICA<br>1946 CAMPUS DR<br>HYDE PARK, NY 12538  | 06-0653264                        | 501(C)(3)                        | 40,900.                            |   |  |  | SCHOLARSHIP WITH CRITERIA   |
| CUPED CORPORATION<br>1420 W. CENTER STREET<br>MILWAUKEE, WI 53206   | 20-8347698 <mark>501(C)(3)</mark> | 501(C)(3)                        | 25,000.                            |   |  |  | SMALL BUSINESS SUPPORT  |
|   |                                   |                                  |                                    |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.                     | JKEE FOUNDATIC       | NN, INC.                         | and Domostic Go             | (Scho                                   | (Schodida   /Eorm 000) Dord    )                               |  | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|-----------------------------|---|--|--|---|
|  | (a)                  | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                         |
| CURATIVE CARE NETWORK<br>1000 N 92ND ST<br>MILWAUKEE, WI 53226               | 39-0806286           | 501(C)(3)                        | 15,803.                     | ·                                       |  |  | OPERATING SUPPORT   |
| DANCEWORKS INC<br>1661 N WATER ST<br>MILWAUKEE, WI 53202                     | 39-1734312           | 501(C)(3)                        | 26,500.                     | .0                                      |  |  | PERFORMING ARTS<br>OPERATIONS                                 |
| DATA YOU CAN USE, INC<br>PO BOX 511700<br>MILWAUKEE, WI 53203                | 81-2533562           | 501(C)(3)                        | 55,000.                     | . 0                                     |  |  | UNDERSTANDING UNDERLYING<br>HEALTH CONDITIONS AND<br>COVID-19 |
| DELTA MEMORIAL ENDOWMENT FUND<br>10300 W GOOD HOPE RD<br>MILWAUKEE, WI 53224 | 39-1360647           | 501(C)(3)                        | 11,329.                     | 0.                                      |  |  | SCHOLARSHIPS TO THE DELTA<br>SIGMA THETA SORORITY             |
| DEPAUW UNIVERSITY<br>300 EAST SEMINARY STREET<br>GREENCASTLE, IN 46135       | 35-0869045           | 501(C)(3)                        | 25,000.                     |   |  |  | SCHOLARSHIPS  |
| DIGITAL BRIDGE<br>126 S. 2ND ST.<br>MILWAUKEE, WI 53204                      | 46-5178962           | 501(C)(3)                        | 31,000.                     |   |  |  | DIGITAL BRIDGE TRUCK WITH<br>LIFTGATE                         |
| DING DARLING WILDLIFE SOCIETY<br>1 WILDLIFE DR<br>SANIBEL, FL 33957          | 59-2240895           | 501(C)(3)                        | 5,250.                      | 0.                                      |  |  | WILDLIFE ON WHEELS, IN<br>MEMORY OF PAT AND HARVEY<br>WILMETH |
| DISCOVERY WORLD<br>500 N HARBOR DR<br>MILWAUKEE, WI 53202                    | 39-1691578           | 501(C)(3)                        | 7,500.                      | °                                       |  |  | DISCOVERY WORLD & HOME  |
| DIVERSE AND RESILIENT, INC.<br>2439 N HOLTON ST<br>MILWAUKEE, WI 53212       | 30-0084616 501(C)(3) | 501(C)(3)                        | 8,500.                      | .0                                      |  |  | SUSTAINING SUPPORT  |
|  |                      |                                  |                             |   |  |  | Schedule I (Form 990)   |

|   | JKEE FOUNDATIO       | N, INC.                          |   |   |  |  | 39-6036407 Page 1   |
|---|----------------------|----------------------------------|---|---|--|--|---|
| Lart II     Commutation of drams and others of organization or governments     (b) EIN     (c) IRC section     (d) Amount of non-cash organization or governments     (f) Method of (c) Nethod of non-cash organization | (b) EIN              | (c) IRC section<br>if applicable | and Domesuc do<br>(d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                             |
| DIVINE SAVIOR HOLY ANGELS HIGH<br>SCHOOL - 4257 N 100TH ST -<br>MILWAUKEE, WI 53222   | 39-0929898           | 501(C)(3)                        | 84,330.                                       | .0                                      |  |  | SUSTAINING SUPPORT  |
| DOCTORS WITHOUT BORDERS USA, INC<br>40 RECTOR ST, 16TH FLOOR<br>NEW YORK, NY 10006-1705   | 13-3433452           | 501(C)(3)                        | 13,629.                                       | .0                                      |  |  | SUSTAINING SUPPORT  |
| DOOR COUNTY COMMUNITY FOUNDATION<br>INC - 222 N 3RD AVE - STURGEON<br>BAY, WI 54235   | 39-1980685           | 501(C)(3)                        | 46,500.                                       | .0                                      |  |  | SUSTAINING SUPPORT  |
| DOWN SYNDROME ASSOCIATION OF<br>WISCONSIN - 11709 W CLEVELAND AVE<br>#2 - MILWAUKEE, WI 53227   | 39-1681338           | 501(C)(3)                        | 150,000.                                      | 0.                                      |  |  | COMMUNITY-BASED HOUSING<br>FOR THOSE WITH<br>DISABILITIES         |
| DR. HOWARD FULLER COLLEGIATE<br>ACADEMY - 4030 N 29TH ST -<br>MILWAUKEE, WI 53216   | 30-0322248           | 501(C)(3)                        | 30,000.                                       | .0                                      |  |  | REASONS FOR HOPE:<br>MILWAUKEE COLLEGIATE<br>ACADEMY READ TO LEAD |
| DR. JAMES CAMERON LEGACY<br>FOUNDATION - 11933 W BURLEIGH ST -<br>MILWAUKEE, WI 53222   | 46-1046265           | 501(C)(3)                        | 132,011.                                      | .0                                      |  |  | ABHM AND THE BIGGER'S<br>SCULPTURE                                |
| EARLY MUSIC NOW, INC<br>759 N MILWAUKEE ST STE 420<br>MILWAUKEE, WI 53202   | 39-1594107           | 501(C)(3)                        | 15,085.                                       | .0                                      |  |  | SUSTAINING SUPPORT  |
| EASTBROOK ACADEMY<br>5375 N GREEN BAY AVE<br>MILWAUKEE, WI 53209  | 39-1926815           | 501(C)(3)                        | 25,408.                                       | .0                                      |  |  | ENHANCEMENT OF THE<br>ACADEMIC EXCELLENCE OF<br>EASTBROOK ACADEMY |
| EASTERSEALS SOUTHEAST WISCONSIN<br>INC - 6737 W WASHINGTON ST STE<br>4205 - WEST ALLIS, WI 53214  | 39-0816849 501(C)(3) | 501(C)(3)                        | 7,917.  | .0                                      |  |  | SUSTAINING SUPPORT  |
|   |                      |                                  |   |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | N, INC.                                  |                                    |  |   |   | 39-6036407 Page 1   |
|--|----------------------|--|------------------------------------|--|---|---|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor    | nestic Organizations                     | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par  | t II.)                                    |   |
| <b>(a)</b> Name and address of organization or government  | (b) EIN              | <b>(c) I</b> RC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                        |
| EDGEWOOD COLLEGE INC<br>1000 EDGEWOOD DR<br>MADISON, WI 53711  | 39-0806202           | 501(C)(3)                                | 20,000.                            | .0   |   |   | ULAB, SOCIAL INNOVATION<br>AND SUSTAINABILITY<br>LEADERSHIP PROGRAM |
| EDUCATION FOUNDATION OF BROWN DEER<br>8200 N. 60TH ST.<br>BROWN DEER, WI 53233   | 47-1292121           | 501(C)(3)                                | 8,500.                             | .0   |   |   | LEADERS IN TRAINING   |
| ELMBROOK HUMANE SOCIETY, INC<br>20950 ENTERPRISE AVE<br>BROOKFIELD, WI 53045   | 39-6091712           | 501(C)(3)                                | 16,097.                            | •0   |   |   | SERVICES, IN HONOR OF<br>ANDREA SCHAUS' BIRTHDAY                    |
| ELTON JOHN AIDS FOUNDATION<br>584 BROADWAY STE 906<br>NEW YORK, NY 10012   | 58-2033460           | 501(C)(3)                                | 12,116.                            | 0.   |   |   | SUSTAINING SUPPORT  |
| EMPLOY MILWAUKEE INC<br>2338 N 27TH ST<br>MILWAUKEE, WI 53210  | 39-1636835           | 501(C)(3)                                | 273,378.                           | 0.   |   |   | SUMMER YOUTH EMPLOYMENT   |
| END DOMESTIC ABUSE WISCONSIN<br>1245 E WASHINGTON AVE<br>MADISON, WI 53703   | 39-1380437           | 501(C)(3)                                | 130,000.                           | .0   |   |   | THE ASHA PROJECT  |
| ENTREPRENEUR'S COALITION, INC<br>1840 PROSPECT AVE APT 819<br>MILWAUKEE, WI 53202  | 84-2612461           | 501(C)(3)                                | 350,000.                           | .0   |   |   | SUSTAINING SUPPORT  |
| ENVIRONMENTAL DEFENSE FUND<br>257 PARK AVENUE SOUTH, 17TH FL<br>NEW YORK, NY 10010   | 11-6107128           | 501(C)(3)                                | 5,528.                             |  |   |   | SUSTAINING SUPPORT  |
| EPISCOPAL DIOCESE OF MILWAUKEE<br>804 E JUNEAU AVE<br>MILWAUKEE, WI 53202  | 39-0806327 501(C)(3) | 501(C)(3)                                | 24,820.                            |  |   |   | SUSTAINING SUPPORT  |
|  |                      |  |                                    |  |   |   | Schedule I (Form 990)   |

## Schedule I (Form 990)

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | JKEE FOUNDATIC                    | N, INC.   |  |  | <br> <br> <br>   |  | 39-6036407 Page 1                                  |
|---|-----------------------------------|---|--|--|--|--|--|
| Part II       Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)         (a) Name and address of organization or government       (b) EIN       (c) IRC section       (d) Amount of real (e) Amount of non-cash       (f) Method of real (real of real of | Assistance to Dor<br>(b) EIN      | nestic Organizations.<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Sche<br>(e) Amount of<br>non-cash<br>assistance | dule I (Form 990), Par<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance              |
| ERAS SENIOR NETWORK, INC<br>2607 N. GRANDVIEW BLVD STE 150<br>WAUKESHA, WI 53188  | 39-1393171                        | 501(C)(3)   | 14,000.  | 0.   |  |  | REDUCING SENIOR<br>LONELINESS                      |
| EVANGELICAL LUTHERAN CHURCH IN<br>AMERICA - 8756 W. HIGGINS ROAD -<br>CHICAGO, IL 60631   | 41-1568278                        | 501(C)(3)   | 7,150.   | 0.   |  |  | INTERNATIONAL DISASTER<br>RELIEF                   |
| EX FABULA<br>206 E. SMITH ST.<br>MILWAUKEE, WI 53207  | 27-2991916                        | 501(C)(3)   | 33,500.  | °  |  |  | BUILDING CAPACITY FOR<br>COMMUNITY STORYTELLING    |
| EXPLOIT NO MORE<br>PO BOX 510286<br>MILWAUKEE, WI 53203   | 46-1984217                        | 501(C)(3)   | 20,000.  | 0.   |  |  | FREEDOM HOUSE A<br>TRANSITIONAL HOUSING<br>PROGRAM |
| FALLS AREA COMMUNITY SERVICES INC<br>PO BOX 238<br>MENOMONEE FALLS, WI 53052  | 32-0311813                        | 501(C)(3)   | 7,500.   | 0.   |  |  | SUSTAINING SUPPORT                                 |
| FAMILY PROMISE OF WASHINGTON<br>COUNTY - 724 ELM ST UNIT 102 -<br>WEST BEND, WI 53095-3220  | 27-0740203                        | 501(C)(3)   | 10,850.  | 0.   |  |  | COVID-19 SHELTER SERVICE<br>RESPONSE               |
| FAMILY PROMISE OF WAUKESHA COUNTY<br>INC - PO BOX 66 - WAUKESHA, WI<br>53187  | 45-5502675                        | 501(C)(3)   | 16,000.  | 0.   |  |  | PATH TO FAMILY<br>INDEPENDENCE                     |
| FAMILY SERVICE AGENCY OF WAUKESHA<br>COUNTY INC - 101 W BROADWAY FLOOR<br>2 - WAUKESHA, WI 53186  | 39-1038707                        | 501(C)(3)   | 6,500.   | 0.   |  |  | SUSTAINING SUPPORT                                 |
| FATHER GENE'S HELP CENTER<br>5919 W NATIONAL AVE<br>WEST ALLIS, WI 53214  | 39-1523407 <mark>501(C)(3)</mark> | 501(C)(3)   | 12,799.  |  |  |  | SUSTAINING SUPPORT                                 |
|   |                                   |   |  |  |  |  | Schedule I (Form 990)                              |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | NN, INC.                         |                                    |  |  |   | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|------------------------------------|--|--|---|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | vssistance to Dor    | nestic Organizations             | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)                                    |   |
| <b>(a)</b> Name and address of organization or government  | (b) EIN              | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                        |
| FATHERS MAKING PROGRESS INC<br>3838 N 6TH ST<br>MILWAUKEE, WI 53212  | 85-0512163           | 501(C)(3)                        | 7,500.                             | .0   |  |   | BOYS 2 LEADERS RITES OF<br>PASSAGE CLASS WITH SHALOM<br>HIGH SCHOOL |
| FEAST OF CRISPIAN INC<br>PO BOX 1038<br>MILWAUKEE, WI 53201  | 81-0689965           | 501(C)(3)                        | 20,000.                            | .0   |  |   | PERFORMING ARTS<br>OPERATIONS                                       |
| FEEDING AMERICA EASTERN WI<br>FOUNDATION, INC - 1700 W FOND DU<br>LAC AVE - MILWAUKEE, WI 53205  | 39-1808502           | 501(C)(3)                        | 73,906.                            | .0   |  |   | SUSTAINING SUPPORT  |
| FEEDING AMERICA EASTERN WISCONSIN<br>INC - 1700 W FOND DU LAC AVE -<br>MILWAUKEE, WI 53205-1299  | 39-1384593           | 501(C)(3)                        | 148,899.                           | 0.   |  |   | SUSTAINING SUPPORT  |
| FELLOWSHIP OPEN INC<br>411 E WISCONSIN AVE STE 2350<br>MILWAUKEE, WI 53202-4426  | 75-3070195           | 501(C)(3)                        | 45,000.                            | o  |  |   | TUTORING STUDENTS AT<br>METCALFE ELEMENTARY<br>SCHOOL IN MILWAUKEE  |
| FESTIVAL CITY SYMPHONY, INC<br>W140N9964 SEVEN PINES WAY UNIT B<br>GERMANTOWN, WI 53022  | 39-1777883           | 501(C)(3)                        | 72,000.                            | 0.   |  |   | SUSTAINING SUPPORT  |
| FIRST CHURCH OF CHRIST SCIENTIST -<br>WAUWATOSA - 1714 CHURCH ST -<br>WAUWATOSA, WI 53213  | 39-6000540           | 501(C)(3)                        | 50,264.                            | .0   |  |   | SUSTAINING SUPPORT  |
| FIRST CONGREGATIONAL CHURCH OF<br>WAUKESHA - 100 E BROADWAY -<br>WAUKESHA, WI 53186  | 39-0817531           | 501(C)(3)                        | 10,000.                            | 0.   |  |   | SUSTAINING SUPPORT  |
| FIRST STAGE CHILDREN'S THEATER<br>325 W WALNUT ST<br>MILWAUKEE, WI 53212   | 39-1634828 501(C)(3) | 501(C)(3)                        | 31,150.                            | .0   |  |   | SUSTAINING SUPPORT  |
|  |                      |                                  |                                    |  |  |   | Schedule I (Form 990)   |

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| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | N, INC.                                  |                                    |  |  |  | 39-6036407 Page 1                                  |
|--|----------------------|--|------------------------------------|--|--|--|--|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor     | nestic Organizations                     | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |  |
| <b>(a)</b> Name and address of organization or government  | (b) EIN              | <b>(c) I</b> RC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance       |
| FISH OF SANIBEL, INC.<br>2430 PERIWINKLE WAY STE B<br>SANIBEL, FL 33957-4407   | 20-8892375           | 501(C)(3)                                | 6,000.                             | •0   |  |  | SUSTAINING SUPPORT                                 |
| FLORENTINE OPERA COMPANY INC<br>930 E BURLEIGH ST LOWER LEVEL<br>MILWAUKEE, WI 53212   | 39-1098132           | 501(C)(3)                                | 141,505.                           | •0   |  |  | FIGARO   |
| FONDY FOOD CENTER INC<br>1617 W NORTH AVE STE 4<br>MILWAUKEE, WI 53205   | 31-1751969           | 501(C)(3)                                | 208,000.                           | 0.   |  |  | THE CAPACITY BUILDING<br>PROJECT                   |
| FOOD PANTRY OF WAUKESHA COUNTY INC<br>1301 SENTRY DR<br>WAUKESHA, WI 53186   | 39-1502732           | 501(C)(3)                                | 48,000.                            | 0.   |  |  | TARGETED EMERGENCY FOOD<br>SUPPLIES - COVID-19     |
| FOREVER FRIENDS, INC<br>2756 N 70TH ST<br>MILWAUKEE, WI 53210  | 39-1912066           | 501(C)(3)                                | 9,957.                             | 0.   |  |  | SUSTAINING SUPPORT                                 |
| FORGE (FOR OURSELVES: REWORKING<br>GENDER EXPRESSION) - PO BOX 1272 -<br>MILWAUKEE, WI 53201   | 20-1795062           | 501(C)(3)                                | 19,500.                            | •<br>•   |  |  | ACCESS TO ONLINE<br>SUPPORT-A COVID-19<br>RESPONSE |
| FORWARD COMMUNITY INVESTMENTS<br>2045 ATWOOD AVE STE 101A<br>MADISON, WI 53704-6605  | 39-1815578           | 501(C)(3)                                | 100,000.                           | 0.   |  |  | EMERGENCY GRANT SUPPORT<br>FOR NONPROFITS          |
| FOUNDATION OF THE WISCONSIN<br>AUTOMOBILE & TRUCK DEALERS<br>ASSOCIATION - 150 E GILMAN ST STE<br>A100 - MADISON, WI 53703               | 39-1719902           | 501(C)(3)                                | 14,457.                            | 0.   |  |  | SUSTAINING SUPPORT                                 |
| FOX POINT EVANGELICAL LUTHERAN<br>CHURCH - 7510 N SANTA MONICA BLVD<br>- FOX POINT, WI 53217   | 39-0907255 501(C)(3) | 501(C)(3)                                | 17,400.                            | 0.   |  |  | SUSTAINING SUPPORT                                 |
|  |                      |  |                                    |  |  |  | Schedule I (Form 990)                              |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | KEE FOUNDATIO        | N, INC.  |  |  | [  |   | 39-6036407 Page 1   |
|---|----------------------|--|--|--|--|---|---|
| Lart II     Continuation of Grants and Other Assistance to Domestic Organization of Go IRC secondanization or government       (a) Name and address of organization or government | (b) EIN              | restic Organizations<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Scne<br>(e) Amount of<br>non-cash<br>assistance | zations and Domestic Governments (Schedule I (Form 990), Part II.)<br>tion (d) Amount of (e) Amount of (f) Method of (<br>ble cash grant assistance (book, FMV,<br>appraisal, other) | t II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                               |
| FOX-WOLF WATERSHED ALLIANCE<br>PO BOX 1861<br>APPLETON, WI 54912  | 39-1701585           | 501(C)(3)  | 10,000.  | .0   |  |   | 2020 WATERSHED CLEAN UP   |
| FRANKLY MUSIC INC<br>622 N WATER ST STE 200<br>MILWAUKEE, WI 53202  | 20-0359705           | 501(C)(3)  | 7,500.   | o  |  |   | SUSTAINING SUPPORT  |
| FRIEDENS COMMUNITY MINISTRIES<br>PO BOX 05411<br>MILWAUKEE, WI 53205  | 39-1587037           | 501(C)(3)  | 31,000.  | 0  |  |   | SUSTAINING SUPPORT  |
| FRIENDS OF BOERNER BOTANICAL<br>GARDENS - 9400 BOERNER DR STE 1 -<br>HALES CORNERS, WI 53130  | 39-1487896           | 501(C)(3)  | 22,100.  | 0.   |  |   | SEEDS   |
| FRIENDS OF CAMP ANOKIJIG INC<br>W5639 ANOKIJIG LANE<br>PLYMOUTH, WI 53073   | 20-3211411           | 501(C)(3)  | .500.  | 0.   |  |   | SUSTAINING SUPPORT  |
| FRIENDS OF HANK AARON STATE TRAIL<br>PO BOX 35<br>MILWAUKEE, WI 53201   | 39-2020323           | 501(C)(3)  | 45,000.  | .0   |  |   | FUTURE MAINTENANCE OF<br>'TILTED CHANNEL'                           |
| FRIENDS OF LAKESHORE STATE PARK<br>C/O DISCOVERY WORLD<br>MILWAUKEE, WI 53202   | 20-2742766           | 501(C)(3)  | 23,200.  | 0.   |  |   | REPAIRING THE ACCESSIBLE<br>FISHING PIER AT LAKESHORE<br>STATE PARK |
| FRIENDS OF LAPHAM PEAK UNIT, INC<br>W329N846 CTY RD C<br>DELAFIELD, WI 53018  | 39-1650068           | 501(C)(3)  | 40,176.  | .0   |  |   | SNOWMAKING, IN HONOR OF<br>MIKE LASZKIEWICZ                         |
| FRIENDS OF SCHLITZ-AUDUBON CENTER<br>INC - 1111 E BROWN DEER RD -<br>BAYSIDE, WI 53217  | 39-1231819 501(C)(3) | 501(C)(3)  | 179,076.                                       | 0  |  |   | EDUCATIONAL SIGNAGE   |
|   |                      |  |  |  |  |   | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIC        | N, INC.       | :<br>:<br>:                                   |                                   |  |  | 39-6036407 Page 1                     |
|--|----------------------|---------------|---|-----------------------------------|--|--|---------------------------------------|
| Commutation of crains and other Assistance to Domestic Organizations and Domestic Governments       (a) Name and address of organization or government       (b) EIN     (c) IRC section       if applicable     cash grant       assistance | (b) EIN              | if applicable | and Domesuc do<br>(d) Amount of<br>cash grant | (a) Amount of non-cash assistance | tt of (f) Method of (<br>valuation no<br>ce (book, FMV,<br>appraisal, other) | (11.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
| FRIENDS OF THE VILLA TERRACE<br>DECORATIVE ARTS MUSEUM LTD - PO<br>BOX 170605 - MILWAUKEE, WI 53217  | 39-1692671           | 501(C)(3)     | 13,741.                                       | 0                                 |  |  | SUSTAINING SUPPORT                    |
| FROEDTERT HOSPITAL FOUNDATION, INC<br>9200 W WISCONSIN AVE<br>WAUWATOSA, WI 53226  | 39-1431192           | 501(C)(3)     | 11,266.                                       | .0                                |  |  | THE COVID RAPID RESPONSE<br>FUND      |
| GATES FAMILY YOUTH CENTER INC<br>2549 N. 59TH ST.<br>MILWAUKEE, WI 53212   | 84-2941439           | 501(C)(3)     | 10,000.                                       | .0                                |  |  | DISTANT LEARNING PODS                 |
| GATHERING OF SOUTHEAST WISCONSIN<br>INC - 804 E JUNEAU AVE -<br>MILWAUKEE, WI 53202  | 39-1891030           | 501(C)(3)     | 86,885.                                       | 0.                                |  |  | SUSTAINING SUPPORT                    |
| GERMAN AMERICAN SOCIETIES OF<br>MILWAUKEE - 4118 N NEWHALL ST -<br>SHOREWOOD, WI 53211   | 20-1014973           | 501(C)(3)     | 6,869.  | 0.                                |  |  | AUSTRIAN AMERICAN DAY                 |
| GESU PARISH<br>1210 W MICHIGAN<br>MILWAUKEE, WI 53201-0495   | 39-1799799           | 501(C)(3)     | 15,000.                                       | 0.                                |  |  | LENTEN ALMS FOR HAITI                 |
| GIRL SCOUTS OF WISCONSIN SOUTHEAST<br>INC - 131 S 69TH ST - MILWAUKEE,<br>WI 53214   | 39-0892833           | 501(C)(3)     | 9,074.  | 0.                                |  |  | SUSTAINING SUPPORT                    |
| GIRLS ON THE RUN OF SOUTHEASTERN<br>WISCONSIN, INC - 5775 N GLEN PARK<br>RD STE 203 - MILWAUKEE, WI 53209  | 26-0403812           | 501(C)(3)     | 10,000.                                       | .0                                |  |  | GIRLS ON THE RUN PROGRAM<br>SUPPORT   |
| GIVE HOPE, FIGHT POVERTY<br>1607 E KELLY ST<br>INDIANAPOLIS, IN 46203  | 45-2359200 501(C)(3) | 501(C)(3)     | 15,000.                                       | .0                                |  |  | SUSTAINING SUPPORT                    |
|  |                      |               |   |                                   |  |  | Schedule I (Form 990)                 |

| Schedule   (Form 990) GREATER MILWAUKEE FOUNDATION, INC.   | KEE FOUNDATIO        | N, INC.                          |                             |   |  |  | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|-----------------------------|---|--|--|---|
| (a) Name and address of organization or government   | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                             |
| GLACIAL LAKES CONSERVANCY INC<br>529 ONTARIO AVE<br>SHEBOYGAN, WI 53081-4151                           | 39-1849140           | 501(C)(3)                        | 21,605.                     | o                                       |  |  | WILLOW CREEK PRESERVE<br>RESTORATION                              |
| GLENDALE-RIVER HILLS SCHOOL<br>DISTRICT - 2600 W MILL RD -<br>GLENDALE, WI 53209                       | 39-1747608           | 501(C)(3)                        | 25,000.                     | 0.                                      |  |  | INNOVATIVE LEARNING LAB,<br>NEEDS RELATED TO THE<br>PANDEMIC      |
| GOODWILL INDUSTRIES OF<br>SOUTHEASTERN WISCONSIN INC - 5400<br>S 60TH ST - GREENDALE, WI<br>53219-0509 | 39-0808491           | 501(C)(3)                        | 88,326.                     | .0                                      |  |  | SUSTAINING SUPPORT  |
| GPS EDUCATION PARTNERS INC<br>20633 WATERTOWN CT #202<br>WAUKESHA, WI 53007                            | 39-1667442           | 501(C)(3)                        | 30,000.                     | 0.                                      |  |  | MANUFACTURING YOUTH<br>APPRENTICESHIP PROGRAM -<br>COVID-19 PIVOT |
| GRACE FELLOWSHIP CHURCH OF<br>MILWAUKEE - 3879 N PORT WASHINGTON<br>RD - MILWAUKEE, WI 53212           | 39-1965076           | 501(C)(3)                        | 10,000.                     | 0.                                      |  |  | SATURDAY SCHOLARS   |
| GRAND AVENUE CLUB INC<br>210 E MICHIGAN ST<br>MILWAUKEE, WI 53203-2102                                 | 39-1708177           | 501(C)(3)                        | 35,985.                     | 。<br>。                                  |  |  | SUSTAINING SUPPORT  |
| GREAT LAKES COMMUNITY CONSERVATION<br>CORPS, INC - 531 S WATER STREET<br>STE 200 - MILWAUKEE, WI 53204 | 39-1840567           | 501(C)(3)                        | 16,387.                     |   |  |  | 2020 MINI GRANT   |
| GREATER GALILEE COMMUNITY<br>DEVELOPMENT CORP 2432 N<br>TEUTONIA AVE - MILWAUKEE, WI 53206             | 45-2793341           | 501(C)(3)                        | 7,000.                      | 0.                                      |  |  | SENIOR MEALS  |
| GREATER KANSAS CITY COMMUNITY<br>FOUNDATION - 1055 BROADWAY STE130<br>- KANSAS CITY, MO 64105          | 43-1152398 501(C)(3) | 501(C)(3)                        | 25,000.                     | o                                       |  |  | LARGE COMMUNITY<br>FOUNDATION THANK YOU<br>DONATION               |
|  |                      |                                  |                             |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | JKEE FOUNDATIC<br>Assistance to Dor | N, INC.<br>nestic Organizations  | and Domestic Go                    |        | (Schedule I (Form 990). Part                                   | CI                                     | 39-6036407 Page 1                                       |
|---|-------------------------------------|----------------------------------|------------------------------------|--------|--|--|---|
|   | (p)                                 | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant |        | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                   |
| GREATER MILWAUKEE COMMITTEE FOR<br>COMMUNITY DEVELOPMENT - 247<br>FRESHWATER WAY STE 400 -<br>MILWAUKEE, WI 53204           | 39-0749512                          | 501(C)(3)                        | 1,312,257.                         | 0      |  |  | MKE UNITED BREW CITY<br>MATCH                           |
| GREATER TOGETHER INC<br>2203 N TERRACE AVE<br>MILWAUKEE, WI 53202   | 81-5054000                          | 501(C)(3)                        | 60,000.                            | .0     |  |  | GREATER EQUITY 2030<br>INTERNSHIP PROGRAM               |
| GROUNDWORK MILWAUKEE<br>227 W PLEASANT ST<br>MILWAUKEE, WI 53212  | 32-0182692                          | 501(C)(3)                        | 32,000.                            | •0     |  |  | BOARD DEVELOPMENT                                       |
| GUEST HOUSE OF MILWÀUKEE<br>1216 N 13TH ST<br>MILWAUKEE, WI 53205-2515  | 39-1539301                          | 501(C)(3)                        | 233,470.                           | .0     |  |  | THE MEDIA CAMPAIGN                                      |
| HARBOR DISTRICT<br>600 E. GREENFIELD AVENUE<br>MILWAUKEE, WI 53204  | 47-1388101                          | 501(C)(3)                        | 150,500.                           | .0     |  |  | 2020 MINI GRANT   |
| HARRY AND ROSE SAMSON FAMILY<br>JEWISH COMMUNITY CENTER OF<br>MILWAUKEE - 6255 N SANTA MONICA<br>BLVD - MILWAUKEE, WI 53217 | 39-0806234                          | 501(C)(3)                        | 22,650.                            | 0      |  |  | THE KIDSHARE PROGRAM                                    |
| HARRY CHAPIN FOOD BANK OF<br>SOUTHWEST FLORIDA, INC - COLLIER<br>COUNTY CENTER - NAPLES, FL 34104                           | 59-2332120                          | 501(C)(3)                        | 5,250.                             | 。<br>。 |  |  | FOOD  |
| HAVENWOODS ECONOMIC DEVELOPMENT<br>CORPORATION - 6161 N 64TH ST -<br>MILWAUKEE, WI 53218                                    | 02-0590061                          | 501(C)(3)                        | 10,000.                            |        |  |  | HAVENWOODS MURALS                                       |
| HEALTH CONNECTIONS INC<br>4655 N PORT WASHINGTON RD #325<br>MILWAUKEE, WI 53212   | 82-5307989 <mark>501(C)(3)</mark>   | 501(C)(3)                        | 50,000.                            | .0     |  |  | COMMUNITY ORGANIZERS<br>MENTAL HEALTH CIVIC<br>RESPONSE |
|   |                                     |                                  |                                    |        |  |  | Schedule I (Form 990)                                   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.   | KEE FOUNDATIO | N, INC.<br>Mestic Organizations  | and Domestic Go             | varnmants (Scha                   | (Schedule   (Form 990), Part    )                              |  | 39-6036407 Page 1   |
|--|---------------|----------------------------------|-----------------------------|-----------------------------------|--|--|---|
|  | (b) EIN       | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                 |
| HEAR WISCONSIN, INC.<br>10243 W NATIONAL AVE<br>WEST ALLIS, WI 53227                                 | 39-0826101    | 501(C)(3)                        | 228,668.                    | .0                                |  |  | SUSTAINING SUPPORT  |
| HEARTLAND HOUSING INC<br>208 SOUTH LASALLE<br>CHICAGO, IL 60604-1000                                 | 36-3642952    | 501(C)(3)                        | 17,500.                     | 0                                 |  |  | URGENT SUPPORT FOR<br>MILWAUKEE RESIDENTS                             |
| HEARTLOVE PLACE<br>1915 N MARTIN LUTHER KING JR DR<br>MILWAUKEE, WI 53212                            | 39-1896815    | 501(C)(3)                        | 7,500.                      | .0                                |  |  | NORTH DIVISION HIGH<br>SCHOOL JOB READINESS<br>TRAINING               |
| HEPHATHA LUTHERAN CHURCH<br>1720 W LOCUST ST<br>MILWAUKEE, WI 53206                                  | 39-0826294    | 501(C)(3)                        | 7,270.                      | 0.                                |  |  | THE DESIGNATED INNER<br>CITY/HEPHATHA FUND                            |
| HERITAGE CHRISTIAN SCHOOLS<br>3500 SOUTH GLEN PARK RD<br>NEW BERLIN, WI 53151                        | 39-1255868    | 501(C)(3)                        | 150,000.                    | 0.                                |  |  | CAPITAL PROJECTS  |
| HIGHLAND COMMUNITY SCHOOL INC<br>1706 W HIGHLAND AVE<br>MILWAUKEE, WI 53233                          | 39-1133108    | 501(C)(3)                        | 30,354.                     | 0.                                |  |  | SUSTAINING SUPPORT  |
| HIGHLANDS COMMUNITY CHURCH OF<br>SCOTTSDALE - 9050 E PINNACLE PEAK<br>RD - SCOTTSDALE, AZ 85255-3611 | 86-0897323    | 501(C)(3)                        | 30,000.                     | 0.                                |  |  | SUSTAINING SUPPORT  |
| HIR WELLNESS CENTER<br>3136 W KILBORN AVE<br>MILWAUKEE, WI 53208                                     | 81-4600131    | 501(C)(3)                        | 47,400.                     |                                   |  |  | ADVANCING BOARD<br>RECRUITMENT AND<br>FUNDRAISING                     |
| HISPANIC PROFESSIONALS OF GREATER<br>MILWAUKEE - 759 N MILWAUKEE ST STE<br>322 - MILWAUKEE, WI 53203 | 90-0098434    | 501(C)(3)                        | 24,000.                     |                                   |  |  | OPERATING SUPPORT,<br>IMMEDIATE NEEDS OF<br>HISPANIC COLLEGE STUDENTS |
|  |               |                                  |                             |                                   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Dout II Continuation of Grante and Other Accietance to Demostic Organizations and Demostic Granemonts (Schedule I (Form 990), Dard II ) | KEE FOUNDATIC       | NN, INC.                         | and Domostic Go             | Coho<br>(Soho                           | dule I (Form 000) Dar  |  | 39-6036407 Page 1   |
|---|---------------------|----------------------------------|-----------------------------|---|--|--|---|
| (a) Name and address of organization or government  | (b) EIN             | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                         |
| HISTORIC KING DRIVE BUSINESS<br>IMPROVEMENT DISTRICT - 2745 DR<br>MARTIN LUTHER KING JR DR -<br>MILWAUKEE, WI 53212   | 39-1793097          | GOVERNMENT                       | 150,000.                    | 0                                       |  |  | DR. MARTIN LUTHER KING<br>JR. DRIVE BUSINESS<br>SUPPORT       |
| HISTORIC MILWAUKEE INC<br>MACKIE BUILDING<br>MILWAUKEE, WI 53202  | 39-1212338          | 501(C)(3)                        | 15,500.                     | .0                                      |  |  | SUSTAINING SUPPORT  |
| HISTORIC THIRD WARD ASSOCIATION<br>INC - 525 E CHICAGO ST UNIT 102 -<br>MILWAUKEE, WI 53202   | 39-1460281          | 501(C)(3)                        | 15,000.                     | 0.                                      |  |  | MAINTENANCE OF THE FUBLIC<br>SCULPTURE BY MICHELLE<br>GRABNER |
| HMONG AMERICAN FRIENDSHIP<br>ASSOCIATION - 3824 W VLIET ST -<br>MILWAUKEE, WI 53208   | 39-1456011          | 501(C)(3)                        | 30,000.                     | 0.                                      |  |  | HMONG AMERICAN FRIENDSHIP<br>ASSOCIATION FOOD PANTRY          |
| HMONG AMERICAN PEACE ACADEMY, LTD.<br>4601 N 84TH ST<br>MILWAUKEE, WI 53225   | 39-20 <u>4</u> 1099 | 501(C)(3)                        | 40,000.                     | .0                                      |  |  | CHROMEBOOKS FOR SCHOLARS                                      |
| HMONG AMERICAN WOMEN'S<br>ASSOCIATION, INC - 3727 W NATIONAL<br>AVE - MILWAUKEE, WI 53215   | 39-1791168          | 501(C)(3)                        | 10,000.                     | 0.                                      |  |  | HAWA PANTRY   |
| HOLT INTERNATIONAL<br>PO BOX 2880<br>EUGENE, OR 97402   | 23-7257390          | 501(C)(3)                        | 6,750.                      | 0.                                      |  |  | THE SPONSORSHIP PROGRAM                                       |
| HOLY FAMILY CATHOLIC CHURCH<br>8950 COUNTY J<br>WOODRUFF, WI 54568  | 20-0395005          | 501(C)(3)                        | 10,000.                     | .0                                      |  |  | THE SUNDAY COLLECTION   |
| HOLY HILL<br>1525 CARMEL RD<br>HUBERTUS, WI 53033   | 39-0983088          | 501(C)(3)                        | 27,767.                     | 0.                                      |  |  | NEW ELEVATORS   |
|   |                     |                                  |                             |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIC    | N, INC.                          |                                 |  |   |  | 39-6036407 Page 1  |
|--|------------------|----------------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |  |
| <b>(a)</b> Name and address of organization or government  | ( <b>b</b> ) EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                 |
| HOPE CENTER INC<br>502 N EAST AVE<br>WAUKESHA, WI 53186-5035   | 39-1585261       | 501(C)(3)                        | 16,000.                         |  |   |  | SUSTAINING SUPPORT   |
| HOPE HOUSE OF MILWAUKEE INC<br>209 W ORCHARD ST<br>MILWAUKEE, WI 53204   | 39-1592900       | 501(C)(3)                        | 56,000.                         | .0   |   |  | COVID-19 SERVICE RESPONSE                                    |
| HOPE NETWORK INC<br>PO BOX 531<br>MENOMONEE FALLS, WI 53052  | 39-1475304       | 501(C)(3)                        | 12,500.                         | .0   |   |  | SUSTAINING SUPPORT   |
| HOUSE OF LOVE YOUTH HOMES<br>6324 W FOND DU LAC AVE<br>MILWAUKEE, WI 53218   | 27-0102579       | 501(C)(3)                        | 10,000.                         |  |   |  | COVID-19 ASSISTANCE  |
| HOUSING AUTHORITY OF THE CITY OF<br>MILWAUKEE - 809 N BROADWAY 3RD FL<br>- MILWAUKEE, WI 53201   | 39-1159751       | 501(C)(3)                        | 25,000.                         | 0.   |   |  | BEST BABIES ZONE   |
| HOUSING RESOURCES INC.<br>7830 W BURLEIGH ST<br>WAUWATOSA, WI 53222  | 39-1706658       | 501(C)(3)                        | 50,000.                         | .0   |   |  | HOMEOWNERSHIP PROMOTION<br>INITIATIVE                        |
| HUMANE SOCIETY OF THE UNITED<br>STATES - 1255 23RD ST NW STE 450 -<br>WASHINGTON, DC 20037   | 53-0225390       | 501(C)(3)                        | 12,762.                         |  |   |  | SUSTAINING SUPPORT   |
| HUNGER TASK FORCE INC<br>201 S HAWLEY CT<br>MILWAUKEE, WI 53214-1966   | 39-1345847       | 501(C)(3)                        | 458,916.                        | °  |   |  | SUSTAINING SUPPORT   |
| I.C. STARS MILWAUKEE<br>411 E WISCONSIN AVE COUNCOURSE LEVE<br>MILWAUKEE, WI 53202   | 36-4253411       | 501(C)(3)                        | 25,000.                         | .0   |   |  | ADVANCE MILWAUKEE'S<br>DIGITAL WORKFORCE<br>TRAINING PROGRAM |
|  |                  |                                  |                                 |  |   |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | N, INC.                                 |                                    |  |   |  | 39-6036407 Page 1                                     |
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| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor     | mestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |   |
| <b>(a)</b> Name and address of organization or government  | (b) EIN              | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance          |
| IMAGINE MKE<br>1037 W MCKINLEY AVE<br>MILWAUKEE, WI 53205-2530   | 83-1940421           | 501(C)(3)                               | 133,600.                           |  |   |  | ARTIST RELIEF FUND                                    |
| IMMACULATE HEART MEDIA<br>1496 BELLEVUE ST STE 202<br>GREEN BAY, WI 54311  | 39-2003067           | 501(C)(3)                               | 21,453.                            | .0   |   |  | GENERAL OPERATING SUPPORT                             |
| IMMANUEL PRESBYTERIAN CHURCH<br>1105 N WAVERLY PL<br>MILWAUKEE, WI 53202   | 39-0806392 501(C)(3) | 501(C)(3)                               | 13,500.                            | .0   |   |  | ANNUAL SUPPORT  |
| IMPACT ALCOHOL & OTHER DRUG ABUSE<br>SERVICES, INC 6737 W WASHINGTON<br>ST STE 2225 - WEST ALLIS, WI 53214                               | 39-0988784           | 501(C)(3)                               | 39,281.                            | . 0  |   |  | COMMUNITY RESOURCE<br>SPECIALISTS FIRST<br>RESPONDERS |
| INADCURE FOUNDATION<br>12 SCOTT CT<br>FAIRFIELD, NJ 07004  | 81-4763783           | 501(C)(3)                               | 25,000.                            | 0.   |   |  | SUSTAINING SUPPORT                                    |
| INDEPENDENCEFIRST INC<br>540 S 1ST ST<br>MILWAUKEE, WI 53204-1605  | 39-1343425           | 501(C)(3)                               | 15,118.                            | 0.   |   |  | OPERATING SUPPORT                                     |
| INFINITE GYMNASTICS BOOSTER CLUB,<br>INC - 8989 N 55TH STREET - BROWN<br>DEER, WI 53223  | 39-1968748           | 501(C)(3)                               | 10,000.                            | 0.   |   |  | SCHOLARSHIPS FOR BOY'S<br>GYMNASTICS FEES             |
| INTERCHANGE, INC.<br>1105 N WAVERLY PL<br>MILWAUKEE, WI 53202  | 23-7175702           | 501(C)(3)                               | 12,000.                            |  |   |  | INTERCHANGE FOOD PANTRY -<br>COVID-19 RESPONSE        |
| INTERNATIONAL CRANE FOUNDATION INC<br>E11376 SHADY LANE RD<br>BARABOO, WI 53913  | 39-1187711           | 501(C)(3)                               | 14,693.                            | 0.   |   |  | SUSTAINING SUPPORT                                    |
|  |                      |   |                                    |  |   |  | Schedule I (Form 990)                                 |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | JKEE FOUNDATIC<br>Assistance to Dor | <sub>N</sub> , <sub>INC</sub> .<br>nestic Organizations | and Domestic Go                    | vernments (Sche                         | dule I (Form 990), Par   |  | 39-6036407 Page 1   |
|--|-------------------------------------|---|------------------------------------|---|--|--|---|
| (a) Name and address of organization or government   | (p) EIN                             | <b>(c) I</b> RC section<br>if applicable                | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                   |
| INTERNATIONAL FUND FOR ANIMAL<br>WELFARE - 290 SUMMER ST - YARMOUTH<br>PORT, MA 02675-1734   | 31-1594197                          | 501(C)(3)   | 12,022.                            | 0.                                      |  |  | SUSTAINING SUPPORT  |
| INTERNATIONAL LUTHERAN LAYMEN'S<br>LEAGUE - 660 MASON RIDGE CENTER -<br>ST. LOUIS, MO 63141-8557   | 43-0653365                          | 501(C)(3)   | 5,311.                             | .0                                      |  |  | SUSTAINING SUPPORT  |
| IOWA STATE UNIVERSITY FOUNDATION<br>2505 UNIVERSITY BLVD<br>AMES, IA 50010   | 42-1143702 501(C)(3)                | 501(C)(3)   | 12,500.                            | 0                                       |  |  | THE DIRECTOR LEVEL<br>MEMBERSHIP IN THE CYCLONE<br>CLUB                 |
| J.K. LEE CITY YOUTH MARTIAL ARTS<br>PROGRAM - 510 E BURLEIGH ST -<br>MILWAUKEE, WI 53212   | 47-4091806 501(C)(3)                | 501(C)(3)   | 11,000.                            | 0.                                      |  |  | SUSTAINING SUPPORT  |
| JACARRIE'S KICKS FOR KIDS<br>7972 W APPLETON AVE<br>MILWAUKEE, WI 53218  | 81-3187926                          | 501(C)(3)   | 7,500.                             | 0.                                      |  |  | LIFE SKILLS TRAINING  |
| JAZALE'S ART STUDIO<br>2408 VEL R PHILLIPS AVE<br>MILWAUKEE, WI 53212  | 46-1080293                          | 501(C)(3)   | 6,000.                             | 0.                                      |  |  | SUSTAINING SUPPORT  |
| JEWISH FAMILY SERVICES INC<br>1300 N JACKSON ST<br>MILWAUKEE, WI 53202   | 39-0806291                          | 501(C)(3)   | 6,500.                             | 0.                                      |  |  | MASTER'S LEVEL SOCIAL<br>WORKER POSITION, IN<br>MEMORY OF MICHAEL LUBER |
| JEWISH HOME AND CARE CENTER<br>FOUNDATION, INC - 1400 N PROSPECT<br>AVE - MILWAUKEE, WI 53202-3089   | 39-1555857 501(C)(3)                | 501(C)(3)   | 21,483.                            | .0                                      |  |  | SUSTAINING SUPPORT  |
| JEWISH HOME AND CARE INC<br>1414 N PROSPECT AVE<br>MILWAUKEE, WI 53202-3089  | 39-0813421 <mark>501(C)(3)</mark>   | 501(C)(3)   | 10,242.                            | .0                                      |  |  | SUPPORT OF DANCE<br>CONNECTIONS   |
|  |                                     |   |                                    |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION  | JKEE FOUNDATIC               | NN, INC.   |  |  | (<br>)<br>-<br>-<br>-  |  | 39-6036407 Page 1   |
|---|------------------------------|--|--|--|--|--|---|
| Part II     Continuation of drams and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Fart II, 900, | Assistance to Dor<br>(b) EIN | restic Organizations<br>(c) IRC section<br>if applicable | and Lomestic 40<br>(d) Amount of<br>cash grant | vernments (ocne<br>(e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (11.)<br>(g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                          |
| JFS HOUSING INC<br>1300 N JACKSON STREET<br>MILWAUKEE, WI 53202   | 26-1786285                   | 501(C)(3)  | 50,000.  | 0.0  |  |  | RESIDENTIAL MEAL FROGRAM<br>FOR LOW INCOME SENIORS                    |
| JOHN CARROLL UNIVERSITY<br>1 JOHN CARROLL BLVD<br>UNIVERSITY HEIGHTS, OH 44118  | 34-0714681                   | 501(C)(3)  | 10,000.  | .0   |  |  | THE RICHARD H. BAMBERGER<br>MILITARY VETERANS<br>ASSISTANCE ENDOWMENT |
| JO'S DAYCARE ACADEMY<br>4801 W NORTH AVE<br>MILWAUKEE, WI 53202   | 36-4193333 501(C)(3)         | 501(C)(3)  | 10,000.  | .0   |  |  | SUSTAINING SUPPORT  |
| JOY LUTHERAN CHURCH<br>7051 PARKER HILLS CT<br>PARKER, CO 80138   | 23-7430310                   | 501(C)(3)  | 12,500.  | 0.   |  |  | THE PASTOR'S ADVISED FUND   |
| JOYCE'S HOUSE OF MILWAUKEE<br>2811 W NORTH AVE<br>MILWAUKEE, WI 53208   | 84-2242851                   | 501(C)(3)  | 15,000.  | 0  |  |  | EMERGENCY NEED PROJECT<br>FOR WOMEN RECOVERING FROM<br>ADDICTION      |
| JUNIOR ACHIEVEMENT OF WISCONSIN<br>INC - 11111 W LIBERTY DRIVE -<br>MILWAUKEE, WI 53224   | 39-0826295                   | 501(C)(3)  | 17,396.  | .0   |  |  | SUSTAINING SUPPORT  |
| JUNIOR LEAGUE OF MILWAUKEE<br>1060 E JUNEAU AVE<br>MILWAUKEE, WI 53202  | 39-0893609                   | 501(C)(3)  | 13,924.  | 0.   |  |  | SUPPORT OF THE<br>EDUCATIONAL AND<br>CHARITABLE MISSION               |
| JUST ONE MORE MINISTRY<br>4180 N LYDELL AVE<br>GLENDALE, WI 53212   | 46-1176899                   | 501(C)(3)  | 33,000.  |  |  |  | MOBILE MEALS COVID-19<br>RESPONSE                                     |
| KATHY'S HOUSE INC<br>600 N 103RD ST<br>MILWAUKEE, WI 53226  | 39-2022115 501(C)(3)         | 501(C)(3)  | 15,825.  | .0   |  |  | VOLUNTEER MANAGEMENT<br>SYSTEM IMPLEMENTATION<br>Scheduid (Form 990)  |
|   |                              |  |  |  |  |  |   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | JKEE FOUNDATIC       | N, INC.                          |   |    |   |  | 39-6036407 Page 1                            |
|---|----------------------|----------------------------------|---|----|---|--|--|
| Part II     Commutation of drams and other Assistance to Domesuc organizations and Domesuc Governments       (a) Name and address of organization or government     (b) EIN     (c) IRC section     (d) Amount of if applicable     (e) Amount of if applicable | (b) EIN              | (c) IRC section<br>if applicable | and Domesue do<br>(d) Amount of<br>cash grant |    | t of (f) Method of (<br>valuation noi<br>e (book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance        |
| KEEP GREATER MILWAUKEE BEAUTIFUL,<br>INC - 1313 W MOUNT VERNON AVE -<br>MILWAUKEE, WI 53233-2620  | 39-1449048           | 501(C)(3)                        | 27,500.                                       | o  |   |  | WATER CONNECTOR PROGRAM                      |
| KENTUCKY WESLEYAN COLLEGE<br>3000 FREDERICA ST<br>OWENSBORO, KY 42301   | 61-0466713           | 501(C)(3)                        | 14,743.                                       | 0  |   |  | SUPPORT OF THE DAVID C.<br>SCOTT SCHOLARSHIP |
| KETTLE MORAINE YMCA<br>1111 W WASHINGTON ST<br>WEST BEND, WI 53095  | 39-1175559           | 501(C)(3)                        | 6,300.  | 0. |   |  | SUSTAINING SUPPORT                           |
| KING'S ACADEMY INC<br>7798 NORTH 60 STREET<br>MILWAUKEE, WI 53223   | 39-1960876           | 501(C)(3)                        | 18,062.                                       | 0. |   |  | THRIVING THROUGH AND<br>BEYOND COVID-19      |
| KO-THI DANCE COMPANY<br>3327 W LISBON AVE<br>MILWAUKEE, WI 53201  | 23-7228502 501(C)(3) | 501(C)(3)                        | •000°.  | •0 |   |  | PERFORMING ARTS<br>OPERATIONS                |
| LA CASA DE ESPERANZA<br>410 ARCADIAN AVE<br>WAUKESHA, WI 53186  | 39-114446            | 501(C)(3)                        | 78,500.                                       | 0. |   |  | BUILDING FINANCIAL<br>LITERACY               |
| LAD LAKE INC<br>PO BOX 158<br>DOUSMAN, WI 53118   | 39-0806398 501(C)(3) | 501(C)(3)                        | 28,633.                                       | 0. |   |  | SUSTAINING SUPPORT                           |
| LAKE AREA FREE CLINIC INC<br>856 ARMOUR RD STE B<br>0CONOMOWOC, WI 53066-3976   | 39-2006388           | 501(C)(3)                        | 21,324.                                       | 0. |   |  | SUSTAINING SUPPORT                           |
| LAKELAND UNIVERSITY<br>W3718 SOUTH DR<br>PLYMOUTH, WI 53073-4878  | 39-0821861 501(C)(3) | 501(C)(3)                        | 5,400.  | 0. |   |  | SCHOLARSHIP WITH CRITERIA                    |
|   |                      |                                  |   |    |   |  | Schedule I (Form 990)                        |

| Ψ  | KEE FOUNDATIC        | NN, INC.                         |   |        |   |  | 39-6036407 Page 1  |
|--|----------------------|----------------------------------|---|--------|---|--|--|
| Lart II     Commutation of drams and other Assistance to Domestic organizations and Domestic dovernments<br>(a) Name and address of (b) EIN (c) IRC section (d) Amount of non-cash organization or government     (e) Amount of if applicable     (a) Amount of cash grant     (e) Amount of assistant | (b) EIN              | (c) IRC section<br>if applicable | and Domesuc Go<br>(d) Amount of<br>cash grant |        | t of (f) Method of (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | ( <b>g</b> ) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance  |
| LAKESHORE NATURAL RESOURCE<br>PARTNERSHIP - PO BOX 358 -<br>CLEVELAND, WI 53015  | 16-1663614           | 501(C)(3)                        | 125,000.                                      | o      |   |  | 2020 MINI GRANT  |
| LAKESHORE TECHNICAL COLLEGE<br>1290 NORTH AVE<br>CLEVELAND, WI 53015   | 39-1086823           | 501(C)(3)                        | 5,400.  | .0     |   |  | SCHOLARSHIP WITH CRITERIA  |
| LATINO ARTS INC<br>1028 S 9TH ST<br>MILWAUKEE, WI 53204  | 39-1548491           | 501(C)(3)                        | 15,000.                                       | .0     |   |  | in E   |
| LATINO ENTREPRENEURIAL NETWORK OF<br>SE WISCONSIN, INC - 2778 S 35TH ST<br>STE 203 - MILWAUKEE, WI 53215   | 20-5987240           | 501(C)(3)                        | 209,300.                                      | 0.     |   |  | FINANCIAL, TECHNICAL<br>ASSISTANCE TO<br>MICROENTERPRISES, LATINO<br>COMMUNITY |
| LAW FORWARD INC<br>PO BOX 326<br>MADISON, WI 53703-0326  | 84-2803392           | 501(C)(3)                        | 25,000.                                       | 0.     |   |  | SUSTAINING SUPPORT   |
| LAWRENCE UNIVERSITY OF WISCONSIN<br>711 EAST BOLDT WAY<br>APPLETON, WI 54912   | 39-0806297           | 501(C)(3)                        | 18,300.                                       | 。<br>。 |   |  | SCHOLARSHIP WITH CRITERIA  |
| LAYTON BOULEVARD WEST NEIGHBORS,<br>INC - 1545 S LAYTON BLVD -<br>MILWAUKEE, WI 53215  | 39-1817581           | 501(C)(3)                        | 51,250.                                       | 0.     |   |  | LBWN TURNKEY RENOVATION<br>PROGRAM   |
| LEAD2CHANGE<br>2432 N. TEUTONIA AVE STE 200<br>MILWAUKEE, WI 53206   | 27-4068046           | 501(C)(3)                        | 48,000.                                       | 0.     |   |  | LEAD2CHANGE 11-MONTH<br>TRAINING PROGRAM                                       |
| LEGAL AID SOCIETY OF MILWAUKEE INC<br>728 N JAMES LOVELL ST<br>MILWAUKEE, WI 53233-2408  | 39-0806284 501(C)(3) | 501(C)(3)                        | 84,943.                                       | o      |   |  | SUSTAINING SUPPORT   |
|  |                      |                                  |   |        |   |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Dart III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part | KEE FOUNDATIO     | N, INC.<br>Mestic Organizations  | and Domestic Go                 | varnmants (Sche                         | dule I (Form 990) Par  |  | 39-6036407 Page 1   |
|--|-------------------|----------------------------------|---------------------------------|---|--|--|---|
|  | (b) EIN           | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                       |
| LEUKEMIA & LYMPHOMA SOCIETY INC<br>3 INTERNATIONAL DR STE 200<br>RYE BROOK, NY 10573   | 13-5644916        | 501(C)(3)                        | 26,500.                         | .0                                      |  |  | THE WISCONSIN CHAPTER'S<br>STUDENT OF THE YEAR<br>MILWAUKEE |
| LIFE NAVIGATORS INC<br>7203 W CENTER ST<br>MILWAUKEE, WI 53210-1126  | 39-0978146        | 501(C)(3)                        | 29,250.                         | .0                                      |  |  | SUPPORT SERVICES<br>RESPONDING TO COVID-19                  |
| LIFE TRANSFORMATION CENTER<br>11414 PARK PLACE DR STE 202<br>WEST ALLIS, WI 53214  | 45-4623121        | 501(C)(3)                        | 10,000.                         | 0                                       |  |  | MANUP MENTAL HEALTH<br>SERVICES                             |
| LITERACY LAB<br>1400 16TH ST NW, SUITE 410<br>WASHINGTON, DC 20036   | 27-1777117        | 501(C)(3)                        | 255,000.                        | .0                                      |  |  | MILWAUKEE'S LEADING MEN<br>FELLOWS                          |
| LITERACY SERVICES OF WISCONSIN INC<br>555 N PLANKINTON AVE<br>MILWAUKEE, WI 53203-2910   | 39-1091203        | 501(C)(3)                        | 37,140.                         | 0.                                      |  |  | SUSTAINING SUPPORT  |
| LOCAL INITIATIVES SUPPORT CORP<br>MILWAUKEE - 234 W FLORIDA ST STE<br>204 - MILWAUKEE, WI 53204  | 13-3030229        | 501(C)(3)                        | 130,000.                        | 0.                                      |  |  | THE UNITED BREW CITY<br>MATCH                               |
| LOS ANGELES REGIONAL FOOD BANK<br>1734 E 41ST ST<br>LOS ANGELES, CA 90058  | 95-3135649        | 501(C)(3)                        | 9,500.                          | 0.                                      |  |  | SUSTAINING SUPPORT  |
| LSS FOUNDATION INC<br>6737 W WASHINGTON ST, STE 2275<br>WEST ALLIS, WI 53214   | 39-1242451        | 501(C)(3)                        | 10,000.                         | .0                                      |  |  | ASPEN HOUSE CAPITAL<br>PROJECT                              |
| LUMEN CHRISTI CATHOLIC CHURCH AND<br>SCHOOL - 2750 W MEQUON RD -<br>MEQUON, WI 53092   | 16-1726107 CHURCH | СНИКСН                           | 8,430.                          | .0                                      |  |  | THE LUMEN CHRISTI<br>SHAMROCK                               |
|  |                   |                                  |                                 |   |  |  | Schedule I (Form 990)                                       |

|  | JKEE FOUNDATIO       | N, INC.  |  |   | [  |  | 39-6036407 Page 1   |
|--|----------------------|--|--|---|--|--|---|
| Lart II     Commutation or drams and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Fart II, 90), Fart II, 90), Fart II, 90), Fart II, 90, Far | (b) EIN              | restic Organizations<br>(c) IRC section<br>if applicable | and Domestic 40<br>(d) Amount of<br>cash grant | (Scrie<br>(e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                     |
| LUTHER MANOR FOUNDATION, INC<br>4545 N 92ND ST<br>MILWAUKEE, WI 53225  | 39-1499823           | 501(C)(3)  | 8,000.   | °   |  |  | THE COVID-10 CHALLENGE  |
| LUTHER SEMINARY<br>2481 COMO AVE<br>ST. PAUL, MN 55108   | 41-1425961           | 501(C)(3)  | 7,000.   | .0  |  |  | SUSTAINING SUPPORT  |
| LUTHERAN COUNSELING AND FAMILY<br>SERVICES - 3800 N MAYFAIR RD -<br>WAUWATOSA, WI 53222-2200   | 39-0806171           | 501(C)(3)  | 7,878.   | . 0   |  |  | SUSTAINING SUPPORT  |
| LUTHERAN HIGH SCHOOL ASSOCIATION<br>OF GREATER MILWAUKEE - 10427 W<br>LINCOLN AVE STE 1300 - MILWAUKEE,<br>WI 53227  | 39-0889672           | 501(C)(3)  | 25,311.  | .0  |  |  | MARTIN LUTHER HIGH SCHOOL   |
| LUTHERAN SOCIAL SERVICES OF<br>WISCONSIN AND UPPER MICHIGAN -<br>6737 W WASHINGTON ST - MILWAUKEE,<br>WI 53214   | 39-0816846           | 501(C)(3)  | 30,000.  | 0.  |  |  | COVID-19 TELEHEALTH<br>SERVICES   |
| LUTHERAN URBAN MISSION INITIATIVE<br>8242 N GRANVILLE RD<br>MILWAUKEE, WI 53224  | 16-1616550           | 501(C)(3)  | 11,648.  | .0  |  |  | NORTHWEST LUTHERAN SCHOOL<br>SCHOLARSHIPS FOR THOSE IN<br>NEED            |
| LUXEMBOURG AMERICAN CULTURAL<br>SOCIETY - 100 PETER THEIN AVE -<br>BELGIUM, WI 53004-0157  | 05-0622320 501(C)(3) | 501(C)(3)  | . 770.   | .0  |  |  | SPECIAL DISTRIBUTION FOR<br>OPERATIONS, PROGRAMS,<br>OUTREACH, AND UPKEEP |
| M & M AREA COMMUNITY FOUNDATION<br>1101 11TH STREET<br>MENOMINEE, MI 49858   | 38-3264725           | 501(C)(3)  | 68,000.  | .0  |  |  | COMMUNITY RAIN GARDEN<br>PROJECT  |
| MACCANON BROWN HOMELESS SANCTUARY<br>PO BOX 80165<br>MILWAUKEE, WI 53208   | 46-3864539 501(C)(3) | 501(C)(3)  | 24,750.  | .0  |  |  | COVID-19 RESPONSE FOOD<br>AND ESSENTIAL SUPPLIES                          |
|  |                      |  |  |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIC        | N, INC.                          |                                    |  |  |  | 39-6036407 Page 1                                     |
|--|----------------------|----------------------------------|------------------------------------|--|--|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor     | nestic Organizations             | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |   |
| <b>(a)</b> Name and address of organization or government  | ( <b>b</b> ) EIN     | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance          |
| MADISON COUNTRY DAY SCHOOL INC<br>5606 RIVER RD<br>WAUNAKEE, WI 53597  | 39-1832986           | 501(C)(3)                        | 10,000.                            | •0   |  |  | CAPITAL CAMPAIGN                                      |
| MADISON METROPOLITAN SEWERAGE<br>DISTRICT - 1610 MOORLAND RD -<br>MADISON, WI 53713  | 39-6005509           | GOVERNMENT                       | 75,000.                            | .0   |  |  | WISCONSIN SALT WISE<br>STRATEGIC DEVELOPMENT<br>GRANT |
| MAKE-A-WISH FOUNDATION OF<br>WISCONSIN INC - 11020 W PLANK CT<br>STE 200 - WAUWATOSA, WI 53226   | 39-1543541           | 501(C)(3)                        | 24,676.                            | .0   |  |  | WISH NIGHT 2020                                       |
| MALAIKA EARLY LEARNING CENTER<br>125 W AUER AVE<br>MILWAUKEE, WI 53212   | 39-2021628           | 501(C)(3)                        | 62,100.                            | 0.   |  |  | CELEBRATE WOMAN'S CLUB<br>GRANT FURTHER               |
| MARCUS CENTER FOR THE PERFORMING<br>ARTS - 929 N WATER ST - MILWAUKEE,<br>WI 53202   | 51-0532407           | 501(C)(3)                        | 57,000.                            | 0.   |  |  | THE CAMPAIGN  |
| MARGO FIESELER MINISTRIES<br>W356N5288 LAKESHORE DR<br>OCONOMOWOC, WI 53066  | 46-4976976           | 501(C)(3)                        | 15,000.                            | 0.   |  |  | THE GENERAL FUND                                      |
| MARIANIST PROVINCE OF THE UNITED<br>STATES (SOCIETY OF MARY) - 4425<br>WEST PINE BLVD - ST. LOUIS, MO<br>63108-2301                      | 03-0415363           | 501(C)(3)                        | 16,894.                            | 0.   |  |  | SUSTAINING SUPPORT                                    |
| MARINETTE COUNTY<br>1926 HALL AVE<br>MARINETTE, WI 54143   | 39-6005718           | GOVERNMENT                       | 80,000.                            | 0.   |  |  | RESOURCE CENTER GREEN<br>ROOF AND PERVIOUS PARKING    |
| MARQUETTE UNIVERSITY<br>PO BOX 1881<br>MILWAUKEE, WI 53201-1881  | 39-0806251 501(C)(3) | 501(C)(3)                        | 930,818.                           | .0   |  |  | SUSTAINING SUPPORT, IN<br>MEMORY OF JOHN TAPHORN      |
|  |                      |                                  |                                    |  |  |  | Schedule I (Form 990)                                 |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIC           | DN, INC.                                |                                    |  |  |  | 39-6036407 Page 1                                 |
|--|-------------------------|---|------------------------------------|--|--|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | <b>Assistance to Do</b> | mestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |   |
| (a) Name and address of organization or government   | (b) EIN                 | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance      |
| MARQUETTE UNIVERSITY HIGH SCHOOL<br>3401 W WISCONSIN AVE<br>MILWAUKEE, WI 53208  | 39-0806826              | 501(C)(3)                               | 85,444.                            | .0   |  |  | SUSTAINING SUPPORT                                |
| MARTIN LUTHER KING ECONOMIC<br>DEVELOPMENT CORP - 2745 N MARTIN<br>LUTHER KING DR STE 203 -<br>MILWAUKEE, WI 53212                       | 39-1809548              | 501(C)(3)                               | 50,000.                            | 0  |  |  | MLK HOMES PROGRAM IN<br>HARAMBEE                  |
| MARY MISS CITY AS A LIVING<br>LABORATORY INC - 349 GREENWICH ST<br>#5 - NEW YORK, NY 10013   | 45-3437108              | 501(C)(3)                               | 25,000.                            | .0   |  |  | WATERMARKS: EXPANSION,<br>ACTIVATION & CONNECTING |
| MARYKNOLL SISTERS<br>PO BOX 311<br>MARYKNOLL, NY 10545-0311  | 13-1740257              | 501(C)(3)                               | 6,149.                             | 0.   |  |  | SUSTAINING SUPPORT                                |
| MASON TEMPLE C.O.G.I.C.<br>6090 N 35 ST<br>GLENDALE, WI 53209  | 68-0517852              | 501(C)(3)                               | 39,000.                            | 0.   |  |  | MASON TEMPLE FOOD PANTRY                          |
| MAYO CLINIC<br>200 FIRST SW<br>ROCHESTER, MN 55905   | 41-6011702              | 501(C)(3)                               | 381,050.                           | 0.   |  |  | SUSTAINING SUPPORT                                |
| MC FREPARATORY SCHOOL OF WISCONSIN<br>INC - 1228 W LLOYD ST - MILWAUKEE,<br>WI 53205   | 39-1881295              | 501(C)(3)                               | 63,867.                            | 0.   |  |  | SUSTAINING SUPPORT                                |
| MENOMONEE VALLEY PARTNERS INC<br>231 W MICHIGAN ST, P421<br>MILWAUKEE, WI 53203  | 31-1683712              | 501(C)(3)                               | 5,500.                             | 0.   |  |  | 2020 MINI GRANT                                   |
| MENTAL HEALTH AMERICA OF WISCONSIN<br>600 W VIRGINIA ST STE 502<br>MILWAUKEE, WI 53204-1551  | 39-0827843 501(C)(3)    | 501(C)(3)                               | 18,000.                            | 0.   |  |  | MKE RESPONDS LEADERSHIP<br>SUPPORT                |
|  |                         |   |                                    |  |  |  | Schedule I (Form 990)                             |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | JKEE FOUNDATIC       | N, INC.                          | (<br>;<br>;                                   |                                   |  |   | 39-6036407 Page 1  |
|---|----------------------|----------------------------------|---|-----------------------------------|--|---|--|
| Latring     Commutation of drams and others of organization     (b) EIN     (c) IRC section     (d) Amount of cash grant     (e) Amount of non-cash     (f) Method of (g) method of cash grant       (a) Name and address of organization or government     (b) EIN     (c) IRC section     (d) Amount of non-cash     (f) Method of cash grant     (g) Amount of non-cash     (f) Method of cash grant     (g) Amount of non-cash     (g) Amount of non-cash     (h) Amount of non- | (b) EIN              | (c) IRC section<br>if applicable | and Domesuc Go<br>(d) Amount of<br>cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                      |
| MENTOR GREATER MILWAUKEE<br>1543 N 2ND ST<br>MILWAUKEE, WI 53212  | 83-1107326           | 501(C)(3)                        | 25,000.                                       | °                                 |  |   | PROFESSIONAL DEVELOPMENT                                   |
| MEQUON NATURE PRESERVE INC<br>8200 W COUNTY LINE RD<br>MEQUON, WI 53097-3906  | 45-1562527           | 501(C)(3)                        | 143,974.                                      |                                   |  |   | DIVERSITY, EQUITY AND<br>INCLUSION TRAINING FOR<br>STAFF   |
| MEQUON-THIENSVILLE SCHOOL DISTRICT<br>5000 W MEQUON RD<br>MEQUON, WI 53092  | 39-1167661           | GOVERNMENT                       | 26,050.                                       | 0.                                |  |   | HOMESTEAD HIGH SCHOOL'S<br>COMPETITIVE SWIMMING<br>PROGRAM |
| MERCY HOUSING LAKEFRONT<br>120 S LA SALLE ST STE 1915<br>CHICAGO, IL 60603-3585   | 36-3453183           | 501(C)(3)                        | 21,486.                                       | 0.                                |  |   | MILWAUKEE COVID-19 RELIEF                                  |
| MERTON COLLEGE CHARITABLE<br>CORPORATION - 2410 STATE HWY 34 -<br>MANASQUAN, NJ 08736   | 22-3581579           | 501(C)(3)                        | 10,000.                                       | 0.                                |  |   | SUSTAINING SUPPORT   |
| MESSMER CATHOLIC SCHOOLS<br>742 W CAPITOL DR<br>MILWAUKEE, WI 53206   | 39-1482053           | 501(C)(3)                        | 131,712.                                      | 0.                                |  |   | MESSMER HIGH SCHOOL<br>CAPITAL CAMPAIGN                    |
| META HOUSE INC<br>2625 N WEIL ST<br>MILWAUKEE, WI 53212   | 39-1017822 501(C)(3) | 501(C)(3)                        | .208.   | 0.                                |  |   | SUSTAINING SUPPORT   |
| METCALFE PARK COMMUNITY BRIDGES<br>3624 W. NORTH AVE.<br>MILWAUKEE, WI 53208  | 81-2101846           | 501(C)(3)                        | 61,000.                                       | 0.                                |  |   | BE THE BRIDGE COMMUNITY<br>CARES PROJECT                   |
| METRO MILWAUKEE MEDIATION SERVICES<br>PO BOX 633<br>MILWAUKEE, WI 53201   | 45-4194546 501(C)(3) | 501(C)(3)                        | 45,000.                                       |                                   |  |   | EVICTION AND FORECLOSURE<br>PREVENTION MEDIATION           |
|   |                      |                                  |   |                                   |  |   | Schedule I (Form 990)                                      |

|  | JKEE FOUNDATIC       | N, INC.                          |                                    |   |   |   | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|------------------------------------|---|---|---|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor    | mestic Organizations             | and Domestic Go                    | vernments (Sche                         | dule I (Form 990), Par  | t II.)                                    |   |
| (a) Name and address of organization or government   | (D) EIN              | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                             |
| METROGO!<br>DO ROY 1184  |                      |                                  |                                    |   |   |   | NEW BRAND IDENTITY FOR<br>REGIONAL TRANSIT<br>LFADEPCHID          |
| MILWAUKEE, WI 53201-1184   | 39-1717955           | 501(C)(3)                        | 29,500.                            | 0.                                      |   |   | COUNCIL/METROGO!  |
| METROPOLITAN MILWAUKEE FAIR<br>HOUSING COUNCIL - 759 N. MILWAUKEE<br>STREET - MILWAUKEE, WI 53202  | 39-1286685           | 501(C)(3)                        | 35,500.                            | 0                                       |   |   | EXPANDING HOUSING OPTIONS<br>FOR FAMILIES WITH RENT<br>ASSISTANCE |
| MIDWEST ATHLETES AGAINST CHILDHOOD<br>CANCER INC - 10000 W INNOVATION DR<br>STE 135 - MILWAUKEE, WI 53226-4837                           | 39-1270290           | 501(C)(3)                        | 16,500.                            | .0                                      |   |   | CHRISTOPHER'S SHOOT<br>FUNDRAISING EVENT                          |
| MIDWEST BIKESHARE<br>P.O. BOX 235<br>MILWAUKEE, WI 53201   | 46-1052766           | 501(C)(3)                        | 30,000.                            | 0.                                      |   |   | SUSTAINING SUPPORT  |
| MIDWEST ENERGY RESEARCH CONSORTIUM<br>4201 N 27TH ST<br>MILWAUKEE, WI 53216  | 61-1618708           | 501(C)(3)                        | 75,000.                            | 0.                                      |   |   | ENERGY INNOVATION<br>ADVANCED TRAINING AND<br>DEVELOPMENT CENTER  |
| MILWAUKEE AREA HEALTH EDUCATION<br>CENTER - 2224 WEST KILBOURN AVENUE<br>- MILWAUKEE, WI 53233   | 39-1749908           | 501(C)(3)                        | 220,000.                           | .0                                      |   |   | ONE YEAR OF SCHOLARS<br>EXPERIENTIAL LEARNING<br>PROGRAMMING      |
| MILWAUKEE AREA RETIRED TEACHERS<br>ASSOCIATION SCHOLARSHIP FOUNDATION<br>- P.O. BOX 1598 - MILWAUKEE, WI<br>53201-1598                   | 27-4587256           | 501(C)(3)                        | 12,295.                            | 0.                                      |   |   | SUSTAINING SUPPORT  |
| MILWAUKEE AREA TECHNICAL COLLEGE<br>FOUNDATION INC - 700 W STATE ST<br>STE 214 - MILWAUKEE, WI 53233-1443                                | 39-1341603           | 501(C)(3)                        | 546,412.                           |   |   |   | MILWAUKEE PBS   |
| MILWAUKEE AREA WORKFORCE FUNDING<br>ALLIANCE - 345 W ST, PAUL AVE -<br>MILWAUKEE, WI 53201   | 80-0793130 501(C)(3) | 501(C)(3)                        | 49,465.                            |   |   |   | PROJECTS AND PROGRAMS<br>THAT SERVE SUMMER YOUTH<br>EMPLOYMENT    |
|  |                      |                                  |                                    |   |   |   | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO    | N, INC.                                   |                             |   | <br> <br> <br> <br>  |   | 39-6036407 Page 1  |
|--|------------------|---|-----------------------------|---|--|---|--|
| Part III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II, | ssistance to Dor | mestic Organizations                      | and Domestic Go             | vernments (Sche                         | dule I (Form 990), Par   |   |  |
| (a) Name and address of<br>organization or government  | (b) EIN          | ( <b>c</b> ) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                          |
| MILWAUKEE ART MUSEUM INC<br>700 N ART MUSEUM DR<br>MILWAUKEE, WI 53202   | 39-0806316       | 501(C)(3)                                 | 655,407.                    | .0                                      |  |   | SUSTAINING SUPPORT   |
| MILWAUKEE ARTIST RESOURCE NETWORK<br>INC - 207 E BUFFALO STE 600 -<br>MILWAUKEE, WI 53202  | 39-2025337       | 501(C)(3)                                 | 1,225,000.                  | .0                                      |  |   | RENOVATIONS AT THE NEW<br>SPACE ON BROADWAY                    |
| MILWAUKEE BALLET COMPANY INC<br>128 N JACKSON ST<br>MILWAUKEE, WI 53202  | 39-1134735       | 501(C)(3)                                 | 96,993.                     | .0                                      |  |   | SUSTAINING SUPPORT   |
| MILWAUKEE BAR ASSOCIATION<br>FOUNDATION INC - 747 N BROADWAY -<br>MILWAUKEE, WI 53202  | 39-6040219       | 501(C)(3)                                 | 50,250.                     | 0.                                      |  |   | THE MILWAUKEE JUSTICE<br>CENTER                                |
| MILWAUKEE CATHOLIC HOME INC<br>2462 N PROSPECT AVE<br>MILWAUKEE, WI 53211-4462   | 39-0806215       | 501(C)(3)                                 | 53,242.                     | .0                                      |  |   | SUSTAINING SUPPORT,<br>RECOMMENDED BY WILLIAM<br>'BIFF' KUMMER |
| MILWAUKEE CENTER FOR CHILDREN AND<br>YOUTH, INC 2004 N. DR. MARTIN<br>LUTHER KING DRIVE - MILWAUKEE, WI<br>53212                         | 45-3068553       | 501(C)(3)                                 | 11,000.                     | 0.                                      |  |   | URGENT NEEDS COVID-19  |
| MILWAUKEE CENTER FOR INDEPENDENCE<br>INC - 2020 W WELLS ST - MILWAUKEE,<br>WI 53233  | 39-0806257       | 501(C)(3)                                 | 151,418.                    | .0                                      |  |   | CHILDREN'S MEDICAL DAY<br>CARE PROGRAM                         |
| MILWAUKEE CHAMBER THEATRE LTD<br>158 N BROADWAY<br>MILWAUKEE, WI 53202-6015  | 39-1323345       | 501(C)(3)                                 | 15,991.                     | .0                                      |  |   | SUSTAINING SUPPORT   |
| MILWAUKEE CHILDREN'S CHOIR<br>427 E STEWART ST<br>MILWAUKEE, WI 53207  | 39-1989384       | 501(C)(3)                                 | 76,577.                     | .0                                      |  |   | A SPECIAL DISTRIBUTION<br>FOR SUSTAINING SUPPORT               |
|  |                  |   |                             |   |  |   | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | KEE FOUNDATIC         | DN, INC.                         | and Domostic Go             | Scho                                    | (Schodida   (Eam 000) Dad    )                                 |  | 39-6036407 Page 1   |
|---|-----------------------|----------------------------------|-----------------------------|---|--|--|---|
|   | (b) EIN               | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                   |
| MILWAUKEE CHRISTIAN CENTER<br>807 S 14TH ST STOP 1<br>MILWAUKEE, WI 53204-2170                  | 39-0807066            | 501(C)(3)                        | 47,750.                     | .0                                      |  |  | SUSTAINING SUPPORT  |
| MILWAUKEE COMMUNITY BUSINESS<br>COLLABORATIVE - 1363 N PROSPECT<br>AVENUE - MILWAUKEE, WI 53212 | 46-3689224            | 501(C)(3)                        | 287,000.                    | .0                                      |  |  | SUSTAINING SUPPORT  |
| MILWAUKEE COUNTY HISTORICAL<br>SOCIETY - 910 N OLD WORLD THIRD ST<br>- MILWAUKEE, WI 53203      | 39-1021989            | 501(C)(3)                        | 67,230.                     | 0                                       |  |  | SUSTAINING SUPPORT  |
| MILWAUKEE COUNTY PARKS DEPARTMENT<br>9480 W WATERTOWN PLANK RD<br>MILWAUKEE, WI 53226           | 39-6005720            | 39-6005720 GOVERNMENT            | 68,017.                     | 0.                                      |  |  | A SPECIAL DISTRIBUTION<br>FOR THE PARKS FOR GOOD<br>MERCHANDISE PROGRAM |
| MILWAUKEE COUNTY ZOO<br>10001 W BLUEMOUND RD<br>MILWAUKEE, WI 53226                             | 39-6005720 GOVERNMENT | GOVERNMENT                       | 7,621.                      | 0.                                      |  |  | NON-OPERATIONAL EXPENSES  |
| MILWAUKEE ECONOMIC DEVELOPMENT<br>CORPORATION - 757 N BROADWAY STE<br>600 - MILWAUKEE, WI 53202 | 23-7129398            | 501(C)(3)                        | 22,000.                     |   |  |  | HOME GR/OWN   |
| MILWAUKEE ENVIRONMENTAL CONSORTIUM<br>2027 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205             | 83-0373300 501(C)(3)  | 501(C)(3)                        | 23,000.                     |   |  |  | NEARBY NATURE MILWAUKEE   |
| MILWAUKEE FILM INC<br>1037 W. MCKINLEY AVE STE 200<br>MILWAUKEE, WI 53205                       | 26-3049630            | 501(C)(3)                        | 70,453.                     |   |  |  | KAUKAUNA & KING: 50 YEARS<br>LATER                                      |
| MILWAUKEE HABITAT FOR HUMANITY<br>3726 N BOOTH ST<br>MILWAUKEE, WI 53212                        | 39-1496741 501(C)(3)  | 501(C)(3)                        | 73,198.                     | 0.                                      |  |  | CRITICAL HOME REPAIRS IN<br>MILWAUKEE'S NORTHWEST<br>SIDE               |
|   |                       |                                  |                             |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION  | KEE FOUNDATIO        | N, INC.                          |                             |  |   |   | 39-6036407 Page 1   |
|---|----------------------|----------------------------------|-----------------------------|--|---|---|---|
| Lart II     Commutation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule (Form 990), Fart II, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10 | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (Schernents (Schernents (Schernents)) (Schernents) (Scher | (f) Method of<br>valuation<br>(book, FMV,<br>annraisal other) | ( <b>g</b> ) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                     |
| MILWAUKEE HEALTH SERVICES INC<br>2555 N. MARTIN LUTHER KING DR.<br>MILWAUKEE, WI 53212  | 39-1664109           | 501(C)(3)                        | 250,000.                    |  |   |   | COMMUNITY-LED INITIATIVE<br>TO CONQUER COVID-19           |
| MILWAUKEE HOMELESS VETERANS<br>INITIATIVE, INC PO BOX 14575 -<br>WEST ALLIS, WI 53214   | 45-4573280           | 501(C)(3)                        | 25,400.                     | 0  |   |   | FOOD PANTRY   |
| MILWAUKEE INSTITUTE OF ART AND<br>DESIGN INC - 273 E ERIE ST -<br>MILWAUKEE, WI 53202   | 39-1201561           | 501(C)(3)                        | 47,570.                     | 0.   |   |   | THE STUDENT EMERGENCY<br>FUND                             |
| MILWAUKEE JEWISH DAY SCHOOL<br>6401 N SANTA MONICA BLVD<br>MILWAUKEE, WI 53217  | 39-138 <u>4</u> 843  | 501(C)(3)                        | 37,703.                     | 0.   |   |   | SUSTAINING SUPPORT  |
| MILWAUKEE JEWISH FEDERATION INC<br>1360 N PROSPECT AVE<br>MILWAUKEE, WI 53202-3094  | 39-0806312           | 501(C)(3)                        | 433,249.                    | 0.   |   |   | LUBA LUKOVA: DESIGNING<br>JUSTICE                         |
| MILWAUKEE JEWISH FREE LOAN<br>ASSOCIATION - 409 E SILVER SPRING<br>DR - MILWAUKEE, WI 53217   | 26-4557997           | 501(C)(3)                        | 20,000.                     | .0   |   |   | SUSTAINING SUPPORT  |
| MILWAUKEE KICKERS SOCCER CLUB<br>7101 W GOOD HOPE RD.<br>BROWN DEER, WI 53223   | 23-7152501           | 501(C)(3)                        | 6,000.                      | 0.   |   |   | KEEPING KIDS CONNECTED<br>THROUGH SOCCER AND<br>ACADEMICS |
| MILWAUKEE LGBT COMMUNITY CENTER<br>1110 N MARKET STREET #2<br>MILWAUKEE, WI 53202   | 39-1893808           | 501(C)(3)                        | 56,679.                     |  |   |   | SUSTAINING SUPPORT  |
| MILWAUKEE OPERA THEATRE INC<br>158 N BROADWAY<br>MILWAUKEE, WI 53202  | 39-2003992 501(C)(3) | 501(C)(3)                        | 14,250.                     | .0   |   |   | SUSTAINING SUPPORT  |
|   |                      |                                  |                             |  |   |   | Schedule I (Form 990)                                     |

| Schedule   (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Dart II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Dart II ) | KEE FOUNDATIO | N, INC.<br>Mestic Ordenizations  | and Domestic Go             | varnmente (Sche                   | dide I (Form 990) Par  |  | 39-6036407 Page 1  |
|--|---------------|----------------------------------|-----------------------------|-----------------------------------|--|--|--|
| (a) Name and address of organization or government   | (b) EIN       | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                  |
| MILWAUKEE PARKS FOUNDATION<br>9480 W WATERTOWN PLANK RD<br>WAUWATOSA, WI 53226   | 84-1808645    | 501(C)(3)                        | 15,000.                     | .0                                |  |  | STRATEGIC PLANNING AND<br>COMMUNITY ENGAGEMENT                         |
| MILWAUKEE POLICE DEPARTMENT<br>OFFICE OF THE CHIEF<br>MILWAUKEE, WI 53233  | 39-6005532    | GOVERNMENT                       | .000,6                      | .0                                |  |  | RESTORATIVE PRACTICES<br>TRAINING FOR FUSION<br>DEPARTMENT             |
| MILWAUKEE PUBLIC LIBRARY<br>FOUNDATION, INC 814 W WISCONSIN<br>AVE - MILWAUKEE, WI 53233   | 39-1610233    | 501(C)(3)                        | 76,101.                     | .0                                |  |  | PURCHASING CHILDREN'S<br>MATERIALS & SUPPORTING<br>CHILDREN'S PROGRAMS |
| MILWAUKEE PUBLIC MUSEUM INC<br>800 W WELLS ST<br>MILWAUKEE, WI 53233-1478  | 39-1723105    | 501(C)(3)                        | 263,781.                    | 0.                                |  |  | SUSTAINING SUPPORT   |
| MILWAUKEE PUBLIC SCHOOLS<br>5225 W VLIET ST<br>MILWAUKEE, WI 53201-2181  | 39-6003457    | GOVERNMENT                       | 93,672.                     | 0.                                |  |  | IMPROVING 3RD GRADE<br>READING OUTCOMES                                |
| MILWAUKEE PUBLIC SCHOOLS<br>FOUNDATION, INC - 234 W GALENA ST<br>- MILWAUKEE, WI 53212   | 39-1929112    | 501(C)(3)                        | 308,011.                    | 0.                                |  |  | THE COVID-19 FUND  |
| MILWAUKEE REPERTORY THEATER INC<br>108 E WELLS ST<br>MILWAUKEE, WI 53202   | 39-0946025    | 501(C)(3)                        | 130,869.                    | 0.                                |  |  | SUSTAINING SUPPORT, IN<br>MEMORY OF LLOYD GERLACH                      |
| MILWAUKEE RESCUE MISSION<br>830 N 19TH ST<br>MILWAUKEE, WI 53233-1616  | 39-0816851    | 501(C)(3)                        | 617,421.                    | .0                                |  |  | CHALLENGE GRANT FOR SAFE<br>HARBOR AND JOY HOUSE<br>PROJECTS           |
| MILWAUKEE RIVERKEEPER<br>600 E GREENFIELD AVE<br>MILWAUKEE, WI 53204   | 39-1846305    | 501(C)(3)                        | 18,725.                     | .0                                |  |  | SUSTAINING SUPPORT   |
|  |               |                                  |                             |                                   |  |  | Schedule I (Form 990)  |

11-05-20

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | KEE FOUNDATIO        | N, INC.                          | a Contraction of Land       |        | (I) Pool (100) [204 ]]   |  | 39-6036407 Page 1   |
|---|----------------------|----------------------------------|-----------------------------|--------|--|--|---|
|   | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant |        | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                               |
| MILWAUKEE SCHOOL OF ENGINEERING<br>1025 N BROADWAY<br>MILWAUKEE, WI 53202-3109                  | 39-0477970           | 501(C)(3)                        | 247,009.                    | o      |  |  | THE HERD-BARBER PLAZA   |
| MILWAUKEE SCIENCE EDUCATION<br>CONSORTIUM INC - 2000 W KILBOURN<br>AVE - MILWAUKEE, WI 53233    | 39-1974865           | 501(C)(3)                        | 196,000.                    | •<br>0 |  |  | SUSTAINING SUPPORT  |
| MILWAUKEE SYMPHONY ORCHESTRA INC<br>1101 N MARKET ST STE 100<br>MILWAUKEE, WI 53202-3148        | 39-6023436 501(C)(3) | 501(C)(3)                        | 531,789.                    | .0     |  |  | 'ON THE MOVE'   |
| MILWAUKEE TEACHER EDUCATION CENTER<br>6737 W. WASHINGTON ST., STE. 1420<br>WEST ALLIS, WI 53214 | 39-1865501           | 501(C)(3)                        | 7,000.                      | 0.     |  |  | PROFESSIONAL LEARNING<br>SERVICES ON TRAUMA<br>SENSITIVE PRACTICES  |
| MILWAUKEE WATER COMMONS<br>2027 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205                        | 83-2154946           | 501(C)(3)                        | 65,000.                     | 0.     |  |  | MINI GRANT 2020   |
| MILWAUKEE YOUTH SYMPHONY ORCHESTRA<br>INC - 325 W WALNUT ST - MILWAUKEE,<br>WI 53212            | 39-0973594           | 501(C)(3)                        | 47,339.                     | 0.     |  |  | PATHWAYS TO SUCCESS<br>SPONSORSHIP                                  |
| MISERICORDIA HOME<br>6300 NORTH RIDGE AVE<br>CHICAGO, IL 60660                                  | 36-2170153           | 501(C)(3)                        | 19,399.                     | .0     |  |  | OUTDOOR ACTIVITIES FOR<br>ADULTS WITH DEVELOPMENTAL<br>DISABILITIES |
| MISSISSIPPI VALLEY CONSERVANCY INC<br>1309 NORPLEX DR SUITE 9<br>LA CROSSE, WI 54602            | 39-1871201           | 501(C)(3)                        | 5,500.                      | .0     |  |  | SUSTAINING SUPPORT  |
| MMAC COMMUNITY SUPPORT FOUNDATION<br>275 W WISCONSIN AVE, STE 220<br>MILWAUKEE, WI 53203        | 39-1740875 501(C)(3) | 501(C)(3)                        | 663,000.                    | .0     |  |  | THE REBUILD AND<br>REVITALIZE PROGRAM                               |
|   |                      |                                  |                             |        |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | JKEE FOUNDATIC               | NN, INC.                         |   |   |  |  | 39-6036407 Page 1  |
|--|------------------------------|----------------------------------|---|---|--|--|--|
| Part II     Continuation or dramts and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Fart III, 10), and address of the section (a) Amount of (b) Amount of (c) Amount of | Assistance to Doi<br>(b) EIN | (c) IRC section<br>if applicable | and Domesuc Go<br>(d) Amount of<br>cash grant | vernments (Sorie<br>(e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                      |
| MONTEVERDE FRIENDS U.S. INC<br>PO BOX 1308<br>GREENFIELD, MA 01302   | 22-3722119                   | 501(C)(3)                        | 8,000.  | .0  |  |  | SUSTAINING SUPPORT   |
| MOODY BIBLE INSTITUTE<br>820 N LASALLE BLVD<br>CHICAGO, IL 60610   | 36-2167792                   | 501(C)(3)                        | 20,000.                                       | 。<br>。  |  |  | SCHOLARSHIP WITH<br>CRITERIA/PHILLIP YANG                  |
| MOREHOUSE COLLEGE<br>830 WESTVIEW DR SW<br>ATLANTA, GA 30314   | 58-0566205                   | 501(C)(3)                        | 20,508.                                       | 。<br>。  |  |  | FOR SCHOLARSHIPS FOR CITY<br>OF MILWAUKEE STUDENTS         |
| MOTHER OF GOOD COUNSEL SCHOOL<br>3000 N 68TH ST<br>MILWAUKEE, WI 53210   | 39-0984894                   | 501(C)(3)                        | 45,000.                                       | 0.  |  |  | VIRTUAL LEARNING COVID-19<br>AND BEYOND                    |
| MOUNT MARY UNIVERSITY<br>2900 N MENOMONEE RIVER PKWY<br>MILWAUKEE, WI 53222-4597   | 39-0806154                   | 501(C)(3)                        | 342,788.                                      | 0.  |  |  | THE 'SISTERS, SENIORS,<br>AND SINGLE MOTHERS'<br>RESIDENCE |
| MOUNT OLIVE LUTHERAN SCHOOL<br>5327 W WASHINGTON BLVD<br>MILWAUKEE, WI 53208   | 39-0818685                   | 501(C)(3)                        | 5,857.  | 0.  |  |  | THE PURCHASE OF 12<br>VIRTUAL LEARNING TECH<br>PACKAGES    |
| MPS BAY VIEW HIGH SCHOOL<br>2751 SOUTH LENOX STREET<br>MILWAUKEE, WI 53207   | 39-6003457 GOVERNMENT        | GOVERNMENT                       | 10,000.                                       | 0.  |  |  | SCHOLARSHIP WITH CRITERIA                                  |
| MPS LYNDE & HARRY BRADLEY<br>TECHNOLOGY & TRADE SCHOOL - 700 S.<br>4TH ST MILWAUKEE, WI 53204  | 39-6003457                   | GOVERNMENT                       | 8,342.  | 0.  |  |  | SCHOLARSHIP WITH CRITERIA                                  |
| MPS PROJECT STAY HIGH SCHOOL<br>609 N. 8TH STREET<br>MILWAUKEE, WI 53233   | 39-6003457                   | 39-6003457 GOVERNMENT            | 10,000.                                       | .0  |  |  | SCHOLARSHIP WITH CRITERIA                                  |
|  |                              |                                  |   |   |  |  | Schedule I (Form 990)                                      |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | JKEE FOUNDATIC       | NN, INC.                         |  |  |   |  | 39-6036407 Page 1  |
|---|----------------------|----------------------------------|--|--|---|--|--|
| Lart II       Commutation of Grants and Other Assistance to Domestic Organizations and Domestic Governments         (a) Name and address of organization or government       (b) EIN       (c) IRC section       (d) Amount of non-cash organization or government         (a) Name and address of organization or government       (b) EIN       (c) IRC section       (d) Amount of non-cash organization or government | (b) EIN              | (c) IRC section<br>if applicable | and Lomestic Go<br>(d) Amount of<br>cash grant | (action of the second of the s | (Scredule I (Form 990), Fart II.)<br>t of (f) Method of (<br>valuation noi<br>ce (book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                  |
| MURRAY STATE UNIVERSITY<br>EXTERNAL SCHOLARSHIPS<br>MURRAY, KY 42071  | 61-6053844           | 501(C)(3)                        | 6,000.   | °  |   |  | SCHOLARSHIP WITH CRITERIA  |
| MUSEUM OF WISCONSIN ART INC<br>205 VETERANS AVENUE<br>WEST BEND, WI 53095   | 39-1017647           | 501(C)(3)                        | 25,000.  | •<br>0   |   |  | SUSTAINING SUPPORT   |
| NAMI OZAUKEE INC<br>13460 N PORT WASHINGTON RD<br>MEQUON, WI 53097  | 39-1608245           | 501(C)(3)                        | 7,000.   |  |   |  | CIT PROGRAM  |
| NAMI SOUTHEAST WISCONSIN, INC<br>217 WISCONSIN AVE STE 300<br>WAUKESHA, WI 53186-4946   | 39-1485627           | 501(C)(3)                        | 207,500.                                       | 0.   |   |  | OPERATIONS   |
| NAPLES ZOO AT CARIBBEAN GARDENS<br>1590 GOODLETTE-FRANK ROAD<br>NAPLES, FL 34102  | 56-2412630           | 501(C)(3)                        | 40,000.  | 0.   |   |  | THE CORONAVIRUS EMERGENCY<br>FUND                                      |
| NASHOTAH HOUSE<br>2777 MISSION RD<br>NASHOTAH, WI 53058   | 39-0806195           | 501(C)(3)                        | 5,424.   | .0   |   |  | SUSTAINING SUPPORT   |
| NATIONAL RELIGIOUS RETIREMENT<br>OFFICE - 3211 4TH ST NE -<br>WASHINGTON, DC 20017-1194   | 53-0196617 501(C)(3) | 501(C)(3)                        | 10,000.  | 0.   |   |  | SUSTAINING SUPPORT   |
| NATIONAL SOCIETY OF COLONIAL DAMES<br>OF AMERICA-STATE OF WISCONSIN -<br>1490 AGENCY HOUSE RD - PORTAGE, WI<br>53901  | 39-0494331           | 501(C)(3)                        | 14,500.  | 0.   |   |  | INDIAN AGENCY HOUSE, IN<br>MEMORY OF CISSY VAN DYKE<br>SCANNELL BRYSON |
| NATIONAL WILDLIFE FEDERATION<br>11000 WILDLIFE CENTER<br>RESTON, VA 20190   | 53-0204616 501(C)(3) | 501(C)(3)                        | 10,250.  | 0.   |   |  | SUSTAINING SUPPORT   |
|   |                      |                                  |  |  |   |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | UKEE FOUNDATIC       | NN, INC.                         | (<br>;<br>;                                   |                                   |  |  | 39-6036407 Page 1                                 |
|--|----------------------|----------------------------------|---|-----------------------------------|--|--|---|
| Lart II     Commutation of drams and others of organization or governments       (a) Name and address of organization or government     (b) EIN     (c) IRC section     (d) Amount of non-case assistance in applicable       (a) Name and address of organization or government     (b) EIN     (c) IRC section     (d) Amount of non-case assistance in applicable | (b) EIN              | (c) IRC section<br>if applicable | and Domesuc Go<br>(d) Amount of<br>cash grant | (e) Amount of non-cash assistance | () () () () () () () () () () () () () ( | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance             |
| NATIVITY JESUIT ACADEMY INC<br>1515 S 29TH ST<br>MILWAUKEE, WI 53215   | 39-1741141           | 501(C)(3)                        | 30,750.                                       | .0                                |  |  | SUSTAINING SUPPORT                                |
| NATURAL RESOURCES FOUNDATION OF<br>WISCONSIN - 211 S PATERSON ST<br>SUITE 100 - MADISON, WI 53703  | 39-1572034           | 501(C)(3)                        | 129,944.                                      | .0                                |  |  | FIELDTRIP PROGRAMMING<br>(SOJOURNERS SOCIETY)     |
| NATURE CONSERVANCY<br>633 W MAIN ST<br>MADISON, WI 53703-2633  | 53-0242652           | 501(C)(3)                        | 199,067.                                      |                                   |  |  | WISCONSIN PATHS CAMPAIGN                          |
| NCH HEALTHCARE SYSTEMS INC.<br>350 7TH ST N<br>NAPLES, FL 34102  | 59-2314655           | 501(C)(3)                        | 12,500.                                       | 0.                                |  |  | THE MEDICAL DIPLOMATS<br>COUNCIL                  |
| NEAR WEST SIDE PARTNERS<br>624 N. 24TH ST.<br>MILWAUKEE, WI 53233  | 47-2708769           | 501(C)(3)                        | 17,000.                                       | 0.                                |  |  | NEAR WEST SIDE PARTNERS<br>RESPONDS               |
| NEIGHBORHOOD HOUSE OF MILWAUKEE<br>INC - 2819 W RICHARDSON PL -<br>MILWAUKEE, WI 53208-3546  | 39-0806269           | 501(C)(3)                        | 101,558.                                      | °                                 |  |  | A SPECIAL DISTRIBUTION<br>FOR SUSTAINING SUPPORT  |
| NEU-LIFE COMMUNITY DEVELOPMENT<br>2014 W. NORTH AVENUE<br>MILWAUKEE, WI 53205  | 39-1805861           | 501(C)(3)                        | 18,750.                                       | .0                                |  |  | REASONS FOR HOPE: TEENS<br>PAY IT FORWARD PROJECT |
| NEW BEGINNINGS ARE POSSIBLE<br>6100 N 42ND ST<br>GLENDALE, WI 53209  | 39-1913547           | 501(C)(3)                        | 35,000.                                       |                                   |  |  | TEMPORARY FOOD PANTRY                             |
| NEXT ACT THEATRE INC<br>PO BOX 394<br>MILWAUKEE, WI 53201  | 39-1553360 501(C)(3) | 501(C)(3)                        | 32,272.                                       | .0                                |  |  | SUSTAINING SUPPORT                                |
|  |                      |                                  |   |                                   |  |  | Schedule I (Form 990)                             |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO                | N, INC.                                  |                                 |  |   | ,  | 39-6036407 Page 1   |
|--|------------------------------|--|---------------------------------|--|---|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor             | nestic Organizations                     | and Domestic Go                 | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |   |
| <b>(a)</b> Name and address of organization or government  | (b) EIN                      | <b>(c) I</b> RC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                                |
| NEXT DOOR FOUNDATION INC<br>2545 N 29TH ST<br>MILWAUKEE, WI 53210  | 39-1162969                   | 501(C)(3)                                | 197,239.                        | 0.   |   |  | THE 50TH ANNIVERSARY<br>CAMPAIGN  |
| NICA NADADORES INC<br>1816 MILLARD ST<br>BETHLEHEM, PA 18017   | 47-1475069                   | 501(C)(3)                                | 20,000.                         | ·  |   |  | NICARAGUA CHRISTIAN<br>ACADEMY SCHOLARSHIPS                                 |
| NINETEENTH CENTURY CHARITABLE<br>ASSOCIATION - 178 FOREST AVE - OAK<br>PARK, IL 60301  | 27-3491027                   | 501(C)(3)                                | 10,000.                         | .0   |   |  | SUSTAINING SUPPORT, IN<br>HONOR OF HOLLY VAN<br>DEURSEN                     |
| NO REGRETS MEN'S MINISTRY INC<br>19435 W CAPITOL DR STE L05<br>BROOKFIELD, WI 53045  | 84-2329401                   | 501(C)(3)                                | 25,000.                         | 0.   |   |  | SUSTAINING SUPPORT  |
| NORTH SHORE ANIMAL LEAGUE AMERICA,<br>INC 16 LEWYT ST - PORT<br>WASHINGTON, NY 11050   | 11-1666852                   | 501(C)(3)                                | 8,628.                          | 0.   |   |  | SUSTAINING SUPPORT  |
| NORTH SHORE PRESBYTERIAN CHURCH<br>4048 N BARTLETT AVE<br>MILWAUKEE, WI 53211  | 39-0854901                   | 501(C)(3)                                | 6,988.                          | 0.   |   |  | SUSTAINING SUPPORT  |
| NORTHCOTT NEIGHBORHOOD HOUSE<br>2460 N 6TH ST<br>MILWAUKEE, WI 53212   | 39-0984402                   | 501(C)(3)                                | 32,000.                         | .0   |   |  | FOOD PANTRY   |
| NORTHEASTERN ILLINOIS UNIVERSITY<br>FOUNDATION - 5500 N ST. LOUIS AVE<br>- CHICAGO, IL 60625   | 23-7034689                   | 501(C)(3)                                | 18,293.                         |  |   |  | FINANCIAL NEED<br>SCHOLARSHIP FOR STUDENTS<br>IN THE SCHOOL OF<br>EDUCATION |
| NORTHERN SKY THEATER INC<br>PO BOX 273<br>FISH CREEK, WI 54212   | 39-1666391 <b>501(C)(3</b> ) | 501(C)(3)                                | 51,000.                         |  |   |  | THE CONSTELLATION<br>CAMPAIGN   |
|  |                              |  |                                 |  |   |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | KEE FOUNDATIO        | N, INC.                          |                             |                                   |  |  | 39-6036407 Page 1                                       |
|---|----------------------|----------------------------------|-----------------------------|-----------------------------------|--|--|---|
| Commutation of drams and Other Assistance to Domestic Organizations and Domestic Governments (Scredule I (Form 390), Fat III, (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (c) ration or ganization or government     (a) Amount of (a) Amount of (b) Amount of (c) RC section or ganization or governments (c) RC section (c) Amount of (c) | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (a) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (11.)<br>(g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance            |
| NORTHWEST SIDE COMMUNITY<br>DEVELOPMENT CORP - 4201 N 27TH ST<br>7TH FL - MILWAUKEE, WI 53216   | 39-1478014           | 501(C)(3)                        | 45,000.                     | 0                                 |  |  | STRATEGIC PLANNING                                      |
| NORTON MUSEUM OF ART<br>1405 S DIXIE HIGHWAY<br>WEST PALM BEACH, FL 33401   | 59-0624432           | 501(C)(3)                        | 25,000.                     | 0                                 |  |  | SUSTAINING SUPPORT                                      |
| NOTRE DAME SCHOOL OF MILWAUKEE<br>1418 S LAYTON BLVD<br>MILWAUKEE, WI 53215   | 39-1850760 501(C)(3) | 501(C)(3)                        | 254,750.                    | .0                                |  |  | SUSTAINING SUPPORT                                      |
| OHIO UNIVERSITY FOUNDATION<br>206 MCGUFFEY HALL<br>ATHENS, OH 45701   | 31-6402269           | 501(C)(3)                        | 23,600.                     | 0.                                |  |  | SCHOLARSHIP WITH CRITERIA                               |
| OLD WORLD WISCONSIN FOUNDATION<br>229 E. MAIN ST<br>EAGLE, WI 53119   | 39-1484170           | 501(C)(3)                        | 41,000.                     | 0.                                |  |  | SUSTAINING SUPPORT                                      |
| OPEN ARMS HOME FOR CHILDREN<br>P.O. BOX 2198<br>LITCHFIELD PARK, AZ 85340   | 81-0576905           | 501(C)(3)                        | 7,300.                      | 0.                                |  |  | SUSTAINING SUPPORT IN<br>MEMORY OF LINDA M.<br>RAYMONDS |
| OPERATION DREAM INC<br>1555 N RIVERCENTER DR STE 114<br>MILWAUKEE, WI 53212   | 26-1455938           | 501(C)(3)                        | 12,500.                     | 0.                                |  |  | SUSTAINING SUPPORT                                      |
| OPTIMIST THEATRE INC<br>2010 N 1ST ST<br>MILWAUKEE, WI 53212  | 39-1769252           | 501(C)(3)                        | 25,000.                     | .0                                |  |  | FERFORMING ARTS<br>OPERATIONS                           |
| OUR NEXT GENERATION INC<br>3421 W LISBON AVENUE<br>MILWAUKEE, WI 53208  | 39-1761838           | 501(C)(3)                        | 10,952.                     |                                   |  |  | SUSTAINING SUPPORT                                      |
|   |                      |                                  |                             |                                   |  |  | Schedule I (Form 990)                                   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.   | KEE FOUNDATIC        | N, INC.                          |                             |     |  |  | 39-6036407 Page 1  |
|--|----------------------|----------------------------------|-----------------------------|-----|--|--|--|
|  | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant |     | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                              |
| OUR SPACE INC<br>1527 W NATIONAL AVE<br>MILWAUKEE, WI 53204  | 39-1605904           | 501(C)(3)                        | 5,500.                      | .0  |  |  | SUSTAINING SUPPORT   |
| OUTREACH COMMUNITY HEALTH CENTERS<br>711 W CAPITOL DR<br>MILWAUKEE, WI 53206   | 39-1353282           | 501(C)(3)                        | 36,000.                     | 0   |  |  | COVID-19 RESPONSE<br>TELEHEALTH                                    |
| OZAUKEE COUNTY<br>121 W MAIN STREET<br>PORT WASHINGTON, WI 53074   | 39-6005726           | GOVERNMENT                       | 10,000.                     | .0  |  |  | PROMOTING SOIL HEALTH IN<br>OZAUKEE COUNTY WITH COVER<br>CROP SEED |
| OZAUKEE COUNTY HISTORICAL SOCIETY<br>PO BOX 206<br>CEDARBURG, WI 53012   | 39-1126207           | 501(C)(3)                        | 14,191.                     | 0.  |  |  | THE CEDARBURG TRAIN<br>STATION RESTORATION<br>PROJECT              |
| OZAUKEE FAMILY SERVICES<br>885 BADGER CIR<br>GRAFTON, WI 53024   | 39-1208203           | 501(C)(3)                        | 21,336.                     | 0.  |  |  | FAMILIES FIRST, IN HONOR<br>OF PAM STARK                           |
| OZAUKEE NONPROFIT CENTER<br>2360 DAKOTA DR<br>GRAFTON, WI 53024  | 39-1848247           | 501(C)(3)                        | 104,192.                    |     |  |  | FEC RE-BRAND   |
| OZAUKEE WASHINGTON LAND TRUST INC<br>200 WISCONSIN ST<br>WEST BEND, WI 53095-0917                                    | 39-1741288           | 501(C)(3)                        | 115,895.                    |     |  |  | 2020 MINI GRANT  |
| PAPAL FOUNDATION<br>2501 SEAPORT DR STE SH300<br>CHESTER, PA 19013   | 23-2511991           | 501(C)(3)                        | 15,000.                     | • 0 |  |  | SUSTAINING SUPPORT   |
| PARALYZED VETERANS OF AMERICAN<br>WISCONSIN CHAPTER - 750 N. LINCOLN<br>MEMORIAL DR STE 306 - MILWAUKEE,<br>WI 53202 | 39-1393216 501(C)(3) | 501(C)(3)                        | 25,000.                     | 0.  |  |  | OPERATING SUPPORT  |
|  |                      |                                  |                             |     |  |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,   | JKEE FOUNDATIC                     | NN, INC.                         |   |                                   |  |  | 39-6036407 Page 1   |
|---|------------------------------------|----------------------------------|---|-----------------------------------|--|--|---|
| Lart II       Commutation of Grants and Other Assistance to Domestic Organizations and Domestic Governments         (a) Name and address of organization or government       (b) EIN       (c) IRC section       (d) Amount of if applicable       (e) Amount of if applicable         organization or government       (b) EIN       (c) IRC section       (d) Amount of if applicable       (e) Amount of assistant | (b) EIN                            | (c) IRC section<br>if applicable | and Domesuc Go<br>(d) Amount of<br>cash grant | (e) Amount of non-cash assistance | tt of (f) Method of (g)<br>th valuation noi<br>ce (book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                 |
| FARK PEOPLE OF MILWAUKEE COUNTY<br>INC - 10300 W WISCONSIN AVE -<br>WAUWATOSA, WI 53226   | 39-1285099                         | 501(C)(3)                        | 26,250.                                       | .0                                |  |  | SUSTAINING SUPPORT  |
| PAROLE PREPARATION PROJECT<br>168 CANAL ST<br>NEW YORK, NY 10013  | 82-1096572                         | 501(C)(3)                        | 15,000.                                       | .0                                |  |  | SUSTAINING SUPPORT  |
| PASTORS UNITED COMMUNITY ADVOCACY<br>INC 2205 N 16TH ST - MILWAUKEE,<br>WI 53205  | 90-0947280                         | 501(C)(3)                        | 50,000.                                       |                                   |  |  | THE SOULS TO THE POOLS<br>'LIGHT-UP MILWAUKEE'<br>CAMPAIGN            |
| PATHFINDERS MILWAUKEE INC<br>4200 N HOLTON ST STE 400<br>MILWAUKEE, WI 53212  | 39-1185304                         | 501(C)(3)                        | 138,608.                                      | 0.                                |  |  | SUSTAINING SUPPORT  |
| FBS FOUNDATION<br>2100 CRYSTAL DR, 3RD FLOOR<br>ARLINGTON, VA 22202   | 20-1476451                         | 501(C)(3)                        | 20,000.                                       | 0.                                |  |  | MASTERPIECE THEATER   |
| FEACE DEVELOPMENT FUND INC<br>PO BOX 1280<br>AMHERST, MA 01004  | 04-2738794                         | 501(C)(3)                        | 10,000.                                       | 0.                                |  |  | MILPF   |
| PEARLS FOR TEEN GIRLS INC<br>1805 N MARTIN LUTHER KING DR<br>MILWAUKEE, WI 53212-3673   | 39-1997970 <mark>501(C)(3</mark> ) | 501(C)(3)                        | 64,550.                                       | 0                                 |  |  | SUSTAINING SUPPORT,<br>RECOMMENDED BY SUSAN<br>APPLE                  |
| PEBBLE BEACH COMPANY FOUNDATION<br>PO BOX 1767<br>PEBBLE BEACH, CA 93953  | 51-0189888                         | 501(C)(3)                        | 12,000.                                       | 0.                                |  |  | NEED-BASED SCHOLARSHIPS<br>FOR THE BENEFIT OF<br>OUTSTANDING STUDENTS |
| PEF ISRAEL ENDOWMENT FUNDS INC<br>630 THIRD AVE, 15TH FLOOR<br>NEW YORK, NY 10017   | 13-6104086 501(C)(3)               | 501(C)(3)                        | 5,250.  | .0                                |  |  | BETH DAVID WARM HOME FOR<br>THERAPEUTIC PLANT NURSERY                 |
|   |                                    |                                  |   |                                   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | JKEE FOUNDATIC    | N, INC.                                 |                                 |  |   |   | 39-6036407 Page 1                              |
|--|-------------------|---|---------------------------------|--|---|---|--|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor | nestic Organizations                    | and Domestic Go                 | vernments (Sche                                | dule I (Form 990), Par  | t II.)                                    |  |
| <b>(a)</b> Name and address of organization or government  | (b) EIN           | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance          |
| PENFIELD CHILDREN'S CENTER<br>833 N 26TH ST<br>MILWAUKEE, WI 53233-1507  | 39-1093701        | 501(C)(3)                               | 107,600.                        | 0.   |   |   | THE BEHAVIOR CLINIC                            |
| PENINSULA MUSIC FESTIVAL, INC.<br>PO BOX 340<br>EPHRAIM, WI 54211  | 39-1691920        | 501(C)(3)                               | 12,000.                         |  |   |   | SUSTAINING SUPPORT                             |
| PENINSULA SCHOOL OF ART, INC.<br>3900 COUNTY ROAD F<br>FISH CREEK, WI 54212  | 39-1730561        | 501(C)(3)                               | 27,500.                         | .0   |   |   | SUSTAINING SUPPORT                             |
| PEOPLE FOR THE ETHICAL TREATMENT<br>OF ANIMALS - 501 FRONT STREET -<br>NORFOLK, VA 23510   | 52-1218336        | 501(C)(3)                               | 16,646.                         | .0   |   |   | SUSTAINING SUPPORT                             |
| PHYSICIANS COMMITTEE FOR<br>RESPONSIBLE MEDICINE INC - 5100<br>WISCONSIN AVE NW STE 400 -<br>WASHINGTON, DC 20016-4131                   | 52-1394893        | 501(C)(3)                               | 12,462.                         | 0.   |   |   | SUSTAINING SUPPORT                             |
| PINK UMBRELLA THEATER CO<br>1660 N PROSPECT AVE UNIT 501<br>MILWAUKEE, WI 53202  | 83-1924866        | 501(C)(3)                               | 7,889.                          | 0.   |   |   | FRODUCTIONS AND<br>FROGRAMMING                 |
| PIUS XI HIGH SCHOOL<br>135 N 76TH ST<br>MILWAUKEE, WI 53208  | 39-1101976        | 501(C)(3)                               | 36,000.                         | 0  |   |   | THE LINDA RAYMONDS<br>ENDOWED SCHOLARSHIP FUND |
| PLANNED PARENTHOOD OF WISCONSIN<br>INC - 302 N JACKSON ST -<br>MILWAUKEE, WI 53202   | 39-0863391        | 501(C)(3)                               | 332,274.                        | °  |   |   | SUSTAINING SUPPORT                             |
| PORTAL INC<br>1015 CEDAR CREEK RD<br>GRAFTON, WI 53024-0065  | 39-1024001        | 501(C)(3)                               | 30,768.                         | o  |   |   | ANNUAL GRANT IN LIEU OF<br>FISH DAY RUN/WALK   |
|  |                   |   |                                 |  |   |   | Schedule I (Form 990)                          |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | JKEE FOUNDATIC       | JN, INC.                                |                                    |  |   |   | 39-6036407 Page 1   |
|--|----------------------|---|------------------------------------|--|---|---|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor    | mestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par  | t II.)                                    |   |
| (a) Name and address of organization or government   | (b) EIN              | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                            |
| POSITIVELY PEWAUKEE INC<br>112 MAIN ST<br>PEWAUKEE, WI 53072   | 36-4574409           | 501(C)(3)                               | 10,000.                            | •<br>0   |   |   | THE TASTE OF LAKE COUNTRY   |
| PREVENT BLINDNESS WISCONSIN<br>731 N. JACKSON ST STE 405<br>MILWAUKEE, WI 53202  | 39-6096227           | 501(C)(3)                               | 22,825.                            | •<br>0   |   |   | SUSTAINING SUPPORT  |
| PRISM ECONOMIC DEVELOPMENT CORP.<br>3725 N. SHERMAN BLVD.<br>MILWAUKEE, WI 53216   | 27-4679627           | 501(C)(3)                               | 76,750.                            | 0.   |   |   | UPSTART KITCHEN   |
| PROGRESSIVE COMMUNITY HEALTH<br>CENTERS - 3522 W LISBON AVE -<br>MILWAUKEE, WI 53208-1953  | 39-1958810           | 501(C)(3)                               | 15,000.                            | .0   |   |   | COVID-19 RESPONSE,<br>CHILDCARE, STAFFING,<br>AND/OR TESTING COVID      |
| PROHEALTH CARE FOUNDATION, INC.<br>725 AMERICAN AVE<br>WAUKESHA, WI 53188  | 39-1314542           | 501(C)(3)                               | 19,863.                            | .0   |   |   | ANGELSGRACE HOSPICE   |
| FROJECT CONCERN OF CUDAHY-ST.<br>FRANCIS INC 4611 S. KIRKWOOD<br>AVE CUDAHY, WI 53110  | 39-1757379           | 501(C)(3)                               | 6,000.                             | 0.   |   |   | PANDEMIC OPERATIONS   |
| PROVINCE OF ST JOSEPH OF THE<br>CAPUCHIN ORDER INC - PO BOX 05830<br>- MILWAUKEE, WI 53205   | 38-1525161           | 501(C)(3)                               | 792.                               | 0.   |   |   | WINTER WARMING ROOM   |
| PUBLIC ALLIES<br>735 N WATER STREET, SUITE 550<br>MILWAUKEE, WI 53202  | 52-1759564           | 501(C)(3)                               | 303,785.                           | 0.   |   |   | MENTAL HEALTH CIVIC<br>RESPONSE - COMMUNITY<br>NAVIGATORS               |
| QUASIMONDO PHYSICAL THEATRE<br>5151 N 35TH ST<br>MILWAUKEE, WI 53209   | 46-3010029 501(C)(3) | 501(C)(3)                               | 275,000.                           |  |   |   | THE RENOVATION OF THE<br>ARTHAUS BUILDING AND FOR<br>OPERATING EXPENSES |
|  |                      |   |                                    |  |   |   | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION   | KEE FOUNDATIO         | N, INC.                          |                             |    |   |  | 39-6036407 Page 1   |
|--|-----------------------|----------------------------------|-----------------------------|----|---|--|---|
| (a) Name and address of organization or government     (b) EIN     (c) IRC section     (d) Amount of if applicable     (e) Amount of if applicable | (b) EIN               | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant |    | t of (f) Method of (<br>valuation (i) wethod of (<br>valuation no<br>e (book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                               |
| RADIO MILWAUKEE INC<br>220 E PITTSBURGH AVE<br>MILWAUKEE, WI 53204   | 20-1257939            | 501(C)(3)                        | 58,500.                     | .0 |   |  | THE GRACE WEBER MUSIC LAB   |
| RAISING THE BAR<br>8304 N 106TH ST<br>MILWAUKEE, WI 53224  | 36-4943232            | 501(C)(3)                        | 10,000.                     | .0 |   |  | DAY OF MOURNING 5K<br>CAMPAIGN                                      |
| REDEVELOPMENT AUTHORITY OF THE<br>CITY OF MILWAUKEE - 809 N BROADWAY<br>- MILWAUKEE, WI 53202  | 39-1186734            | 501(C)(3)                        | 30,000.                     | o  |   |  | EVALUATION OF SHORELINE<br>WALL STRUCTURES AND<br>UTILITY CROSSINGS |
| REFLO INC<br>2403 E. BELLEVIEW PLACE<br>MILWAUKEE, WI, WI 53211  | 46-2396466            | 501(C)(3)                        | 59,880.                     | 0. |   |  | SUSTAINING SUPPORT  |
| REGENTS OF THE UNIVERSITY OF<br>MICHIGAN - 500 S STATE ST - ANN<br>ARBOR, MI 48109   | 38-6006309            | 501(C)(3)                        | 7,500.                      | 0. |   |  | RESEARCH FELLOWSHIP,<br>MOLECULAR AND INTEGRATIVE<br>PHYSIOLOGY     |
| RENAISSANCE THEATERWORKS INC<br>158 N BROADWAY STE 500<br>MILWAUKEE, WI 53202  | 39-1783607            | 501(C)(3)                        | 37,741.                     |    |   |  | SUSTAINING SUPPORT  |
| REPAIRERS OF THE BREACH<br>PO BOX 5648<br>MILWAUKEE, WI 53205  | 39-1707495            | 501(C)(3)                        | 34,500.                     | 0. |   |  | SUSTAINING SUPPORT  |
| REVITALIZE MILWAUKEE<br>840 N OLD WORLD THIRD ST STE 600<br>MILWAUKEE, WI 53203  | 39-2006470            | 501(C)(3)                        | 82,250.                     | 0. |   |  | RESOURCES FOR VULNERABLE<br>HOMEOWNERS                              |
| RICHMOND COUNTY SCHOOLS<br>118 VANCE ST<br>HAMLET, NC 28345  | 56-6002508 GOVERNMENT | GOVERNMENT                       | 9,000.                      | 0. |   |  | SKILL BOSS FOR RICHMOND<br>HIGH SCHOOL                              |
|  |                       |                                  |                             |    |   |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | KEE FOUNDATIC        | N, INC.                          | of citerations of beautions of the second |    | (Cochool / Form 000) [ 044 [] )                                |  | 39-6036407 Page 1   |
|---|----------------------|----------------------------------|---|----|--|--|---|
|   | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant   |    | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | ( <b>g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance                             |
| RIVER GLEN CHRISTIAN CHURCH INC<br>S31W30601 SUNSET DR<br>WAUKESHA, WI 53189-9088               | 39-1863174           | 501(C)(3)                        | 11,000.   | .0 |  |  | SUSTAINING SUPPORT  |
| RIVER REVITALIZATION FOUNDATION<br>INC - 2134 N RIVERBOAT RD -<br>MILWAUKEE, WI 53212-3517      | 39-1887400           | 501(C)(3)                        | 161,500.  | .0 |  |  | THE INTERNSHIP PROGRAM  |
| RIVEREDGE NATURE CENTER INC<br>PO BOX 26<br>NEWBURG, WI 53060                                   | 39-6108549           | 501(C)(3)                        | 102,769.  | .0 |  |  | SUSTAINING SUPPORT  |
| RIVERWEST ARTISTS ASSOCIATION<br>INCORPORATED - 926 EAST CENTER<br>STREET - MILWAUKEE, WI 53212 | 39-1718720           | 501(C)(3)                        | 28,000.   | 0. |  |  | 40 YEARS: AN ORGANIZATION<br>REDEFINED AND RENEWED -<br>PHASE TWO |
| RIVERWEST FOOD PANTRY<br>2610 N DR MARTIN LUTHER KING JR DR<br>MILWAUKEE, WI 53212              | 46-3422131           | 501(C)(3)                        | 295,900.  | .0 |  |  | FOOD RESOURCES COVID-19<br>RESPONSE                               |
| RIVERWORKS DEVELOPMENT CORPORATION<br>526 E. CONCORDIA AVE<br>MILWAUKEE, WI 53212               | 39-1731739           | 501(C)(3)                        | 109,000.  |    |  |  | RIVERWORKS LAUNDRY  |
| ROCK THE GREEN INC<br>PO BOX 170893<br>WHITEFISH BAY, WI 53217                                  | 27-3509969           | 501(C)(3)                        | 14,000.   | .0 |  |  | SUSTAINING SUPPORT  |
| ROCKETSHIP EDUCATION WISCONSIN INC<br>350 TWIN DOLPHIN DR STE 109<br>REDWOOD CITY, CA 94065     | 90-0951861           | 501(C)(3)                        | 15,000.   | 0. |  |  | DISTANCE LEARNING<br>TECHNOLOGY                                   |
| ROGERS MEMORIAL HOSPITAL<br>FOUNDATION INC - 34700 VALLEY RD -<br>OCONOMOWOC, WI 53066          | 39-1363507 501(C)(3) | 501(C)(3)                        | 6,000.  | 0. |  |  | THE MENTAL HEALTH<br>PROGRAMS                                     |
|   |                      |                                  |   |    |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | KEE FOUNDATIC<br>Assistance to Dor | N, INC.<br>nestic Organizations  | and Domestic Go                    |    | (Schedule I (Form 990). Part                                   | CI                                     | 39-6036407 Page 1                                    |
|---|------------------------------------|----------------------------------|------------------------------------|----|--|--|--|
|   | ( <b>b</b> )                       | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant |    | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                |
| RONALD MCDONALD HOUSE CHARITIES OF<br>EASTERN WISCONSIN INC - 8948<br>WATERTOWN PLANK RD - MILWAUKEE, WI<br>53226 | 39-1433107                         | 501(C)(3)                        | 31,327.                            | 0  |  |  | SPONSORSHIP OF THE CHEFS<br>DINNER                   |
| ROOT-PIKE WATERSHED INITIATIVE<br>NETWORK, INC - 4116 12TH ST -<br>KENOSHA, WI 53144                              | 20-0971618                         | 501(C)(3)                        | 55,105.                            | o  |  |  | 2020 MINI GRANT                                      |
| ROSELAND CHRISTIAN MINISTRIES<br>10858 S MICHIGAN AVE<br>CHICAGO, IL 60628  | 36-3094828 501(C)(3)               | 501(C)(3)                        | 10,000.                            | .0 |  |  | SUSTAINING SUPPORT                                   |
| ROWAN-CABARRUS COMMUNITY COLLEGE<br>FOUNDATION - PO BOX 1595 -<br>SALISBURY, NC 28145                             | 56-1731864                         | 501(C)(3)                        | 20,000.                            |    |  |  | THE SKILLS BOSS<br>PACKAGE/MASTER TRAINING<br>CENTER |
| RUACH, INC.<br>6815 W CAPITOL DR STE 302<br>MILWAUKEE, WI 53216   | 20-3268560                         | 501(C)(3)                        | 20,000.                            | 0. |  |  | ARTS OPERATIONS                                      |
| RUDOLF STEINER SCHOOL ASSOCIATION<br>OF ANN ARBOR - 2230 PONTIAC TRAIL<br>- ANN ARBOR, MI 48105                   | 38-2242069                         | 501(C)(3)                        | 7,500.                             | 0. |  |  | THE CAPITAL FUND                                     |
| RUNNING REBELS<br>225 W CAPITOL DR<br>MILWAUKEE, WI 53212   | 39-3910464                         | 501(C)(3)                        | 26,250.                            |    |  |  | UNITY ARTS EXPANSION                                 |
| SACRED HEART CHURCH<br>43775 DEEP CANYON RD<br>PALM DESERT, CA 92260-3164   | 95-3293896                         | 501(C)(3)                        | 27,000.                            | .0 |  |  | SUSTAINING SUPPORT                                   |
| SAFE & SOUND INC<br>801 W MICHIGAN ST<br>MILWAUKEE, WI 53233  | 39-1940292 501(C)(3)               | 501(C)(3)                        | 30,000.                            |    |  |  | SUSTAINING SUPPORT                                   |
|   |                                    |                                  |                                    |    |  |  | Schedule I (Form 990)                                |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION   | KEE FOUNDATIO    | N, INC.                                 |                                    |  |   |  | 39-6036407 Page 1   |
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| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor | nestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par  | t II.)   |   |
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| SAILING EDUCATION ASSOCIATION OF<br>SHEBOYGAN, INC 826 S 8TH ST STE<br>4 - SHEBOYGAN, WI 53081   | 45-5479135       | 501(C)(3)                               | 440,000.                           | .0   |   |  | SUSTAINING SUPPORT  |
| SAINT FRANCIS DE SALES SEMINARY<br>3257 S LAKE DR<br>ST. FRANCIS, WI 53235   | 39-0806358       | 501(C)(3)                               | 15,000.                            | 0  |   |  | A NEW VIDEO FOR THE<br>ANNUAL DINNER                              |
| SAINT JOHN'S COMMUNITIES INC<br>1840 N PROSPECT AVE<br>MILWAUKEE, WI 53202-1975  | 39-0807204       | 501(C)(3)                               | 71,218.                            | .0   |   |  | THE EMPLOYEE CHRISTMAS<br>FUND                                    |
| SAINTA INC<br>8901 W CAPITOL DR<br>MILWAUKEE, WI 53222-1706  | 39-1338354       | 501(C)(3)                               | 17,845.                            |  |   |  | THE AGING OUT OF FOSTER<br>CARE PROGRAM                           |
| SALVATION ARMY CENTENNIAL CORPS<br>3900 E ARAPAHOE RD<br>CENTENNIAL, CO 80122  | 94-1156347       | 501(C)(3)                               | 65,000.                            | 0.   |   |  | THE CORONAVIRUS FUND  |
| SALVATION ARMY MILWAUKEE COUNTY<br>11315 W WATERTOWN PLANK RD<br>WAUWATOSA, WI 53226   | 39-2167910       | 501(C)(3)                               | 347,211.                           | •  |   |  | SUSTAINING SUPPORT, IN<br>MEMORY OF JOHN THOMAS<br>JOCOBUS        |
| SALVATION ARMY OF WAUKESHA<br>445 MADISON ST<br>WAUKESHA, WI 53188   | 39-0806889       | 501(C)(3)                               | 11,000.                            |  |   |  | SUSTAINING SUPPORT  |
| SAND COUNTY FOUNDATION INC<br>131 W WILSON ST STE 610<br>MADISON, WI 53703   | 39-6089450       | 501(C)(3)                               | 94,668.                            | 0  |   |  | ADVANCING AGRICULTURAL<br>CONSERVATION                            |
| SANDHILLS CLASSICAL CHRISTIAN<br>SCHOOL INC - 1487 RAYS BRIDGE RD -<br>WHISPERING PINES, NC 28327  | 56-2147523       | 501(C)(3)                               | 50,000.                            | .0   |   |  | CONSTRUCTION OF THE UPPER<br>SCHOOL AND THE<br>COMPUTER/IT CENTER |
|  |                  |   |                                    |  |   |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | NN, INC.                         |                                    |  |  |   | 39-6036407 Page 1                                    |
|--|----------------------|----------------------------------|------------------------------------|--|--|---|--|
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| SANDHILLS COMMUNITY COLLEGE<br>3395 AIRPORT RD<br>PINEHURST, NC 28374  | 56-0946799           | 501(C)(3)                        | 20,000.                            | .0   |  |   | THE SKILLS BOSS PACKAGE                              |
| SANIBEL-CAPTIVA CONSERVATION<br>FOUNDATION INC - 3333<br>SANIBEL-CAPTIVA ROAD - SANIBEL, FL<br>33957                                     | 59-1205087           | 501(C)(3)                        | 16,300.                            | .0   |  |   | SUSTAINING SUPPORT                                   |
| SAUKVILLE COMMUNITY FOOD PANTRY<br>INC - PO BOX 80304 - SAUKVILLE, WI<br>53080-0304  | 45-3248143           | 501(C)(3)                        | 11,000.                            | 0.   |  |   | FOOD PANTRY  |
| SAVING OURSELVES CHARITABLE CORP.<br>2224 W KILBOURN AVE<br>MILWAUKEE, WI 53233  | 84-2703343           | 501(C)(3)                        | 20,000.                            | 0.   |  |   | PRENATAL AND POSTPARTUM<br>HEALTH PROGRAM            |
| SCHAUER ARTS AND ACTIVITIES<br>CENTER, INC 147 N RURAL ST -<br>HARTFORD, WI 53027  | 39-1929222           | 501(C)(3)                        | 8,951.                             | 0.   |  |   | SUSTAINING SUPPORT                                   |
| SCHOOL SISTERS OF NOTRE DAME,<br>CENTRAL PACIFIC PROVINCE - ELM<br>GROVE CAMPUS - ELM GROVE, WI<br>53122-2291                            | 45-1296033           | 501(C)(3)                        | 40,645.                            | 0.   |  |   | CAPITAL CAMPAIGN                                     |
| SCHOOL SISTERS OF ST. FRANCIS<br>INTL. OFFICE OF ADVANCEMENT<br>MILWAUKEE, WI 53215-1924   | 39-1594407 CHURCH    | сниксн                           | 58,139.                            | 0.   |  |   | RETIREMENT FUNDING                                   |
| SECUREFUTURES FOUNDATION INC<br>710 N PLANKINTON AVE STE 1400<br>MILWAUKEE, WI 53203   | 20-5203533           | 501(C)(3)                        | 17,259.                            | 0.   |  |   | SUSTAINING SUPPORT                                   |
| SEEDS OF HEALTH<br>1445 S 32ND ST<br>MILWAUKEE, WI 53215   | 93-0843605 501(C)(3) | 501(C)(3)                        | 10,500.                            | .0   |  |   | HELPING HIGH NEED<br>FAMILIES RESPOND TO<br>COVID-19 |
|  |                      |                                  |                                    |  |  |   | Schedule I (Form 990)                                |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990). Part II.) | KEE FOUNDATIO<br>ssistance to Dor | N, INC.<br>nestic Organizations : | and Domestic Go                    | vernments (Sche                         | dule I (Form 990). Par   |  | 39-6036407 Page 1   |
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| SERENITY INNS, INC<br>PO BOX 26887<br>MILWAUKEE, WI 53226  | 41-2034019                        | 501(C)(3)                         | 15,700.                            |   |  |  | FOOD RESOURCES &<br>INCREASED COUNSELING<br>CAPACITY        |
| SERVANT MANOR<br>5600 W. BROWN DEER RD.<br>BROWN DEER, WI 53223  | 56-2374253                        | 501(C)(3)                         | 10,000.                            | .0                                      |  |  | COVID-19 CRISIS PLACEMENT<br>FOR YOUTH                      |
| SERVING OLDER ADULTS OF SOUTHEAST<br>WISCONSIN INC 2601 W HOWARD AVE<br>- MILWAUKEE, WI 53221  | 83-0637217 501(C)(3)              | 501(C)(3)                         | 28,000.                            | .0                                      |  |  | MEALS FOR OLDER ADULTS                                      |
| SETON CATHOLIC SCHOOLS<br>3501 S. LAKE DRIVE<br>MILWAUKEE, WI 53207  | 47-5493941                        | CHURCH                            | 181,500.                           | .0                                      |  |  | EDUCATOR PROJECTS   |
| SHARON LYNNE WILSON CENTER FOR THE<br>ARTS INC - 3270 MITCHELL PARK DR -<br>BROOKFIELD, WI 53045   | 39-1787648                        | 501(C)(3)                         | 20,639.                            | 0.                                      |  |  | SUSTAINING SUPPORT  |
| SHARP LITERACY INC<br>5775 N GLEN PARK RD STE 202<br>GLENDALE, WI 53209  | 39-1963963                        | 501(C)(3)                         | 47,278.                            | 0.                                      |  |  | REASONS FOR HOPE: SUMMER<br>LEARNING PROGRAM                |
| SHENANDOAH UNIVERSITY<br>1460 UNIVERSITY DR<br>WINCHESTER, VA 22601-5195   | 54-0525605                        | 501(C)(3)                         | 9,699.                             | 0.                                      |  |  | SUPPORT OF THE DAVID C.<br>SCOTT SCHOLARSHIP                |
| SHOREWOOD FUBLIC LIBRARY<br>3920 N MURRAY AVE<br>MILWAUKEE, WI 53211   | 39-6006369                        | GOVERNMENT                        | 96,314.                            | 0                                       |  |  | THE ITEMS INCLUDED IN THE<br>LANGE BEQUEST GRANT<br>REQUEST |
| SHRINERS HOSPITAL FOR CHILDREN -<br>TWIN CITIES - 2025 E RIVER PKWY -<br>MINNEAPOLIS, MN 55414   | 36-2193608 501(C)(3)              | 501(C)(3)                         | 22,042.                            | 0.                                      |  |  | SUSTAINING SUPPORT  |
|  |                                   |                                   |                                    |   |  |  | Schedule I (Form 990)                                       |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | JKEE FOUNDATIC       | DN, INC.                         | and Domostic Go             |    | (Schodida I (Form 000) Dod II)                                 |  | 39-6036407 Page 1                     |
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|   | (a)                  | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant |    | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| SHRINERS HOSPITALS FOR CHILDREN -<br>CHICAGO - 2211 N OAK PARK AVE -<br>CHICAGO, IL 60707       | 36-2193608           | 501(C)(3)                        | 5,917.                      | .0 |  |  | SUSTAINING SUPPORT                    |
| SIENA RETREAT CENTER INC<br>5637 ERIE ST<br>RACINE, WI 53402                                    | 27-2468917           | 501(C)(3)                        | 6,836.                      | .0 |  |  | SCHOLARSHIPS                          |
| SILVER SPRING NEIGHBORHOOD CENTER<br>5460 N 64TH ST<br>MILWAUKEE, WI 53218                      | 39-0966281           | 501(C)(3)                        | 65,000.                     | .0 |  |  | THE FOOD PANTRY                       |
| SIMON WIESENTHAL CENTER<br>1399 S ROXBURY DR<br>LOS ANGELES, CA 90035                           | 95-3964928           | 501(C)(3)                        | 412,729.                    | .0 |  |  | SUSTAINING SUPPORT                    |
| SINSINAWA DOMINICANS<br>585 COUNTY ROAD Z<br>SINSINAWA, WI 53824-9701                           | 39-0816854           | 501(C)(3)                        | 53,883.                     | 0. |  |  | RETIREMENT FUNDING                    |
| SISTERS OF ST. DOMINIC-RACINE<br>DOMINICANS - 5635 ERIE ST -<br>RACINE, WI 53402-1900           | 39-0869855           | GRP RULING                       | 16,894.                     | 0. |  |  | SUSTAINING SUPPORT                    |
| SISTERS OF ST. FRANCIS OF ASSISI<br>3221 S LAKE DR<br>ST. FRANCIS, WI 53207                     | 39-0806271 501(C)(3) | 501(C)(3)                        | 10,250.                     | 0. |  |  | CAMPAIGN FOR THE NEW<br>CONVENT       |
| SIXTEENTH STREET COMMUNITY HEALTH<br>CENTER - 1337 S CESAR E CHAVEZ DR<br>- MILWAUKEE, WI 53204 | 39-1180475           | 501(C)(3)                        | 615,079.                    | 0. |  |  | SYRINGE EXCHANGE PROGRAM              |
| SKYLIGHT MUSIC THEATRE CORP<br>158 N BROADWAY<br>MILWAUKEE, WI 53202-6015                       | 39-0975374 501(C)(3) | 501(C)(3)                        | 99,985.                     |    |  |  | SUSTAINING SUPPORT                    |
|   |                      |                                  |                             |    |  |  | Schedule I (Form 990)                 |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION   | KEE FOUNDATIC        | DN, INC.                                 |                                    |  |  |   | 39-6036407 Page 1  |
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| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Doi    | mestic Organizations                     | and Domestic Go                    | vernments (Sche                                | idule I (Form 990), Par  | τ II.)                                    |  |
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| SOCIETY FOR THE PROPAGATION OF THE<br>FAITH - 70 W 36TH ST 8TH FLOOR -<br>NEW YORK, NY 10018   | 13-1624191           | 501(C)(3)                                | 7,345.                             | 0.   |  |   | SUSTAINING SUPPORT   |
| SOJOURNER FAMILY PEACE CENTER INC<br>619 W WALNUT ST<br>MILWAUKEE, WI 53212  | 39-1276210           | 501(C)(3)                                | 277,096.                           | ,<br>0   |  |   | SUSTAINING SUPPORT   |
| SOUTH FLORIDA PBS<br>PO BOX 610002<br>MIAMI, FL 33261  | 59-0737868 501(C)(3) | 501(C)(3)                                | 20,000.                            | .0   |  |   | SUSTAINING SUPPORT   |
| SOUTH MILWAUKEE INDUSTRIAL MUSEUM<br>PO BOX 84<br>SOUTH MILWAUKEE, WI 53172  | 82-2055656           | 501(C)(3)                                | 96,000.                            | 0.   |  |   | START UP COSTS FOR SOUTH<br>MILWAUKEE INDUSTRIAL<br>MUSEUM |
| SOUTHEASTERN GUIDE DOGS INC<br>4210 77TH STREET EAST<br>PALMETTO, FL 34221   | 65-0143994           | 501(C)(3)                                | 10,000.                            | 0.   |  |   | SUSTAINING SUPPORT   |
| SOUTHPORT PARK ASSOCIATION<br>4623 75TH STREET #4 BOX #249<br>KENOSHA, WI 53142  | 47-2216847           | 501(C)(3)                                | 16,730.                            | 0.   |  |   | WATERSHED PROGRAM  |
| SOUTHSIDE ORGANIZING COMMITTEE<br>1300 S LAYTON BLVD<br>MILWAUKEE, WI 53215  | 39-1680618           | 501(C)(3)                                | 10,000.                            | 。<br>。   |  |   | GET OUT THE VOTE (GOTV)                                    |
| SPINA BIFIDA ASSOCIATION OF<br>WISCONSIN - 830 N 109TH ST STE 6 -<br>WAUWATOSA, WI 53226   | 39-1594831           | 501(C)(3)                                | 15,000.                            | 0  |  |   | SPECIAL DISTRIBUTION FOR<br>SUSTAINING SUPPORT             |
| SS. JOACHIM AND ANNE SCHOOL<br>218-19 105 AVE<br>QUEENS VILLAGE, NY 11429  | 11-2203284           | 501(C)(3)                                | 20,000.                            | .0   |  |   | SUSTAINING SUPPORT   |
|  |                      |  |                                    |  |  |   | Schedule I (Form 990)                                      |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.                                      | KEE FOUNDATIC        | NN, INC.                         | and Domotion Con            |   | 11 Production (Cohord Distribution Constrained Date 11)        |  | 39-6036407 Page 1   |
|---|----------------------|----------------------------------|-----------------------------|---|--|--|---|
| (a) Name and address of organization or government  | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                       |
| SSADH ASSOCIATION INC<br>498 LILLIAN COURT<br>DELAFIELD, WI 53018                             | 37-1695651           | 501(C)(3)                        | 10,000.                     | . 0                                     |  |  | SUSTAINING SUPPORT  |
| ST. ANN CENTER FOR<br>INTERGENERATIONAL CARE INC - 2801<br>E MORGAN AVE - MILWAUKEE, WI 53207 | 39-1757756           | 501(C)(3)                        | 54,323.                     | .0                                      |  |  | SUSTAINING SUPPORT  |
| ST. ANTHONY SCHOOL & CONGREGATION<br>1747 S 9TH ST<br>MILWAUKEE, WI 53204                     | 39-0924288           | 501(C)(3)                        | 68,829.                     | .0                                      |  |  | APRIL ANGELS RELIEF FUND<br>FOR ST. ANTHONY FAMILIES        |
| ST. ANTHONY'S GUILD<br>144 W 32ND ST<br>NEW YORK, NY 10001-3202                               | 22-1500593           | 501(C)(3)                        | 6,856.                      |   |  |  | EDUCATING AND TRAINING<br>PRIESTS AND RELIGIONS<br>BROTHERS |
| ST. AUGUSTINE FREPARATORY ACADEMY<br>2607 S 5TH ST<br>MILWAUKEE, WI 53207                     | 47-1800734           | 501(C)(3)                        | 5,250.                      | 0.                                      |  |  | SUSTAINING SUPPORT  |
| ST. BERNARD PARISH<br>7474 HARWOOD AVE<br>WAUWATOSA, WI 53213                                 | 39-0806326           | 501(C)(3)                        | 47,633.                     | .0                                      |  |  | SUSTAINING SUPPORT  |
| ST, CHRISTOPHER EPISCOPAL CHURCH<br>7845 N RIVER RD<br>RIVER HILLS, WI 53217                  | 39-0932954           | 501(C)(3)                        | 6,500.                      |   |  |  | SUSTAINING SUPPORT  |
| ST. COLETTA OF WISCONSIN<br>N4637 COUNTY RD Y<br>JEFFERSON, WI 53549                          | 39-0816855           | 501(C)(3)                        | 11,000.                     | °                                       |  |  | THE GRACE LANDING<br>PROJECT, IN HONOR OF ADAM<br>STEIMLE   |
| ST. FRANCIS CHILDRENS CENTER INC<br>6700 N PORT WASHINGTON RD<br>MILWAUKEE, WI 53217          | 39-6092761 501(C)(3) | 501(C)(3)                        | 24,011.                     | o                                       |  |  | SUSTAINING SUPPORT  |
|   |                      |                                  |                             |   |  |  | Schedule I (Form 990)                                       |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION   | JKEE FOUNDATIO        | N, INC.                                  |                                    |  |  |  | 39-6036407 Page 1                                 |
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| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor     | mestic Organizations                     | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |   |
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| ST. FRANCIS PARISH PROVINCE OF ST<br>JOSEPH CAPUCHIN ORDER - 327 W<br>BROWN ST - MILWAUKEE, WI 53212                                     | 39-0806357            | 501(C)(3)                                | 12,500.                            | .0   |  |  | SUPPORT FOR VITA SITE<br>DURING COVID             |
| ST. JOHN CHRYSOSTOM<br>539 EXETER DR<br>DELAFIELD, WI 53018  | 39-1455676            | 501(C)(3)                                | 10,000.                            | .0   |  |  | SUSTAINING SUPPORT                                |
| ST. JOHN XXIII CATHOLIC SCHOOL<br>1802 N WISCONSIN ST<br>PORT WASHINGTON, WI 53074-1047  | 81-3008967 501(C)(3)  | 501(C)(3)                                | 20,000.                            | •0   |  |  | SUSTAINING SUPPORT                                |
| ST. JOSEPH ACADEMY INC<br>1600 W OKLAHOMA AVE<br>MILWAUKEE, WI 53215   | 39-0806262            | 501(C)(3)                                | 20,602.                            |  |  |  | TECHNOLOGY FOR K-5 -3RD<br>GRADE VIRTUAL LEARNING |
| ST. JOSEPH'S MEDICAL CLINIC<br>237 WISCONSIN AVE<br>WAUKESHA, WI 53186   | 39-1273248            | 501(C)(3)                                | 61,000.                            | 0.   |  |  | COVID-19 TESTING SUPPORT                          |
| ST. MARCUS LUTHERAN CHURCH<br>2215 N PALMER<br>MILWAUKEE, WI 53212   | 39-0850377            | 501(C)(3)                                | 60,000.                            | 0.   |  |  | EMERGENCY NEEDS FUND AND<br>ACADEMIC STABILITY    |
| ST. MARK'S EPISCOPAL CHURCH<br>2618 N HACKETT AVE<br>SHOREWOOD, WI 53211-3832  | 39-0878822            | 501(C)(3)                                | 6,617.                             | 0.   |  |  | SUSTAINING SUPPORT                                |
| ST. MARY'S FOOD BANK ALLIANCE<br>2831 N 31ST AVE<br>PHOENIX, AZ 85009  | 23-7353532            | 501(C)(3)                                | 15,000.                            | 0.   |  |  | SUSTAINING SUPPORT                                |
| ST. MARY'S UNIVERSITY OF SAN<br>ANTONIO, TEXAS - 1 CAMINO SANTA<br>MARIA ST - SAN ANTONIO, TX<br>78228-8575                              | 74-1173128 GRP RULING | GRP RULING                               | 16,894.                            | .0   |  |  | THE JOHN G. RECHTIEN<br>MEMORIAL SCHOLARSHIP FUND |
|  |                       |  |                                    |  |  |  | Schedule I (Form 990)                             |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO     | N, INC.                                  |                                    |  |  |   | 39-6036407 Page 1                            |
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| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Don | nestic Organizations                     | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | д II.)                                    |  |
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| ST, MARY'S VISITATION PARISH<br>1260 CHURCH ST<br>ELM GROVE, WI 53122  | 39-0808492        | 501(C)(3)                                | 6,987.                             |  |  |   | SUSTAINING SUPPORT                           |
| ST. MATTHEW'S HOUSE<br>2001 AIRPORT ROAD S<br>NAPLES, FL 34112   | 65-1110501        | 501(C)(3)                                | 15,000.                            | .0   |  |   | NEW WINDOWS FOR JILL'S<br>PLACE              |
| ST. MICHAEL CONGREGATION<br>1445 N 24TH ST<br>MILWAUKEE, WI 53205-1898   | 39-0803622        | 501(C)(3)                                | 21,000.                            | .0   |  |   | BOILER REPAIR                                |
| ST. NORBERT COLLEGE INC<br>100 GRANT ST<br>DE PERE, WI 54115   | 39-1399196        | 501(C)(3)                                | 31,600.                            | .0   |  |   | SUSTAINING SUPPORT                           |
| ST. ROBERT'S PARISH & SCHOOL<br>4019 N FARWELL AVE<br>SHOREWOOD, WI 53211  | 39-0851410        | 501(C)(3)                                | 7,079.                             | 0.   |  |   | SUSTAINING SUPPORT OF THE<br>SCHOOL          |
| ST. VINCENT DE PAUL SOCIETY OF<br>MILWAUKEE - PO BOX 26537 -<br>WAUWATOSA, WI 53226  | 39-0806406        | 501(C)(3)                                | 47,934.                            | .0   |  |   | SUSTAINING SUPPORT                           |
| STREET ANGELS MILWAUKEE OUTREACH<br>PO BOX 342435<br>MILWAUKEE, WI 53234   | 81-2677198        | 501(C)(3)                                | 10,750.                            |  |  |   | SUSTAINING SUPPORT                           |
| STRING ACADEMY OF WISCONSIN<br>PO BOX 11941<br>MILWAUKEE, WI 53211   | 39-1677309        | 501(C)(3)                                | 60,378.                            | °  |  |   | SCHOLARSHIP WITH CRITERIA                    |
| SUMMERFIELD UNITED METHODIST<br>CHURCH - 728 E JUNAEU AVE -<br>MILWAUKEE, WI 53202   | 39-6000117 CHURCH | сниксн                                   | 10,000.                            |  |  |   | SUMMERFIELD MEAL PROGRAM<br>AND DAY CENTER   |
|  |                   |  |                                    |  |  |   | Schedule I (Form 990)                        |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | IKEE FOUNDATIO       | N, INC.                                 |                                    |   |  |   | 39-6036407 Page 1  |
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| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor    | mestic Organizations                    | and Domestic Go                    | vernments (Sche                         | dule I (Form 990), Par   | 1 II.)                                    |  |
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| SUSAN G KOMEN WISCONSIN<br>2025 W OKLAHOMA AVE STE 116<br>MILWAUKEE, WI 53215  | 75-2844639           | 501(C)(3)                               | 42,660.                            | .0                                      |  |   | BREAST CANCER SERVICES<br>FOR AFRICAN AMERICAN<br>WOMEN IN MKE |
| TBEY ARTS CENTER INC<br>2266 N PROSPECT AVE STE 325B<br>MILWAUKEE, WI 53202  | 02-0739623           | 501(C)(3)                               | 16,000.                            | •0                                      |  |   | OPERATING SUPPORT  |
| TEACH FOR AMERICA<br>700 W VIRGINIA ST STE 610<br>MILWAUKEE, WI 53204-1549   | 13-3541913           | 501(C)(3)                               | 85,000.                            | .0                                      |  |   | COVID-19 GENERAL<br>OPERATING RELIEF                           |
| TEENS GROW GREENS<br>322 E MICHIGAN ST STE 204<br>MILWAUKEE, WI 53202  | 36-4770419           | 501(C)(3)                               | 9,950.                             | 0.                                      |  |   | SUSTAINING SUPPORT   |
| TEN CHIMNEYS FOUNDATION INC<br>PO BOX 225<br>GENESEE DEPOT, WI 53127   | 39-1862290           | 501(C)(3)                               | 17,750.                            |   |  |   | SUSTAINING SUPPORT   |
| THE CATHOLIC COMMUNITY FOUNDATION<br>637 E ERIE ST<br>MILWAUKEE, WI 53202  | 39-2005163           | 501(C)(3)                               | 10,000.                            | .0                                      |  |   | THE JUDITH KEYES FAMILY<br>FUND                                |
| THE CHARACTER EDUCATION<br>PARTNERSHIP - 1432 K ST NW #800 -<br>WASHINGTON, DC 20005   | 54-1657505           | 501(C)(3)                               | 185,000.                           |   |  |   | A SPECIAL DISTRIBUTION<br>FOR SUSTAINING SUPPORT               |
| THE CHARLES E KUBLY FOUNDATION INC<br>1341 W MEQUON ROAD STE 220<br>MEQUON, WI 53092   | 20-0375310           | 501(C)(3)                               | 9,750.                             |   |  |   | SUSTAINING SUPPORT   |
| THE CORPORATION OF SAINT MARY'S<br>COLLEGE, NOTRE DAME - DEVELOPMENT<br>OFFICE - NOTRE DAME, IN 46566-5001                               | 35-0868158 501(C)(3) | 501(C)(3)                               | 17,500.                            | 0                                       |  |   | EDUCATION  |
|  |                      |   |                                    |   |  |   | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | N, INC.                                  |                                 |  |   |  | 39-6036407 Page 1  |
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| THE EVERGLADES FOUNDATION INC<br>18001 OLD CUTLER RD STE 625<br>PALMETTO BAY, FL 33157   | 59-3228899           | 501(C)(3)                                | 25,000.                         | 0.   |   |  | SUSTAINING SUPPORT   |
| THE FRIENDSHIP CIRCLE<br>8649 N PORT WASHINGTON RD<br>FOX POINT, WI 53217  | 39-1819245           | 501(C)(3)                                | 24,000.                         | .0   |   |  | NEW SPACE BRANDING -<br>MARKETING                                      |
| THE FUND FOR ANIMALS, INC.<br>1255 23RD ST NW SUITE 460<br>WASHINGTON, DC 20037  | 13-6218740 501(C)(3) | 501(C)(3)                                | 16,646.                         | .0   |   |  | SUSTAINING SUPPORT   |
| THE HARTFORD AREA FOUNDATION, INC<br>PO BOX 270082<br>HARTFORD, WI 53027   | 39-1424249           | 501(C)(3)                                | 22,379.                         |  |   |  | SUSTAINING SUPPORT   |
| THE LUTHERAN HOME, INC<br>7500 W NORTH AVE<br>WAUWATOSA, WI 53213-1797   | 39-0807205           | 501(C)(3)                                | 8,553.                          | 0.   |   |  | THE COVID-19 CHALLENGE   |
| THE MANUFACTURING INSTITUTE<br>733 10TH ST NW SUITE 700<br>WASHINGTON, DC 20001  | 52-1073576           | 501(C)(3)                                | 50,000.                         | .0   |   |  | 35 SCHOLARSHIPS FOR<br>HEROES MAKE AMERICA<br>LOGISTICS TRAINING       |
| THE MEDICAL COLLEGE OF WISCONSIN<br>INC - 8701 WATERTOWN PLANK RD -<br>WAUWATOSA, WI 53226-0509  | 39-0806261           | 501(C)(3)                                | 823,864.                        |  |   |  | PARKINSON'S DISEASE<br>RESEARCH, IN MEMORY OF<br>FREDERICK KASTEN, JR. |
| THE MINNEAPOLIS FOUNDATION<br>800 IDS CENTER<br>MINNEAPOLIS, MN 55402  | 41-6029402           | 501(C)(3)                                | 25,000.                         |  |   |  | FUND FOR SAFE COMMUNITES   |
| THE NATIONAL SHRINE OF OUR LADY OF<br>GOOD HELP INC - 4047 CHAPEL DR -<br>CHAMPION, WI 54229   | 20-3929148           | 501(C)(3)                                | 13,500.                         | .0   |   |  | THE 1941 CHAPEL LIGHTING<br>PROJECT                                    |
|  |                      |  |                                 |  |   |  | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | JKEE FOUNDATIC       | N, INC.                                  |                                    |  |  |  | 39-6036407 Page 1   |
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| THE NEO FUND<br>13407 117TH AVE COURT EAST<br>PUYALLUP, WA 98374   | 45-3581689           | 501(C)(3)                                | 50,000.                            | .0   |  |  | LOAN CAPITAL PROGRAM IN<br>NICARAGUA                            |
| THE PHILANTHROPY ROUNDTABLE<br>1120 20TH ST NW STE 550 SOUTH<br>WASHINGTON, DC 20036   | 13-2943020           | 501(C)(3)                                | 10,000.                            | •<br>0   |  |  | GENERAL OPERATING SUPPORT                                       |
| THE THRESHOLD FOUNDATION INC<br>600 ROLFS AVE<br>WEST BEND, WI 53090   | 39-1525008           | 501(C)(3)                                | 5,913.                             |  |  |  | SUSTAINING SUPPORT  |
| THE WOMEN'S CENTER INC<br>505 N EAST AVE<br>WAUKESHA, WI 53186   | 39-1269698           | 501(C)(3)                                | 81,944.                            | 0.   |  |  | SUSTAINING SUPPORT  |
| THE WORLD ORPHAN FUND INC<br>N7130 NORTH LOST LAKE RD<br>RANDOLPH, WI 53956  | 27-4389601           | 501(C)(3)                                | 5,400.                             | 0.   |  |  | SUSTAINING SUPPORT  |
| THRESHOLD INC<br>600 ROLFS RD<br>WEST BEND, WI 53090-2699  | 39-1102430           | 501(C)(3)                                | 6,000.                             | .0   |  |  | SUSTAINING SUPPORT  |
| TIDES FOUNDATION<br>1012 TORNEY AVE<br>SAN FRANCISCO, CA 94129-1755  | 51-0198509 501(C)(3) | 501(C)(3)                                | 20,000.                            | 0.   |  |  | SUSTAINING SUPPORT; MATCH<br>FROM MOD GEN/THE<br>ANONYMOUS FUND |
| TIMESLIPS CREATIVE STORYTELLING<br>INC - 4461 N LAKE DR - SHOREWOOD,<br>WI 53211   | 46-1810756           | 501(C)(3)                                | 100,000.                           | 0.   |  |  | MILWAUKEE ARTISTS ENGAGE<br>MILWAUKEE SENIORS                   |
| TIPPECANOE PRESBYTERIAN CHURCH<br>125 W SAVELAND AVE<br>MILWAUKEE, WI 53207  | 39-6151960 501(C)(3) | 501(C)(3)                                | 36,000.                            | 0.   |  |  | HUNGRY HEARTS COMMUNITY<br>MEALS                                |
|  |                      |  |                                    |  |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | KEE FOUNDATIC                     | N, INC.                          |                             |   |  | Ĩ                                      | 39-6036407 Page 1   |
|---|-----------------------------------|----------------------------------|-----------------------------|---|--|--|---|
|   | (b) EIN                           | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                     |
| TRANSCENTER FOR YOUTH, INC<br>1749 N 16TH ST<br>MILWAUKEE, WI 53205                             | 39-1331760                        | 501(C)(3)                        | 45,000.                     |   |  |  | SHIFTING TO DIGITAL<br>LEARNING   |
| TRINITY CHRISTIAN REFORMED CHURCH<br>144 LAWRENCE RD<br>BROOMALL, PA 19008                      | 23-2507211                        | 501(C)(3)                        | 7,000.                      |   |  |  | THE CHRISTMAS FUND AND<br>OTHER GENERAL EXPENSES                          |
| TRINITY EVANGELICAL LUTHERAN<br>CHURCH - 1046 N 9TH ST -<br>MILWAUKEE, WI 53233                 | 39-0806272                        | 501(C)(3)                        | 5,311.                      | .0                                      |  |  | SUSTAINING SUPPORT  |
| TROUT UNLIMITED- NATIONAL OFFICE<br>1777 N KENT ST STE 100<br>ARLINGTON, VA 22209               | 38-1612715                        | 501(C)(3)                        | 176,500.                    |   |  |  | COLDWATER HABITAT &<br>IMPROVING ROAD STREAM<br>INFRASTRUCTURE RESILIENCY |
| TRUE SKOOL, INC<br>161 W. WISCONSIN AVE STE 1000<br>MILWAUKEE, WI 53203                         | 20-3662807                        | 501(C)(3)                        | 50,500.                     | 0.                                      |  |  | CREATIVE ARTS OFERATIONS  |
| TRUMAN MEDICAL CENTER CHARITABLE<br>FOUNDATION - 2310 HOLMES STE 735 -<br>KANSAS CITY, MO 64108 | 43-1194064                        | 501(C)(3)                        | 7,000.                      | 0.                                      |  |  | THE 'GOLF BABY GOLF'<br>CHARITY GOLF TOURNAMENT                           |
| TRUSTEES OF PRINCETON UNIVERSITY<br>PO BOX 5357<br>PRINCETON, NJ 08543-5357                     | 21-0634501                        | 501(C)(3)                        | 12,700.                     | 0.                                      |  |  | ANNUAL GIVING FOR THE<br>CLASS OF 1972                                    |
| U OF MISSOURI SCHOOL OF JOURNALISM<br>103 NEFF HALL<br>COLUMBIA, MO 65211                       | 43-6003859 GOVERNMENT             | GOVERNMENT                       | 25,500.                     | °                                       |  |  | SCHOLARSHIP WITH CRITERIA   |
| UFM INTERNATIONAL, INC.<br>10000 N OAK TRAFFICWAY<br>KANSAS CITY, MO 64155                      | 23-1352564 <mark>501(C)(3)</mark> | 501(C)(3)                        | 7,500.                      | .0                                      |  |  | THE WEST AFRICAN<br>MISSIONARY TRAINING CORPS                             |
|   |                                   |                                  |                             |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments | JKEE FOUNDATIC<br>Assistance to Dor | N, INC.<br>mestic Organizations          | and Domestic Go                    |  | (Schedule I (Form 990), Part II.)                              |  | 39-6036407 Page 1   |
|--|-------------------------------------|--|------------------------------------|--|--|--|---|
| (a) Name and address of organization or government   | (p) EIN                             | <b>(c) I</b> RC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                     |
| UNITARIAN CHURCH NORTH<br>13800 N PORT WASHINGTON RD<br>MEQUON, WI 53097-1738  | 39-1239165 501(C)(3)                | 501(C)(3)                                | 6,841.                             | .0   |  |  | SUSTAINING SUPPORT  |
| UNITED COMMUNITY CENTER INC<br>1028 S 9TH ST<br>MILWAUKEE, WI 53204  | 39-1146191 501(C)(3)                | 501(C)(3)                                | 238,279.                           | 0.   |  |  | THE NEW EARLY LEARNING<br>CENTER FACILITY<br>CONSTRUCTION |
| UNITED LUTHERAN PROGRAM FOR THE<br>AGING - 4545 N 92ND ST -<br>MILWAUKEE, WI 53225   | 39-0981434                          | 501(C)(3)                                | 10,897.                            | 0.   |  |  | COVID CARE  |
| UNITED METHODIST CHILDREN'S<br>SERVICES OF WI - 3940 W LISBON AVE<br>- MILWAUKEE, WI 53208   | 39-1030611                          | 501(C)(3)                                | 40,000.                            | 0.   |  |  | FOOD PANTRY AND EMERGENCY<br>RENTAL ASSISTANCE            |
| UNITED MIGRANT OPPORTUNITY<br>SERVICES - 2701 S CHASE AVE -<br>MILWAUKEE, WI 53207   | 39-1047172                          | 501(C)(3)                                | 133,000.                           | 0.   |  |  | UMOS SOUTH SIDE FOOD<br>PANTRY                            |
| UNITED PERFORMING ARTS FUND INC<br>301 W WISCONSIN AVE STE 600<br>MILWAUKEE, WI 53203  | 39-6100399                          | 501(C)(3)                                | 609,183.                           | •0   |  |  | SUSTAINING SUPPORT  |
| UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC - UNITED WAY PLEDGE PROCESSING - MILWAUKEE, WI 53288-8988  | 39-0806190 501(C)(3)                | 501(C)(3)                                | 1,004,593.                         | 0.   |  |  | SUSTAINING SUPPORT  |
| UNITED WAY OF LEE COUNTY INC<br>7273 CONCOURSE DR<br>FORT MEYERS, FL 33908-2644  | 59-1005169 501(C)(3)                | 501(C)(3)                                | 8,000.                             | 0.   |  |  | SUSTAINING SUPPORT  |
| UNITED WAY OF NORTHERN OZAUKEE<br>COUNTY, INC PO BOX 39 - PORT<br>WASHINGTON, WI 53074   | 23-7084522 501(C)(3)                | 501(C)(3)                                | 27,500.                            | o  |  |  | COVID-19 COMMUNITY RELIEF                                 |
|  |                                     |  |                                    |  |  |  | Schedule I (Form 990)                                     |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.   | KEE FOUNDATIO<br>ssistance to Dor | NN, INC.<br>mestic Organizations | and Domestic Go                    | vernments (Sche                         | (Schedule I (Form 990). Part II.)                              |  | 39-6036407 Page 1   |
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|  | ( <b>d</b> )                      | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                   |
| UNITED WAY OF ST. LUCIE COUNTY<br>4800 S US HIGHWAY 1<br>FT. PIERCE, FL 34982  | 59-6212157                        | 501(C)(3)                        | 8,000.                             | .0                                      |  |  | THE HARBOR RIDGE CAMPAIGN   |
| UNITED WAY OF WASHINGTON COUNTY<br>PO BOX 304<br>WEST BEND, WI 53095   | 23-7281696                        | 501(C)(3)                        | 10,200.                            | .0                                      |  |  | COVID-19 RELIEF   |
| UNITEMKE<br>1433 N WATER ST STE 400<br>MILWAUKEE, WI 53202   | 81-4652827                        | 501(C)(3)                        | 36,750.                            |   |  |  | FEED THE NEED MKE   |
| UNITING GARDEN HOMES, INC<br>4201 N. 27TH STREET, FLOOR #7<br>MILWAUKEE, WI 53216  | 39-1971202                        | 501(C)(3)                        | 201,000.                           | 0.                                      |  |  | THE 414 LIFE PROGRAM  |
| UNIVERSITY OF NORTH CAROLINA AT<br>PEMBROKE FOUNDATION INC - PO BOX<br>1510 - PEMBROKE, NC 28372                                 | 58-1592230                        | 501(C)(3)                        | 50,000.                            | 0.                                      |  |  | HIRING OF ADDITIONAL<br>NURSING FACULTY IN THE<br>DEPARTMENT OF NURSING |
| UNIVERSITY OF SOUTH CAROLINA<br>THIRD PARTY SCHOLARSHIPS<br>COLUMBIA, SC 29208   | 57-6001153                        | GOVERNMENT                       | 7,000.                             | 0.                                      |  |  | SCHOLARSHIP WITH CRITERIA   |
| UNIVERSITY OF ST. FRANCIS<br>500 WILCOX ST<br>JOLIET, IL 60435   | 36-2170999                        | 501(C)(3)                        | 10,000.                            |   |  |  | STUDENT SCHOLARSHIPS  |
| UNIVERSITY OF WISCONSIN EAU CLAIRE<br>SCHOFIELD 115<br>EAU CLAIRE, WI 54702  | 39-6006492 GOVERNMENT             | GOVERNMENT                       | 8,400.                             | • 0                                     |  |  | SCHOLARSHIP WITH<br>CRITERIA/YOSHIHIRO SESOKO                           |
| UNIVERSITY OF WISCONSIN EXTENSION<br>MILWAUKEE COUNTY & SOUTHEAST<br>REGION - 9501 W WATERTOWN FLANK RD<br>- MILWAUKEE, WI 53226 | 39-6006492 GOVERNMENT             | GOVERNMENT                       | 10,000.                            | 0.                                      |  |  | MKE RESPONDS LEADERSHIP<br>SUPPORT                                      |
|  |                                   |                                  |                                    |   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILWAU   | GREATER MILWAUKEE FOUNDATION | N, INC.                                 |                                    |  |  |  | 39-6036407 Page 1  |
|--|------------------------------|---|------------------------------------|--|--|--|--|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Don            | nestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |  |
| <b>(a)</b> Name and address of organization or government  | (b) EIN                      | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance                           |
| UNIVERSITY OF WISCONSIN FOUNDATION<br>1848 UNIVERSITY AVE<br>MADISON, WI 53726-1490  | 39-0743975                   | 501(C)(3)                               | 385,520.                           | 0.   |  |  | ECONOMIC DEPARTMENT<br>SCHOLARSHIP FUND                                |
| UNIVERSITY OF WISCONSIN GREEN BAY<br>2420 NICOLET DR<br>GREEN BAY, WI 54311  | 39-6006492                   | GOVERNMENT                              | 18,946.                            | . 0  |  |  | NATIONAL ESTUARINE<br>RESEARCH RESERVE                                 |
| UNIVERSITY OF WISCONSIN LA CROSSE<br>FOUNDATION - CLEARY ALUMNI &<br>FRIENDS CENTER - LA CROSSE, WI<br>54601                             | 39-1145116                   | 501(C)(3)                               | 5,200.                             | .0   |  |  | WOMEN'S GYMNASTICS   |
| UNIVERSITY OF WISCONSIN MADISON<br>BURSAR OFFICE - 333 EAST CAMPUS<br>MALL #10501 - MADISON, WI<br>53715-1383                            | 39-6006492                   | GOVERNMENT                              | 53,500.                            | .0   |  |  | SCHOLARSHIP/ZOE ELKO   |
| UNIVERSITY OF WISCONSIN MILWAUKEE<br>UW-MILWAUKEE<br>MILWAUKEE, WI 53201   | 39-6006492                   | GOVERNMENT                              | 38,000.                            | 0.   |  |  | SCHOLARSHIP WITH CRITERIA  |
| UNIVERSITY OF WISCONSIN STEVENS<br>POINT FOUNDATION - 2100 MAIN ST<br>STE 134 - STEVENS POINT, WI 54481                                  | 39-6098038                   | 501(C)(3)                               | 30,700.                            | 0.   |  |  | SUSTAINING SUPPORT,<br>RECOMMENDED WILLIAM<br>'BIFF' KUMMER            |
| UNIVERSITY OF WISCONSIN WHITEWATER<br>FOUNDATION - 800 W MAIN ST -<br>WHITEWATER, WI 53190   | 39-6081189                   | 501(C)(3)                               | 5,500.                             | .0   |  |  | THE FLOMAR COUNSELING<br>SCHOLARSHIP                                   |
| UNIVERSITY SCHOOL OF MILWAUKEE<br>CORPORATION - 2100 W FAIRY CHASM<br>RD - MILWAUKEE, WI 53217   | 39-6076442                   | 501(C)(3)                               | 102,757.                           | .0   |  |  | SUSTAINING SUPPORT, IN<br>HONOR OF THE FACULTY AND<br>STAFF            |
| UPSTREAM ARTS<br>3501 CHICAGO AVE S<br>MINNEAPOLIS, MN 55407   | 20-4451219 501(C)(3)         | 501(C)(3)                               | 15,000.                            |  |  |  | VUPSTREAM ARTS<br>PROGRAMMING FOR MPS<br>STUDENTS WITH<br>DISABILITIES |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | JKEE FOUNDATIO        | N, INC.                                 |                                    |  |  |  | 39-6036407 Page 1                             |
|--|-----------------------|---|------------------------------------|--|--|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | Assistance to Dor     | nestic Organizations                    | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |   |
| (a) Name and address of organization or government   | (b) EIN               | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance  |
| URBAN ECOLOGY CENTER INC<br>1500 E PARK PL<br>MILWAUKEE, WI 53211  | 39-1712663            | 501(C)(3)                               | 1,552,784.                         | .0   |  |  | SUSTAINING SUPPORT                            |
| URBAN ECONOMIC DEVELOPMENT ASSOC.<br>OF WI - 1915 N DR MARTIN LUTHER<br>KING JR DR STE 260 - MILWAUKEE, WI<br>53212                      | 39-1893799            | 501(C)(3)                               | 10,000.                            | 0.   |  |  | MKE RESPONDS LEADERSHIP<br>SUPPORT            |
| USA MIDWEST PROVINCE OF THE<br>SOCIETY OF JESUS INC - 1010 N<br>HOOKER ST - CHICAGO, IL 60642  | 45-2552789            | 501(C)(3)                               | 12,633.                            | 0.   |  |  | JESUIT PARTNERSHIPS FOR<br>EDUCATION          |
| UW GREEN BAY BURSAR OFFICE<br>SS 1300<br>GREEN BAY, WI 54311-7001  | 39-6006492 GOVERNMENT | GOVERNMENT                              | 10,800.                            | .0   |  |  | SCHOLARSHIP WITH<br>CRITERIA/HAVEN LANSER     |
| UW PLATTEVILLE CASHIER OFFICE<br>236 BRIGHAM HALL<br>PLATTEVILLE, WI 53818   | 39-6006492 GOVERNMENT | GOVERNMENT                              | 5,400.                             | .0   |  |  | SCHOLARSHIP WITH<br>CRITERIA/KAITLYNNE FISHER |
| UWM FOUNDATION INC<br>1440 E NORTH AVE<br>MILWAUKEE, WI 53202  | 23-7337744 501(C)(3)  | 501(C)(3)                               | 1,685,353.                         | 0.   |  |  | THE SARUP DESIGN COUNCIL                      |
| VANGUARD CHARITABLE ENDOWMENT<br>PROGRAM - PO BOX 55766 - BOSTON,<br>MA 02205  | 23-2888152 501(C)(3)  | 501(C)(3)                               | 180,271.                           | 0.   |  |  | F.B.O VANGUARD CHARITIES                      |
| VERSITI BLOOD RESEARCH INSTITUTE<br>FOUNDATION - 638 N 18TH ST -<br>MILWAUKEE, WI 53233  | 39-1372542 501(C)(3)  | 501(C)(3)                               | 109,258.                           | .0   |  |  | SUSTAINING SUPPORT                            |
| VETERANS OUTREACH OF WISCONSIN<br>1624 YOUT ST<br>RACINE, WI 53404   | 46-4449307 501(C)(3)  | 501(C)(3)                               | 10,000.                            | 0.   |  |  | VETERANS MARKET                               |
|  |                       |   |                                    |  |  |  | Schedule I (Form 990)                         |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.                                     | KEE FOUNDATIC        | NN, INC.                         |                             |   |  |  | 39-6036407 Page 1                     |
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| (a) Name and address of organization or government   | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| VICTORY GARDEN INITIATIVE INC<br>PO BOX 12130<br>MILWAUKEE, WI 53212                         | 45-5035466           | 501(C)(3)                        | 27,250.                     | 0.                                      |  |  | SUSTAINING SUPPORT                    |
| VILLAGE OF ELM GROVE<br>13600 JUNEAU BLVD<br>ELM GROVE, WI 53122                             | 39-6018409           | GOVERNMENT                       | 200,000.                    | .0                                      |  |  | UNDERWOOD CREEK<br>DAYLIGHTING        |
| VISION FORWARD ASSOCIATION<br>INCORPORATED - 912 N HAWLEY RD -<br>MILWAUKEE, WI 53213        | 39-0808506           | 501(C)(3)                        | 167,023.                    | 0.                                      |  |  | SUSTAINING SUPPORT                    |
| VOCES DE LA FRONTERA<br>1027 S 5TH ST<br>MILWAUKEE, WI 53204                                 | 39-2010107           | 501(C)(3)                        | 42,431.                     | 0.                                      |  |  | SUSTAINING SUPPORT                    |
| WALKER'S POINT CENTER FOR THE ARTS<br>839 S 5TH ST<br>MILWAUKEE, WI 53204                    | 39-1589878           | 501(C)(3)                        | 216,103.                    | 0.                                      |  |  | SUSTAINING SUPPORT                    |
| WALKER'S POINT YOUTH AND FAMILY<br>CENTER - 1123 N WATER ST STE 400 -<br>MILWAUKEE, WI 53202 | 39-1247541           | 501(C)(3)                        | 69,500.                     | 0.                                      |  |  | COVID RELIEF FUNDING FOR<br>YOUTH     |
| WALNUT WAY CONSERVATION<br>CORPORATION - 2240 N 17TH ST -<br>MILWAUKEE, WI 53205             | 39-2007850 501(C)(3) | 501(C)(3)                        | 499,500.                    | 0.                                      |  |  | BLUE SKIES LANDSCAPING                |
| WAR MEMORIAL CENTER<br>750 N. LINCOLN MEMORIAL DRIVE<br>MILWAUKEE, WI 53202                  | 39-0985297 501(C)(3) | 501(C)(3)                        | 8,000.                      | 0.                                      |  |  | VISION AND STRATEGIC<br>PLANNING      |
| WATERLEAF WOMEN'S CENTER INC<br>3598 E NEW YORK ST<br>AURORA, IL 60504                       | 27-0309870 501(C)(3) | 501(C)(3)                        | 10,000.                     |   |  |  | SUSTAINING SUPPORT                    |
|  |                      |                                  |                             |   |  |  | Schedule I (Form 990)                 |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Dart II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II ) | KEE FOUNDATIC        | )N , INC.<br>mestic Ordanizations | and Domestic Go                    | vernments (Sche                         | dule I (Form 990) Par  |  | 39-6036407 Page 1   |
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| WAUKESHA COUNTY CHRISTMAS CLEARING<br>COUNCIL - PO BOX 34 - WAUKESHA, WI<br>53187   | 39-1529238           | 501(C)(3)                         | 6,000.                             | 0.                                      |  |  | STRATEGIC PLANNING  |
| WAUKESHA COUNTY COMMUNITY DENTAL<br>CLINIC INC - 210 NW BARSTOW STREET<br>- WAUKESHA, WI 53188  | 30-0436162           | 501(C)(3)                         | 467,000.                           | °                                       |  |  | SPECIAL DISTRIBUTION FOR<br>SUSTAINING SUPPORT                      |
| WAUKESHA COUNTY COMMUNITY<br>FOUNDATION INC - 2727 N GRANDVIEW<br>BLVD STE 122 - WAUKESHA, WI 53188   | 39-1969122 501(C)(3) | 501(C)(3)                         | 1,597,032.                         | .0                                      |  |  | THE CHRIS DAWSON<br>SCHOLARSHIP FUND                                |
| WAUKESHA COUNTY TECHNICAL COLLEGE<br>FOUNDATION - 800 MAIN ST -<br>PEWAUKEE, WI 53072   | 39-1325835           | 501(C)(3)                         | 15,000.                            | 0.                                      |  |  | SCHOLARSHIP WITH CRITERIA   |
| WAUKESHA PUBLIC LIBRARY<br>321 WISCONSIN AVE<br>WAUKESHA, WI 53186  | 39-6005642           | GOVERNMENT                        | 13,076.                            | 0.                                      |  |  | HARD COVER NON-FICTION OR<br>CHILDREN'S BOOKS ONLY                  |
| WAUPACA COUNTY LAND AND WATER<br>CONSERVATION DEPARTMENT - 811<br>HARDING ST - WAUPACA, WI 54981  | 39-6005758           | GOVERNMENT                        | 85,650.                            | 0.                                      |  |  | IMPLEMENTING WISCONSIN<br>CLEAN MARINA BEST<br>MANAGEMENT PRACTICES |
| WAUWATOSA WOMAN'S CLUB<br>1626 WAUWATOSA AVE<br>WAUWATOSA, WI 53213   | 39-0691340           | 501(C)(3)                         | 10,000.                            | 0.                                      |  |  | SUSTAINING SUPPORT  |
| WAYNE STATE UNIVERSITY<br>BEECHER HOUSE<br>DETROIT, MI 48202  | 38-6028429 501(C)(3) | 501(C)(3)                         | 12,000.                            | °                                       |  |  | SCHOLARSHIP,READING,<br>LANGUAGE AND LITERATURE<br>STUDIES          |
| WBCS, INC.<br>PO BOX 170588<br>MILWAUKEE, WI 53217  | 39-1926351 501(C)(3) | 501(C)(3)                         | 15,000.                            |   |  |  | SUSTAINING SUPPORT  |
|   |                      |                                   |                                    |   |  |  | Schedule I (Form 990)   |

| Schedule   (Form 990) GREATER MILWAUKEE FOUNDATION , INC.<br>Dart II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Dart II ) | KEE FOUNDATIO                     | N, INC.<br>Mestic Organizations  | and Domestic Go             | varnmente (Sche                   | dula I (Form 990) Par  |  | 39-6036407 Page 1   |
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| WE WILL ALL RISE<br>PO BOX 24617<br>BALTIMORE, MD 21214   | 84-4421365                        | 501(C)(3)                        | 25,000.                     | 0.                                |  |  | MKE RISING: TEACHING<br>RESIDENCY FOR YOUNG MEN<br>OF COLOR                 |
| WEST ALLIS PUBLIC LIBRARY<br>7421 W NATIONAL AVE<br>WEST ALLIS, WI 53214  | 39-6005651                        | GOVERNMENT                       | 46,166.                     | .0                                |  |  | SUSTAINING SUPPORT  |
| WEST BEND COMMUNITY FOUNDATION<br>101 W. PLEASANT ST., SUITE 210<br>MILWAUKEE, WI 53212   | 39-1971548                        | 501(C)(3)                        | 125,000.                    | .0                                |  |  | SUSTAINING SUPPORT  |
| WEST BEND FRIENDS OF SCULPTURE,<br>INC - PO BOX 1134 - WEST BEND, WI<br>53095   | 39-1680064                        | 501(C)(3)                        | 6,800.                      | 0.                                |  |  | OPERATING SUPPORT   |
| WEST SIDE ARTS UN LIMITED<br>2627 W WELLS ST<br>MILWAUKEE, WI 53233   | 82-4588510                        | 501(C)(3)                        | 6,050.                      | 0.                                |  |  | FINANCIAL MANAGEMENT AND<br>BUDGET CONSTRUCTION                             |
| WESTCARE WISCONSIN INC<br>335 W. WRIGHT STREET<br>MILWAUKEE, WI 53212   | 45-4459342                        | 501(C)(3)                        | 121,500.                    |                                   |  |  | ACCESS TO FOOD AND<br>ECONOMIC OPPORTUNITY AT<br>FARMERS MARKETS            |
| WESTERN COLORADO UNIVERSITY<br>FOUNDATION - 909 E ESCALANTE DR -<br>GUNNISON, CO 81231  | 84-0709935                        | 501(C)(3)                        | 18,293.                     | 0.                                |  |  | FINANCIAL NEED<br>SCHOLARSHIP FOR STUDENTS<br>IN THE SCHOOL OF<br>EDUCATION |
| WESTOWN ASSOCIATION<br>310 W. WISCONSIN AVE STE 1450E<br>MILWAUKEE, WI 53203  | 39-1600531                        | 501(C)(3)                        | 7,500.                      | 0.                                |  |  | STRATEGIC PLANNING  |
| WHEATON FRANCISCAN ELMBROOK<br>MEMORIAL FOUNDATION - 2320 N LAKE<br>DR - MILWAUKEE, WI 53211  | 39-2028808 <mark>501(C)(3)</mark> | 501(C)(3)                        | 5,785.                      | .0                                |  |  | ASCENSION SE WISCONSIN<br>HOSPITAL-ELMBROOK CAMPUS                          |
|   |                                   |                                  |                             |                                   |  |  | Schedule I (Form 990)   |

| Schedule I (Form 990) GREATER MILMAUKEE FOUNDATION,  | IKEE FOUNDATIC           | JN, INC.                                 |                                    |  |  |   | 39-6036407 Page 1                                       |
|--|--------------------------|--|------------------------------------|--|--|---|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | <b>Assistance to Dol</b> | mestic Organizations                     | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)                                    |   |
| <b>(a)</b> Name and address of organization or government  | (D) EIN                  | <b>(c) I</b> RC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance            |
| WHEATON FRANCISCAN HEALTHCARE<br>FOUNDATION FOR ST. FRANCIS AND<br>FRANKLIN - 2320 N LAKE DR -<br>MILWAUKEE, WI 53211                    | 32-0135258               | 501(C)(3)                                | 15,716.                            | 0  |  |   | COVID-19 RESPONSE FOR ST.<br>FRANCIS HOSPITAL           |
| WHEATON FRANCISCAN-ST JOSEPH<br>FOUNDATION INC - 2320 N LAKE DR -<br>MILWAUKEE, WI 53211   | 39-1636804               | 501(C)(3)                                | 12,638.                            |  |  |   | ASCENSION SE WISCONSIN<br>HOSPITAL-ST, JOSEPH<br>CAMPUS |
| WHITEFISH BAY GARDEN CLUB<br>531 E. CARLISLE AVE.<br>WHITEFISH BAY, WI 53217   | 47-2220405               | 501(C)(3)                                | 25,000.                            |  |  |   | SILVER SPRING PARK PHASE<br>3                           |
| WHITEFISH BAY PUBLIC EDUCATION<br>FOUNDATION - 1200 E FAIRMOUNT AVE<br>- WHITEFISH BAY, WI 53217   | 39-1752103               | 501(C)(3)                                | 5,952.                             | 0.   |  |   | SUSTAINING SUPPORT                                      |
| WILD SPACE INC<br>820 E KNAPP ST<br>MILWAUKEE, WI 53202  | 39-1602186               | 501(C)(3)                                | 27,000.                            | 0.   |  |   | SUSTAINING SUPPORT                                      |
| WILDLIFE IN NEED CENTER LTD<br>W349 S1480 WATERVILLE RD STE B<br>OCONOMOWOC, WI 53066  | 39-1773974               | 501(C)(3)                                | 10,748.                            | •0   |  |   | CARING FOR WISCONSIN<br>WILDLIFE                        |
| WISCONSIN ALLIANCE FOR WOMEN'S<br>HEALTH - P.O. BOX 1726 - MADISON,<br>WI 53701  | 80-0287566               | 501(C)(3)                                | 22,500.                            | 0.   |  |   | COVID-19 IMMEDIATE<br>EMERGENCY PREGNANCY<br>SUPPORT    |
| WISCONSIN BLACK HISTORICAL SOCIETY<br>2620 W CENTER ST<br>MILWAUKEE, WI 53206  | 39-1626854               | 501(C)(3)                                | 25,000.                            | 0.   |  |   | COVID-19 OPERATING<br>EXPENSES AND PLANNING             |
| WISCONSIN CENTER FOR INVESTIGATIVE<br>JOURNALISM - FIFTH FLOOR, VILAS<br>HALL - MADISON, WI 53706  | 26-2143608 501(C)(3)     | 501(C)(3)                                | 19,500.                            |  |  |   | 'VOTER'S DILEMMA',<br>PRODUCED BY 371<br>PRODUCTIONS    |
|  |                          |  |                                    |  |  |   | Schedule I (Form 990)                                   |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990). Part II.) | KEE FOUNDATIC         | N, INC.<br>nestic Organizations  | and Domestic Go                    | vernments (Sche                         | dule I (Form 990). Par   |   | 39-6036407 Page 1  |
|--|-----------------------|----------------------------------|------------------------------------|---|--|---|--|
| (a) Name and address of organization or government   | (b) EIN               | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                                  |
| WISCONSIN COMMUNITY SERVICES INC<br>3732 W WISCONSIN ÀVE STE 320<br>MILWÀUKEE, WI 53208  | 39-0808464            | 501(C)(3)                        | 31,485.                            | 0.                                      |  |   | SUSTAINING SUPPORT   |
| WISCONSIN CONSERVATORY OF MUSIC<br>INC - 1584 N PROSPECT AVE -<br>MILWAUKEE, WI 53202-6501   | 39-0915050            | 501(C)(3)                        | 57,700.                            | .0                                      |  |   | PHILLIP PEARL'S VOICE<br>STUDENTS                                      |
| WISCONSIN COUNCIL OF THE BLIND &<br>VISUALLY IMPAIRED INC - 754<br>WILLIAMSON ST - MADISON, WI<br>53703-3546   | 39-0977746 501(C)(3)  | 501(C)(3)                        | 163,532.                           | .0                                      |  |   | SUSTAINING SUPPORT   |
| WISCONSIN DEPARTMENT OF NATURAL<br>RESOURCES - PO BOX 93192 -<br>MILWAUKEE, WI 53293   | 39-6006436 GOVERNMENT | GOVERNMENT                       | 40,000.                            | .0                                      |  |   | RESTORATION & INVASIVE<br>SPECIES CONTROL AT WI<br>STATE NATURAL AREAS |
| WISCONSIN EARLY CHILDHOOD<br>ASSOCIATION - 2908 MARKETPLACE DR.<br>STE 101 - FITCHBURG, WI 53719   | 39-1345572            | 501(C)(3)                        | 1,190,596.                         | 0.                                      |  |   | MKE EARLY CHILDHOOD<br>EDUCATION STABILIZATION,<br>COVID-19 RESPONSE   |
| WISCONSIN FBLA-PBL FOUNDATION INC<br>1600 ASPEN COMMONS STE 990<br>MIDDLETON, WI 53562   | 39-1949038            | 501(C)(3)                        | 50,000.                            | 0.                                      |  |   | BUILDING AN ENDOWMENT FOR<br>THE FUTURE                                |
| WISCONSIN HISPANIC SCHOLARSHIP<br>FOUNDATION - 2997 S. 20TH ST<br>MILWAUKEE, WI 53215  | 39-1522543            | 501(C)(3)                        | 28,500.                            |   |  |   | LAST HOPE FUND   |
| WISCONSIN HISTORICAL FOUNDATION<br>INC - 816 STATE ST RM107 -<br>MADISON, WI 53726-0050  | 39-0921093            | 501(C)(3)                        | 136,000.                           | o                                       |  |   | SUSTAINING SUPPORT   |
| WISCONSIN HUMANE SOCIETY<br>4500 W WISCONSIN AVE<br>MILWAUKEE, WI 53208  | 39-0810533 501(C)(3)  | 501(C)(3)                        | 132,685.                           | .0                                      |  |   | THE 2019 PAWS AND CLAWS<br>GALA  |
|  |                       |                                  |                                    |   |  |   | Schedule I (Form 990)  |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments | KEE FOUNDATIC<br>ssistance to Dor | N, INC.<br>nestic Organizations  | and Domestic Go                    |     | (Schedule I (Form 990). Part                                   |  | 39-6036407 Page 1                     |
|---|-----------------------------------|----------------------------------|------------------------------------|-----|--|--|---------------------------------------|
| (a) Name and address of organization or government  | ( <b>d</b> )                      | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant |     | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| WISCONSIN JUSTICE INITIATIVE INC<br>P.O. BOX 100705<br>MILWAUKEE, WI 53210  | 47-4844281                        | 501(C)(3)                        | 15,000.                            | .0  |  |  | IMPROVING MUNICIPAL COURT<br>OUTCOMES |
| WISCONSIN LUTHERAN CHILD AND<br>FAMILY SERVICE INC - W175 N11120<br>STONEWOOD DR - GERMANTOWN, WI<br>53022  | 39-1047224                        | 501(C)(3)                        | 28,125.                            | ·   |  |  | COVID-19 TELEHEALTH<br>TRANSITION     |
| WISCONSIN LUTHERAN HIGH SCHOOL<br>330 N GLENVIEW AVE<br>MILWAUKEE, WI 53213   | 39-0888758 501(C)(3)              | 501(C)(3)                        | 15,000.                            | .0  |  |  | CLASSROOM SUPPORT                     |
| WISCONSIN MASONIC FOUNDATION<br>36275 SUNSET DR<br>DOUSMAN, WI 53118  | 39-6044637                        | 501(C)(3)                        | 26,042.                            | .0  |  |  | THE ENDOWMENT                         |
| WISCONSIN MASONIC HOME, INC<br>410 N MAIN ST<br>DOUSMAN, WI 53118   | 39-0813463                        | 501(C)(3)                        | 6,192.                             | 0.  |  |  | FACILITIES IN DOUSMAN                 |
| WISCONSIN MUSEUM OF QUILTS & FIBER<br>ARTS, INC - PO BOX 562 -<br>CEDARBURG, WI 53012   | 39-1787705                        | 501(C)(3)                        | 10,000.                            | 0.  |  |  | THE BLACKSMITH SHOP<br>REFURBISH      |
| WISCONSIN PARKINSON ASSOCIATION<br>INC - 16655 W BLUE MOUND RD STE<br>330 - BROOKFIELD, WI 53005  | 39-1492810                        | 501(C)(3)                        | 18,576.                            |     |  |  | BOARD/STAFF RETREAT                   |
| WISCONSIN PHILANTHROPY NETWORK<br>15850 W. BLUEMOUND RD STE 204<br>BROOKFIELD, WI 53005   | 39-6236498 501(C)(3)              | 501(C)(3)                        | 50,250.                            | . 0 |  |  | COVID-19 RELATED EFFORTS              |
| WISCONSIN POLICY FORUM INC<br>633 W WISCONSIN AVE STE 406<br>MILWAUKEE, WI 53203-1918   | 39-0806182 501(C)(3)              | 501(C)(3)                        | 202,342.                           | 0.  |  |  | THE CHAIRMAN'S CLUB                   |
|   |                                   |                                  |                                    |     |  |  | Schedule I (Form 990)                 |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION,  | KEE FOUNDATIO        | N, INC.                          |                                    |  |  |  | 39-6036407 Page 1   |
|--|----------------------|----------------------------------|------------------------------------|--|--|--|---|
| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | ssistance to Dor     | nestic Organizations             | and Domestic Go                    | vernments (Sche                                | dule I (Form 990), Par   | t II.)   |   |
| <b>(a)</b> Name and address of organization or government  | (b) EIN              | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                       |
| WISCONSIN PRESERVATION FUND<br>C/O REINHART BOERNER VAN DEUREN, S.<br>MILWAUKEE, WI 53202  | 39-1657657           | 501(C)(3)                        | 48,000.                            | .0   |  |  | THE SHERMAN PHOENIX FOR<br>COVID-19 RELIEF                  |
| WISCONSIN PUBLIC HEALTH<br>ASSOCIATION INC - 563 CARTER CT<br>STE B - KIMBERLY, WI 54136   | 39-6084243           | 501(C)(3)                        | 8,533.                             | •<br>0   |  |  | LEADERSHIP EDUCATION  |
| WISCONSIN FUBLIC RADIO ASSOCIATION<br>INC - PO BOX 88025 - MILWAUKEE, WI<br>53288-8025   | 23-7363536           | 501(C)(3)                        | 6,250.                             | •0   |  |  | SUSTAINING SUPPORT  |
| WISCONSIN SAENGERBEZIRK, INC<br>N71W30885 CLUB CIR<br>HARTLAND, WI 53029   | 39-1508607           | 501(C)(3)                        | .000,6                             | 0.   |  |  | SAENGERFEST 2022  |
| WISCONSIN VETERANS NETWORK<br>6317 W GREENFIELD AVE<br>WEST ALLIS, WI 53214  | 82-1043745           | 501(C)(3)                        | 22,740.                            | .0   |  |  | INTAKE, ASSESSMENT AND<br>ADVOCACY FOR SENIOR<br>VETERANS   |
| WISCONSIN VISUAL ARTISTS<br>823 E CONWAY ST<br>MILWAUKEE, WI 53207-1730  | 39-1341621           | 501(C)(3)                        | 5,522.                             | o  |  |  | SUSTAINING SUPPORT  |
| WISCONSIN VOICES<br>633 S HAWLEY RD<br>MILWAUKEE, WI 53214   | 27-3183754           | 501(C)(3)                        | 63,000.                            | 0.   |  |  | PROVIDING EMERGENCY<br>RESPONSE AID TO BIPOC<br>COMMUNITIES |
| WISCONSIN WOMEN'S BUSINESS<br>INITIATIVE CORPORATION - 1533<br>RIVERCENTER DRIVE - MILWAUKEE, WI<br>53212                                | 39-1597954           | 501(C)(3)                        | 85,750.                            | 0.   |  |  | SUSTAINING SUPPORT  |
| WISCRAFT INC-WISCONSIN ENTERPRISES<br>FOR THE BLIND - 5316 W STATE ST -<br>MILWAUKEE, WI 53208   | 39-1524326 501(C)(3) | 501(C)(3)                        | 8,500.                             | 0.   |  |  | THE BLIND AMBITION<br>CAPITAL CAMPAIGN                      |
|  |                      |                                  |                                    |  |  |  | Schedule I (Form 990)                                       |

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.  | JKEE FOUNDATIC       | N, INC.                          |                             |        |  |  | 39-6036407 Page 1                                       |
|---|----------------------|----------------------------------|-----------------------------|--------|--|--|---|
|   |                      | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant |        | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                   |
| WISHOPE INC<br>223 WISCONSIN AVE<br>WAUKESHA, WI 53186-4968                                     | 83-3544716           | 501(C)(3)                        | 10,000.                     | °      |  |  | SERVICE RESPONSE COVID-19                               |
| WOMAN'S CLUB OF WISCONSIN<br>FOUNDATION INC - 813 E. KILBOURN<br>AVENUE - MILWAUKEE, WI 53202   | 39-6098520           | 501(C)(3)                        | 5,500.                      | .0     |  |  | THE CHALLENGE GRANT                                     |
| WOMEN'S CARE CENTER INC<br>1441 N FARWELL AVE<br>MILWAUKEE, WI 53202                            | 35-1609945           | 501(C)(3)                        | 15,000.                     | •0     |  |  | THE BINGO FUNDRAISER                                    |
| WOMEN'S FUND OF GREATER MILWAUKEE,<br>INC - 316 N MILWAUKEE ST STE 215 -<br>MILWAUKEE, WI 53202 | 20-3514894           | 501(C)(3)                        | 247,319.                    | 0.     |  |  | THE WOMEN'S NETWORKING<br>EVENT AT THE MILWAUKEE<br>REP |
| WOODLAND PATTERN INC<br>720 E LOCUST ST<br>MILWAUKEE, WI 53212                                  | 39-1332252           | 501(C)(3)                        | 25,500.                     | 。<br>。 |  |  | CREATIVE ARTS OPERATIONS                                |
| WOODSIDE PRAIRIE, INC<br>3368 N. SUMMIT AVE<br>MILWAUKEE, WI 53211                              | 30-0809583           | 501(C)(3)                        | 31,020.                     | 。<br>。 |  |  | CONSULTING SERVICES                                     |
| WORLD WILDLIFE FUND<br>1250 24TH ST NW<br>WASHINGTON, DC 20037                                  | 52-1693387           | 501(C)(3)                        | 14,772.                     | 0.     |  |  | SUSTAINING SUPPORT                                      |
| YMCA CAMP MANITO-WISH<br>PO BOX 246<br>BOULDER JUNCTION, WI 54512-0246                          | 39-1136315           | 501(C)(3)                        | 26,000.                     |        |  |  | SUSTAINING SUPPORT                                      |
| YMCA OF KENOSHA<br>7101 53RD ST<br>KENOSHA, WI 53144  | 39-0826296 501(C)(3) | 501(C)(3)                        | 10,000.                     | .0     |  |  | A MATCHING GRANT FOR THE<br>ANNUAL CAMPAIGN             |
|   |                      |                                  |                             |        |  |  | Schedule I (Form 990)                                   |

## Schedule I (Form 990)

| Schedule I (Form 990) GREATER MILWAUKEE FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | KEE FOUNDATIO        | N, INC.<br>nestic Organizations  | and Domestic Go                 | vernments (Sche                                | dule I (Form 990), Par  |   | 39-6036407 Page 1                     |
|--|----------------------|----------------------------------|---------------------------------|--|---|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN              | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <ul> <li>(f) Method of<br/>valuation<br/>(book, FMV,<br/>appraisal, other)</li> </ul> | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| YMCA OF METROPOLITAN MILWAUKEE<br>161 W WISCONSIN AVE STE 4000<br>MILWAUKEE, WI 53203-2601   | 39-0806314           | 501(C)(3)                        | 50,824.                         | o  |   |   | CHILDCARE FOR EMERGENCY<br>RESPONDERS |
| YOUNG AMERICA'S FOUNDATION<br>11480 COMMERCE PARK DR<br>RESTON, VA 20191   | 23-7042029           | 501(C)(3)                        | 8,951.                          | .0   |   |   | SUSTAINING SUPPORT                    |
| YOUTH VILLAGES<br>3320 BROTHER BLVD<br>MEMPHIS, TN 38133   | 58-1716970 501(C)(3) | 501(C)(3)                        | 12,116.                         | •0   |   |   | JANIE'S FUND                          |
| YWCA SOUTHEAST WISCONSIN<br>1915 N DR MARTIN LUTHER KING DR<br>MILWAUKEE, WI 53212-0544  | 39-0806258           | 501(C)(3)                        | 30,125.                         | 0.   |   |   | THE CIRCLE OF WOMEN                   |
| ZOOLOGICAL SOCIETY OF MILWAUKEE<br>COUNTY - 10005 W BLUEMOUND RD -<br>MILWAUKEE, WI 53226  | 39-6077242           | 501(C)(3)                        | 93,009.                         | .0   |   |   | SUSTAINING SUPPORT                    |
|  |                      |                                  |                                 |  |   |   |                                       |
|  |                      |                                  |                                 |  |   |   |                                       |
|  |                      |                                  |                                 |  |   |   |                                       |
|  |                      |                                  |                                 |  |   |   |                                       |
|  |                      |                                  |                                 |  |   |   | Schedule I (Form 990)                 |

| Schedule I (Form 990) 2020 GREATER MILWAUKEE FOUNDATION,   | DATION, INC.                |                                 |                                       |   | 39-6036407 Page 2                     |
|--|-----------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | Complete if the             | organization answe              | sred "Yes" on Form 9                  | 90, Part IV, line 22.   |                                       |
| (a) Type of grant or assistance  | (b) Number of<br>recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|  |                             |                                 |                                       |   |                                       |
|  |                             |                                 |                                       |   |                                       |
|  |                             |                                 |                                       |   |                                       |
|  |                             |                                 |                                       |   |                                       |
|  |                             |                                 |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  | uired in Part I, lin        | e 2; Part III, column           | (b); and any other ad                 | ditional information.   |                                       |
| PART I, LINE 2:  |                             |                                 |                                       |   |                                       |
| THE FOUNDATION ACCEPTS GRANT APPLICATIONS FROM ELIGIBLE  |                             | 501 (C)3 NONPROFITS             |                                       |   |                                       |
| AND IN LIMITED SITUATIONS, GOVERNMENT AGENCIES. ORGANIZATIONS MUST BE IN   | GANIZATIONS M               | UST BE IN                       |                                       |   |                                       |
| GOOD STANDING WITH THE IRS AND SHOULD BE LOCATED IN OR   | N OR PROVIDIN               | PROVIDING PROGRAMS              |                                       |   |                                       |
| AND SERVICES TO RESIDENTS OF THE FOUNDATION'S FOUR-  | FOUR-COUNTY SERVI           | SERVICE AREA:                   |                                       |   |                                       |
| - MILWAUKEE COUNTY   |                             |                                 |                                       |   |                                       |
| - OZAUKEE COUNTY   |                             |                                 |                                       |   |                                       |
| - WASHINGTON COUNTY  |                             |                                 |                                       |   |                                       |
| - WAUKESHA COUNTY  |                             |                                 |                                       |   |                                       |
| 032102 11-02-20  |                             |                                 |                                       |   | Schedule I (Form 990) 2020            |

THE FOUNDATION OFFERS GRANTS TO SUPPORT PROGRAMS AND PROJECTS WHICH MEET

GRANT CRITERIA AND FUNDING PRIORITIES. WE ALSO OFFER CAPITAL GRANTS, GRANTS

TO SUPPORT MEDICAL RESEARCH AND OTHER SPECIAL FUNDING OPPORTUNITIES. PLEASE

REFER TO OUR WEBSITE FOR INFORMATION ON THESE SPECIAL FUNDING OPPORTUNITIES

AND THEIR DEADLINES.

GENERALLY, THE FOUNDATION AWARDS GRANTS TO AN ORGANIZATION FOR UP RO ONE

YEAR, ALTHOUGH THEY MAY BE LONGER, GIVEN PROGRAM PRIORITIES. AN

ORGANIZATION MAY ONLY HAVE ONE OPEN GRANT PER GRANT PERIOD.

THE FOUNDATION IS COMMITTED TO PROMOTING RACIAL EQUITY AND INCLUSION

IN ITS OWN PRACTICES AS WELL AS THE GRANTEES RECEIVING SUPPORT THROUGH ITS

COMPETITIVE DISCRETIONARY GRANT PROGRAMS. THE FOUNDATION REQUIRES

NONPROFITS LO DERNUMTRATE BOARD DIVERSITY BY MAINTAINING A GOVERNING BOARD

THAT IS COMPRISED OF AT LEAST 10 PERCENT PEOPLE OF COLOR.

Schedule I (Form 990)

032291 04-01-20

| SC    | HEDULE J              | Compensation Information  |            | OMB No.               | 1545 <b>-</b> 004 | 47          |
|-------|-----------------------|---|------------|-----------------------|-------------------|-------------|
| (Fo   | rm 990)               | For certain Officers, Directors, Trustees, Key Employees, and Highest   |            | 20                    | 20                |             |
|       |                       | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  |            | 20                    | ZU                | J           |
| Depar | tment of the Treasury | Attach to Form 990.   |            | Open to               |                   | ic          |
| ntern | al Revenue Service    | Go to www.irs.gov/Form990 for instructions and the latest information.  |            | Inspe                 |                   |             |
| Nam   | e of the organizatio  |   | Employer i |                       | on nu             | mber        |
|       |                       | GREATER MILWAUKEE FOUNDATION, INC.  | 39-6       | 036407                |                   |             |
| Ра    | rt I Question         | s Regarding Compensation  |            |                       |                   | <del></del> |
|       |                       |   |            |                       | Yes               | No          |
| 1a    |                       | ate box(es) if the organization provided any of the following to or for a person listed on Form   | 990,       |                       |                   |             |
|       |                       | line 1a. Complete Part III to provide any relevant information regarding these items.   |            |                       |                   |             |
|       | First-class or o      |   |            |                       |                   |             |
|       | Travel for com        |   |            |                       |                   |             |
|       |                       | cation and gross-up payments<br>Health or social club dues or initiation fee  |            |                       |                   |             |
|       |                       | spending account Personal services (such as maid, chauffer  | ir, chei)  |                       |                   |             |
| h     | If any of the bayes   | on line 1a are checked, did the organization follow a written policy regarding payment or   |            |                       |                   |             |
| a     | •                     |   |            | 16                    |                   |             |
| 2     |                       | provision of all of the expenses described above? If "No," complete Part III to explain<br>In require substantiation prior to reimbursing or allowing expenses incurred by all directors, |            | <u>1b</u>             |                   |             |
| 2     | -                     | rs, including the CEO/Executive Director, regarding the items checked on line 1a?   |            | 2                     | x                 |             |
|       | trustees, and onice   |   |            |                       |                   |             |
| 3     | Indicate which if a   | ny, of the following the organization used to establish the compensation of the organization's  |            |                       |                   |             |
| U     | ,                     | ector. Check all that apply. Do not check any boxes for methods used by a related organization of   |            |                       |                   |             |
|       |                       | ation of the CEO/Executive Director, but explain in Part III.   | 51110      |                       |                   |             |
|       | Compensation          |   |            |                       |                   |             |
|       |                       | compensation consultant X Compensation survey or study  |            |                       |                   |             |
|       |                       | ther organizations X Approval by the board or compensation c  | ommittee   |                       |                   |             |
|       |                       |   | ommitteoo  |                       |                   |             |
| 4     | During the year, did  | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing   |            |                       |                   |             |
| •     | organization or a re  |   |            |                       |                   |             |
| а     | •                     | e payment or change-of-control payment?   |            | 4a                    |                   | x           |
| b     |                       | eive payment from a supplemental nonqualified retirement plan?  |            |                       |                   | x           |
| с     |                       | eive payment from an equity-based compensation arrangement?   |            | 4-                    |                   | x           |
|       | If "Yes" to any of li | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |            |                       |                   |             |
|       |                       |   |            |                       |                   |             |
|       | Only section 501(     | r)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |            |                       |                   |             |
| 5     |                       | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio   | n          |                       |                   |             |
|       | contingent on the r   |   |            |                       |                   |             |
| а     | The organization?     |   |            | 5a                    |                   | x           |
| b     | Any related organiz   | ation?  |            |                       |                   | X           |
|       |                       | or 5b, describe in Part III.  |            |                       |                   |             |
| 6     | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic   | 'n         |                       |                   |             |
|       | contingent on the r   | et earnings of:   |            |                       |                   |             |
| а     | The organization?     | -   |            | 6a                    |                   | х           |
| b     | Any related organiz   | ation?  |            | 6b                    |                   | х           |
|       |                       | or 6b, describe in Part III.  |            |                       |                   |             |
| 7     | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments   | i          |                       |                   |             |
|       | not described on li   | nes 5 and 6? If "Yes," describe in Part III   |            | 7                     |                   | x           |
| 8     |                       | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th   |            |                       |                   |             |
|       | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  |            | 8                     |                   | x           |
| 9     | If "Yes" on line 8, c | id the organization also follow the rebuttable presumption procedure described in   |            |                       |                   |             |
|       | Regulations section   | 1 53.4958-6(c)?   | <u>.</u>   | 9                     |                   |             |
| LHA   |                       | eduction Act Notice, see the Instructions for Form 990.   |            | lu <b>l</b> e J (Forr | n 990)            | 2020        |

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| Schedule J (Form 990) 2020 GREATER   | IIM V           | GREATER MILWAUKEE FOUNDATION          | ON INC.                                   |   | 39-6036407                     | 7                       |                          | Page 2   |
|--|-----------------|---------------------------------------|---|---|--------------------------------|-------------------------|--------------------------|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed  | mplo            | yees, and Highest C                   | compensated Empl                          | loyees. Use duplica                       | te copies if additional        | space is needed.        |                          |  |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII. | be rep<br>orm 9 | oorted on Schedule J<br>90, Part VII. | , report compensat                        | ion from the organiz                      | ation on row (i) and fro       | m related organizations | , described in the instr | uctions, on row (ii).                                      |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual  | ed ind          | lividual must equal th                | ie total amount of F                      | orm 990, Part VII, S                      | ection A, line 1a, applic      | able column (D) and (E  | ) amounts for that indiv | vidual.  |
|  |                 | (B) Breakdown of <sup>1</sup>         | (B) Breakdown of W-2 and/or 1099-MISC     | SC compensation                           | (C) Retirement and             | (D) Nontaxable          | (E) Total of columns     | (F) Compensation   |
| (A) Name and Title   |                 | (i) Base<br>compensation              | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | penetits                | (D)-(I)(B)               | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) ELLEN GILLIGAN   | 9               | 368,480.                              | .0  | 0   | .0                             | 34 645.                 | 403,125.                 | 0.   |
| SI   |                 | 0                                     | 0   | 0   |                                |                         |                          | 0  |
| (2) KEN ROBERTSON  | Ξ               | 207,769.                              | 0.  | .0  | 0.                             | 22,515.                 | 230,284.                 | .0   |
| SECRETARY/TREASURER  | (ii)            | • 0                                   | •0  | •0  | .0                             | •0                      | •0                       | .0   |
| (3) DANAE DAVIS  | (i)             | 195,273.                              | 0.  | 0.  | 0.                             | 22,236.                 | 217,509.                 | .0   |
| EXECUTIVE DIRECTOR-MKE SUC   | (ii)            | • 0                                   | • 0                                       | •0  | •0                             | •0                      | •0                       | •0   |
| (4) KATHRYN DUNN   | (i)             | 185,555.                              | 0.  | .0  | .0                             | 28,543.                 | 214,098.                 | .0   |
| VP OF COMM. INVEST.  | (ii)            | • 0                                   | • 0                                       | •0  | .0                             | •0                      | •0                       | •0   |
| (5) KRISTEN MEKEMSON   | (i)             | 162,823.                              | •0  | •0  | .0                             | 26,680.                 | °E05'681                 | •0   |
| VP DEVEL/PHIL SERVICES   | : (i)           | .0                                    | 0.  | 0.  | 0.                             | .0                      | .0                       | .0   |
| (6) LAURA GLAWE  | Ξ               | 147,893.                              | 0.  | .0  | .0                             | 28,139.                 | 176,032.                 | .0   |
| VP OF MARKETING  | :<br>E          | .0                                    | 0.  | .0  | 0.                             | .0                      | .0                       | 0.   |
| (7) WENDY POINTING   | Ξ               | 146,907.                              | 0.  | 0.  | 0.                             | 24,357.                 | 171,264.                 | 0.   |
| VP OF FINANCE  | (ii)            | • 0                                   | • 0                                       | •0  | •0                             | •0                      | •0                       | .0   |
| (8) MICHAEL HOFFMAN  | Ξ               | 143,100.                              | .0  | .0  | .0                             | 28,079.                 | 171,179.                 | .0   |
| VP OF HUMAN RESOURCES  | (ii)            | •0                                    | .0  | 0.  | 0.                             | .0                      | •0                       | .0   |
|  | (j)             |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  | (i)             |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  | Ξ               |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  | Ξ               |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  | (j)             |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  | (j)             |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  | (i)             |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  | (j)             |                                       |   |   |                                |                         |                          |  |
|  | (ii)            |                                       |   |   |                                |                         |                          |  |
|  |                 |                                       |   |   |                                |                         | Schedu                   | Schedule J (Form 990) 2020                                 |

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| Schedule J (Form 990) 2020 GREATER MILWAUKEE FOUNDATION, INC.  | 39-6036407                                | Page <b>3</b> |
|--|---|---------------|
| Part III Supplemental Information  |   |               |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | this part for any additional information. |               |
| PART I LINE 3:   |   |               |
|  |   |               |
| THE ADMIN & AUDIT COMMITTEE WILL ANNUALLY REQUEST COMPARABLE COMPENSATION  |   |               |
| DATA FROM THE GMF VICE PRESIDENT, HUMAN RESOURCES AND ORGANIZATIONAL   |   |               |
| LEARNING (VP, HROL) FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO)  |   |               |
| POSITION AT THE FOUNDATION.  |   |               |
|  |   |               |
| THE COMPARABLE COMPENSATION DATA WILL GENERALLY COME FROM SALARY SURVEY  |   |               |
| DATA PROVIDED BY THE COUNCIL ON FOUNDATIONS AND SPECIFIC COMPARABLES   |   |               |
| OBTAINED FROM OTHER SURVEYS SUCH AS MRA AND THE NON PROFIT SURVEY CONDUCTED  |   |               |
| BY MRA, AND GUIDESTAR POSTED 990'S. THE VP, HROL WILL SITE COMPARABLES IN A  |   |               |
| REPORT AND REFERENCE WHERE DATA WAS OBTAINED.  |   |               |
|  |   |               |
| THE ADMIN & AUDIT COMMITTEE WILL REVIEW THE COMPARABLE DATA AND MAKE A   |   |               |
| RECOMMENDATION TO THE CHAIRMAN OF THE BOARD AND THEN TO THE FULL BOARD FOR   |   |               |
| ANY CHANGES IN THE CEO'S COMPENSATION, WITHOUT PARTICIPATION OR DISCUSSION   |   |               |
| WITH THE CEO. THE CEO MAY ANSWER QUESTIONS OF THE BOARD THAT MAY BE USED IN  |   |               |
| LATER DELIBERATIONS AND DECISION-MAKING.   |   |               |
|  |   |               |
| THE BOARD MUST DOCUMENT THE BASIS FOR DETERMINATION OF THE CEO'S SALARY.   |   |               |
|  | Schedule J (Form 990) 2020                | 990) 2020     |

| Schedule J (Form 990) 2020 GREATER MILWAUKEE FOUNDATION, INC.  | 39-6036407                           | Page <b>3</b> |
|--|--------------------------------------|---------------|
| Part III Supplemental Information  |                                      |               |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | part for any additional information. |               |
| THE DOCIMENTATION MIST CONTAIN THE DATE AND TERMS OF THE COMPENSATION  |                                      |               |
|  |                                      |               |
| TRANSACTION, THE MEMBERS PRESENT FOR THE DECISION, AND WHAT COMPARABLE DATA  |                                      |               |
| WAS USED FOR THE DECISION. THE ADMIN & AUDIT COMMITTEE WILL BE PROVIDED  |                                      |               |
| WITH A TEMPLATE TO THE DOCUMENT PROCESS AND DECISION. THE AD MIN & AUDIT   |                                      |               |
| COMMITTEE WILL DRIVE THE PROCESS FOR DECISION-MAKING AND ASSURE THE  |                                      |               |
| DOCUMENTATION IS OBTAINED AND RECORDED IN BOTH THE BOARD MINUTES AND THE   |                                      |               |
| PERSONNEL FILE OF THE CEO.   |                                      |               |
|  |                                      |               |
| A SIMILAR PROCESS WILL BE USED FOR OTHER POSITIONS WITHIN THE FOUNDATION.  |                                      |               |
| HOWEVER, IT WILL BE THE CEO AND THE VP, HROL CONFERRING ON THESE OTHER   |                                      |               |
| POSITIONS.   |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  | Schedule J (Form 990) 2020           | 990) 2020     |

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| SCHEDULE L                       | I                          | Tra     | nsactior  | ns V    | Vith            | Int       | erested                        | P     | ersons                      |          |               |               | ИВ No.           | 1545-0     | 047               |
|----------------------------------|----------------------------|---------|---|---------|-----------------|-----------|--------------------------------|-------|-----------------------------|----------|---------------|---------------|------------------|------------|-------------------|
| (Form 990 or 990-EZ)             |                            |         | rganization and                                     | swere   | d "Yes          | " on F    | orm 990, Par                   | t IV, | line 25a, 25b, 2            | 6, 27,   | <b>28</b> a,  |               | 2                | <b>N</b> 2 | n                 |
| Department of the Treasury       |                            |         |   |         |                 |           | art V, line 38a<br>Form 990-E2 |       | 40b.                        |          |               | 0             | pen T            | o Pul      |                   |
| Internal Revenue Service         |                            | io to v | www.irs.gov/Fo                                      | orm99   | 0 for iı        | nstruc    | tions and the                  | late  | est information.            |          |               |               | spect            |            |                   |
| Name of the organizatio          | n                          |         |   |         |                 |           |                                |       |                             | Em       | ploye         | r ident       | ificati          | on ni      | umber             |
| David I. Evenes                  |                            |         | JKEE FOUNDAT  |         |                 |           |                                |       |                             |          |               | 36407         |                  |            |                   |
|                                  | Benefit Trans              |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  | f the organizatior         |         |   |         |                 |           | line 25a or 25b<br>I           | o, or | Form 990-EZ, Pa             | art V, I | ine 40        | b.            |                  | 0.0        |                   |
| 1 (a) Name of disqual            | lified person              | (a) H   | elationship bety<br>person and or                   |         |                 | inea      | (0                             | c) De | escription of tran          | sactic   | n             |               |                  | es         | ected?<br>No      |
|                                  |                            |         | -   | -       |                 |           |                                |       |                             |          |               |               | + •              |            | 110               |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               | _                |            |                   |
| 2 Enter the amount of            | of tax incurred by         | the e   | ranization man                                      | ogoro   | or diac         | ulifia    | d poroopo dur                  | ing t | the year under              |          |               |               |                  |            |                   |
|                                  | or tax incurred by         |         | -   | -       |                 | •         | -                              | -     | •                           |          | ▶ \$          |               |                  |            |                   |
| 3 Enter the amount of            |                            |         |   |         |                 |           |                                |       |                             |          | ► s           |               |                  |            |                   |
|                                  | -                          |         |   | -       |                 | ,         |                                |       |                             |          |               |               |                  |            |                   |
| Part II Loans to                 | o and/or Fron              | n Inte  | erested Pers  | sons.   |                 |           |                                |       |                             |          |               |               |                  |            |                   |
| •                                | f the organizatior         |         |   |         |                 | , Part \  | V, line 38a or F               | orm   | n 990, Part <b>I</b> V, lin | e 26; (  | or if th      | e orga        | nizatio          | on         |                   |
|                                  | n amount on Forr           |         |   |         | 2.<br>an to or  |           |                                |       |                             |          |               | <b>(h)</b> Ap | nroved           | 0.1        | A /               |
| (a) Name of<br>interested person | (b) Relatio<br>with organi |         | (c) Purpose<br>of loan                              | fror    | n the           |           | e) Original<br>cipal amount    | (1    | i) Balance due              |          | ) In<br>ault? | by bo         | ard or           | יעידי      | Vritten<br>ement? |
|                                  |                            |         |   |         | zation?<br>From |           | •                              |       |                             | Yes      | No            | Yes           | No               | Yes        | <b></b>           |
|                                  |                            |         |   |         |                 |           |                                |       |                             | 103      |               | 103           |                  | 100        |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            | _                 |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
| Total                            |                            |         |   |         |                 |           | > \$                           |       |                             |          | •             |               |                  |            | •                 |
| Part III Grants of               | or Assistance              | Ben     | efiting Inter                                       | esteo   | d Per           | sons      | •                              |       |                             |          |               |               |                  |            |                   |
| Complete i                       | f the organizatior         | n answ  | vered "Yes" on I                                    | Form 9  | 90, Pa          | art IV, I | ine 27.                        |       | 1                           |          |               |               |                  |            |                   |
| (a) Name of intere               | ested person               |         | (b) Relationship<br>interested pers<br>the organiza | son an  |                 | (         | c) Amount of assistance        |       | (d) Type<br>assistan        |          |               |               | ) Purp<br>assist |            | of                |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            | -       |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  |                            | _       |   |         |                 |           |                                |       |                             |          | -+            |               |                  |            |                   |
|                                  |                            | _       |   |         |                 |           |                                |       |                             |          | -+            |               |                  |            |                   |
|                                  |                            |         |   |         |                 |           |                                |       |                             |          |               |               |                  |            |                   |
|                                  | eduction Act No            |         | saa tha Instruc                                     | tione f | or For          | m 001     | ) or 990- <b>E7</b>            |       | l<br>Coh                    | adula    |               | rm 000        | or 04            | 00.E7      | 7) 2020           |

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

Schedule L (Form 990 or 990-EZ) 2020

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| Schedule L (Form 990 or 990 | EZ) 2020 GREATER | MILWAUKEE | FOUNDATION, | INC |
|-----------------------------|------------------|-----------|-------------|-----|
|-----------------------------|------------------|-----------|-------------|-----|

| (a) Name of interested person         |   | b, or 28c.                |                                |                             | vina - |
|---------------------------------------|---|---------------------------|--------------------------------|-----------------------------|--------|
|                                       | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | ation' |
|                                       |   |                           |                                | Yes                         | No     |
| AVID LUBAR                            |   | 297,846.                  |                                |                             | х      |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
| Part V Supplemental Information.      |   |                           |                                | 1                           |        |
|                                       | ponses to questions on Schedule L (see ir                       | structions).              |                                |                             |        |
|                                       |   | ,                         |                                |                             |        |
| ART IV:                               |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
| AVID LUBAR, WHO SERVED AS THE BOARD   | MEMBER OF THE GREATER MILWAUKEE                                 | l                         |                                |                             |        |
|                                       |   |                           |                                |                             |        |
| FOUNDATION THROUGH 06/30/16, SERVES A | S A DIRECTOR OF BMO HARRIS BANK                                 | •                         |                                |                             |        |
|                                       |   |                           |                                |                             |        |
| BMO HARRIS BANK IS ONE OF THE INVESTM | ENT MANAGERS OF THE GREATER                                     |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
| ILWAUKEE FOUNDATION. IN ADDITION, TH  | E GREATER MILWAUKEE FOUNDATION                                  | HAS                       |                                |                             |        |
|                                       |   |                           |                                |                             |        |
| AN OPERATING CHECKING ACCOUNT AT BMO  | HARRIS.   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |
|                                       |   |                           |                                |                             |        |

Schedule L (Form 990 or 990-EZ) 2020

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## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2020 Open to Public Inspection

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

■ Go to www.irs.gov/Form990 for instructions and the latest information.

GREATER MILWAUKEE FOUNDATION, INC.

| Employer identification number |
|--------------------------------|
|                                |

| - | 39-6036407 |
|---|------------|
|   | 39-0030407 |

| Pa  | t I Types of Property                            |                                      |   |  |   |                 |       |     |
|-----|--|--------------------------------------|---|--|---|-----------------|-------|-----|
|     |  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | 0               | unts  |     |
| 1   | Art - Works of art                               |                                      |   |  |   |                 |       |     |
| 2   | Art - Historical treasures                       |                                      |   |  |   |                 |       |     |
| 3   | Art - Fractional interests                       |                                      |   |  |   |                 |       |     |
| 4   | Books and publications                           |                                      |   |  |   |                 |       |     |
| 5   | Clothing and household goods                     |                                      |   |  |   |                 |       |     |
| 6   | Cars and other vehicles                          |                                      |   |  |   |                 |       |     |
| 7   | Boats and planes                                 |                                      |   |  |   |                 |       |     |
| 8   | Intellectual property                            |                                      |   |  |   |                 |       |     |
| 9   | Securities - Publicly traded                     | Х                                    | 60  | 14,529,792.  | FAIR MARKET VALU                        | Ξ               |       |     |
| 10  | Securities - Closely held stock                  |                                      |   |  |   |                 |       |     |
| 11  | Securities - Partnership, LLC, or                |                                      |   |  |   |                 |       |     |
|     | trust interests                                  | x                                    | 1   | 708,370.   | APPRAISED VALUE                         |                 |       |     |
| 12  | Securities - Miscellaneous                       |                                      |   |  |   |                 |       |     |
| 13  | Qualified conservation contribution -            |                                      |   |  |   |                 |       |     |
|     | Historic structures                              |                                      |   |  |   |                 |       |     |
| 14  | Qualified conservation contribution - Other      |                                      |   |  |   |                 |       |     |
| 15  | Real estate - Residential                        |                                      |   |  |   |                 |       |     |
| 16  | Real estate - Commercial                         |                                      |   |  |   |                 |       |     |
| 17  | Real estate - Other                              |                                      |   |  |   |                 |       |     |
| 18  | Collectibles                                     |                                      |   |  |   |                 |       |     |
| 19  | Food inventory                                   |                                      |   |  |   |                 |       |     |
| 20  | Drugs and medical supplies                       |                                      |   |  |   |                 |       |     |
| 21  | Taxidermy  |                                      |   |  |   |                 |       |     |
| 22  | Historical artifacts                             |                                      |   |  |   |                 |       |     |
| 23  | Scientific specimens                             |                                      |   |  |   |                 |       |     |
| 24  | Archeological artifacts                          |                                      |   |  |   |                 |       |     |
| 25  | Other ()   |                                      |   |  |   |                 |       |     |
| 26  | Other ► ( )                                      |                                      |   |  |   |                 |       |     |
| 27  | Other  ( )                                       |                                      |   |  |   |                 |       |     |
| 28  | Other ( )  |                                      |   |  |   |                 |       |     |
| 29  | Number of Forms 8283 received by the organiz     | zation during                        | ,<br>the tax year for c                                   | ontributions   |   |                 |       |     |
|     | for which the organization completed Form 82     |                                      |   |  |   |                 |       |     |
|     | C I  |                                      | C   |  |   | Ye              | es I  | No  |
| 30a | During the year, did the organization receive by | y contributio                        | n any property rep  | orted in Part I, lines 1 throug  | h 28, that it                           |                 |       |     |
|     | must hold for at least three years from the date | e of the initia                      | l contribution, and                                       | which isn't required to be us  | sed for                                 |                 |       |     |
|     | exempt purposes for the entire holding period?   |                                      |   | •  |   | 30a             | :     | х   |
| b   | If "Yes," describe the arrangement in Part II.   |                                      |   |  |   |                 |       |     |
| 31  | Does the organization have a gift acceptance     | oolicy that re                       | equires the review of                                     | of any nonstandard contribut   | ions?                                   | 31 <sup>X</sup> |       |     |
|     | Does the organization hire or use third parties  | -                                    | •   | •  |   |                 |       |     |
|     |  |                                      | 0   | ···, p·····  |   | 32a             |       | х   |
| b   | If "Yes," describe in Part II.                   |                                      |   |  |   |                 |       |     |
| 33  | If the organization didn't report an amount in c | olumn (c) foi                        | r a type of property                                      | / for which column (a) is cheo   | cked,                                   |                 |       |     |
|     | describe in Part II.                             | ( ) · · ·                            | 5. 1 1 5  |  |   |                 |       |     |
| LHA | For Paperwork Reduction Act Notice, see          | the Instruct                         | tions for Form 990  | 0.   | Schedule M                              | I (Form 9       | 90) 2 | 020 |

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART-I LINE-(B)

Part II

THE GREATER MILWAUKEE FOUNDATION IS REPORTING A NUMBER OF CONTRIBUTIONS

RATHER THAN A NUMBER OF ITEMS RECEIVED.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 39-6036407

GREATER MILWAUKEE FOUNDATION, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD MEMBERS OF THE GREATER MILWAUKEE

FOUNDATION, INC. BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INEREST QUESTIONNAIRES COMPLETED BY ALL OFFICERS, DIRECTORS

AND KEY EMPLOYEES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE

GREATER MILWAUKEE FOUNDATION, INC. ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ADMIN & AUDIT COMMITTEE WILL ANNUALLY REQUEST COMPARABLE COMPENSATION

DATA FROM THE GMF VICE PRESIDENT, HUMAN RESOURCES AND ORGANIZATIONAL

LEARNING (VP, HROL) FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO)

POSITION AT THE FOUNDATION.

THE COMPARABLE COMPENSATION DATA WILL GENERALLY COME FROM SALARY SURVEY

DATA PROVIDED BY THE COUNCIL ON FOUNDATIONS AND SPECIFIC COMPARABLES

OBTAINED FROM OTHER SURVEYS SUCH AS MRA AND THE NON PROFIT SURVEY CONDUCTED

BY MRA, AND GUIDESTAR POSTED 990'S. THE VP, HROL WILL SITE COMPARABLES IN A

REPORT AND REFERENCE WHERE DATA WAS OBTAINED.

THE ADMIN & AUDIT COMMITTEE WILL REVIEW THE COMPARABLE DATA AND MAKE A

RECOMMENDATION TO THE CHAIRMAN OF THE BOARD AND THEN TO THE FULL BOARD FOR

ANY CHANGES IN THE CEO'S COMPENSATION, WITHOUT PARTICIPATION OR DISCUSSION

WITH THE CEO. THE CEO MAY ANSWER QUESTIONS OF THE BOARD THAT MAY BE USED IN

LATER DELIBERATIONS AND DECISION-MAKING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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| Name of the organization  | Employer identification number |
|---|--------------------------------|
| GREATER MILWAUKEE FOUNDATION, INC.  | 39-6036407                     |
|   |                                |
| THE BOARD MUST DOCUMENT THE BASIS FOR DETERMINATION OF THE CEO'S SALARY.    |                                |
| THE DOCUMENTATION MUST CONTAIN THE DATE AND TERMS OF THE COMPENSATION       |                                |
| TRANSACTION, THE MEMBERS PRESENT FOR THE DECISION, AND WHAT COMPARABLE DATA |                                |
| VAS USED FOR THE DECISION. THE ADMIN & AUDIT COMMITTEE WILL BE PROVIDED     |                                |
| WITH A TEMPLATE TO THE DOCUMENT PROCESS AND DECISION. THE ADMIN & AUDIT     |                                |
| COMMITTEE WILL DRIVE THE PROCESS FOR DECISION-MAKING AND ASSURE THE         |                                |
| DOCUMENTATION IS OBTAINED AND RECORDED IN BOTH THE BOARD MINUTES            |                                |
| AND THE PERSONNEL FILE OF THE CEO.  |                                |
|   |                                |
| A SIMILAR PROCESS WILL BE USED FOR OTHER POSITIONS WITHIN THE FOUNDATION.   |                                |
| HOWEVER, IT WILL BE THE CEO AND THE VP, HROL CONFERRING ON THESE OTHER      |                                |
| POSITIONS.  |                                |
|   |                                |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |                                |
| GOVERNING DOCUMENTS, CONFLICT OF INTREST POLICY AND FINANCIAL STATEMENTS    |                                |
| ARE AVAILABLE TO THE PUBLIC UPON REQUEST.                                   |                                |
|   |                                |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:                           |                                |
| CHANGE IN ACTUARIAL VALUATION 230,785.                                      |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |

| SCHEDULE R<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service   | Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information. | Ions and Unrelated Pa<br>ered "Yes" on Form 990, Part IV, I<br>► Attach to Form 990.<br>•990 for instructions and the lates | <b>tnerships</b><br>ine 33, 34, 35b, 3<br>t information. | 6, or 37.   | ō <b>O</b>                                   | OMB No. 1545-0047<br>2020<br>Open to Public<br>Inspection |
|--|--|---|--|---|--|---|
| Name of the organization<br>GREATER MILWAUKEE FOUNDATION,  | JUNDATION, INC.  |   |  |   | Employer identification number<br>39-6036407 | cation number   |
| Part I Identification of Disregarded Entities. Complete if the organization  | ete if the organization answered "Yes" $\cdot$   | answered "Yes" on Form 990, Part IV, line 33.   |  |   |  |   |
| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity  | <b>(b)</b><br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country)   | (d)<br>Total income                                      | (e)<br>End-of-year assets                                 |  | (f)<br>Direct controlling<br>entity                       |
|  |  |   |  |   |  |   |
|  |  |   |  |   |  |   |
|  |  |   |  |   |  |   |
|  |  |   |  |   |  |   |
| <b>Part II</b> Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. | ations. Complete if the organization a   | inswered "Yes" on Form 990  | , Part IV, line 34, I                                    | because it had one o                                      | r more related tax-exe                       | mpt   |
| <b>(a)</b><br>Name, address, and EIN<br>of related organization  | <b>(b)</b><br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country)   | (d)<br>Exempt Code<br>section                            | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity          | (g)<br>Section 512(b)(13)<br>controlled<br>entity?        |
| HONKAMP FAMILY FOUNDATION - 39-1948390<br>101 W. FLEASANT, STE.210<br>MILWAUKEE, WI 53212  | ISSUING GRANTS TO OTHER<br>NONPROFIT ORGANIZATIONS   | WISCONSIN   | 501 (C) (3)  | LINE 12   |  |   |
| KPG CHARITABLE FOUNDATION, INC<br>47-3305602, 101 W. PLEASANT, STE.210,<br>MILWAUKEE, WI 53212   | FUNDING DEVELOPMENT OF NEW<br>PUBLIC ARENA IN MILWAUKEE  | WISCONSIN   | 501 (C) (3)  | LINE 12   |  | ×   |
| STRATTEC FOUNDATION, INC 39-1890894<br>101 W. PLEASANT, STE.210<br>MILWAUKEE, WI 53212   | ISSUING GRANTS TO OTHER<br>NONPROFIT ORGANIZATIONS   | WISCONSIN   | 501 (C) (3)  | LINE 12   |  | X   |
| WEST BEND COMMUNITY FOUNDATION, INC<br>39-1971548, 101 W. PLEASANT, STE.210,<br>MILWAUKEE, WI 53212  | ISSUING GRANTS TO OTHER<br>NONPROFIT ORGANIZATIONS   | MISCONSIN   | 501 (C) (3)  | LINE 12   |  | Х   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | ns for Form 990.   |   |  |   | Schedule R                                   | Schedule R (Form 990) 2020                                |

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GREATER MILWAUKEE FOUNDATION, INC.

39-6036407

# Schedule R (Form 990) GREATER MILWAUKEE FOUNDATION, INC. Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a)                                     | (q)                       | (c)                      | (q)         | (e)                              | (t)                | (g)                              |
|---|---------------------------|--------------------------|-------------|----------------------------------|--------------------|----------------------------------|
| Name, address, and EIN                  | Primary activity          | Legal domicile (state or | Exempt Code | Public charity                   | Direct controlling | Section 512(b)(13)<br>controlled |
| of related organization                 |                           | foreign country)         | section     | status (if section<br>501(c)(3)) | entity             | organization?                    |
| HEPBURN "BOOTSTRAP" FOUNDATION, INC     |                           |                          |             |                                  |                    | -                                |
| 39-1983506, 101 W. PLEASANT, STE.210,   | ISSUING GRANTS TO OTHER   |                          |             |                                  |                    |                                  |
| MILWAUKEE, WI 53212                     | NONPROFIT ORGANIZATIONS   | WISCONSIN                | 501 (C) (3) | LINE 12                          |                    | х                                |
| GREATER MILWAUKEE FOUNDATION HOLDINGS - | ADMINISTRATION OF REAL    |                          |             |                                  |                    |                                  |
| 20-0423761, 101 W. PLEASANT, STE.210,   | PROPERTY FOR THE BENEFIT  |                          |             |                                  |                    |                                  |
| MILWAUKEE, WI 53212                     | OF GREATER MILWAUKEE FDN. | WISCONSIN                | 501 (C) (3) | LINE 12                          |                    | X                                |
| OCONOMOWOC AREA FOUNDATION, INC         |                           |                          |             |                                  |                    |                                  |
| 75-3266194, 101 W. PLEASANT, STE.210,   | ISSUING GRANTS TO OTHER   |                          |             |                                  |                    |                                  |
| MILWAUKEE, WI 53212                     | NONPROFIT ORGANIZATIONS   | WISCONSIN                | 501 (C) (3) | LINE 12                          |                    | х                                |
| GREATER CEDARBURG FOUNDATION, INC       |                           |                          |             |                                  |                    |                                  |
| 39-2008146, 101 W. PLEASANT, STE.210,   | ISSUING GRANTS TO OTHER   |                          |             |                                  |                    |                                  |
| MILWAUKEE, WI 53212                     | NONPROFIT ORGANIZATIONS   | WISCONSIN                | 501 (C) (3) | LINE 12                          |                    | х                                |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   | I                         |                          |             |                                  |                    |                                  |
|   | I                         |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   | T                         |                          |             |                                  |                    |                                  |
|   | T                         |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   | T                         |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   | T                         |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   | T                         |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   | Т                         |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |
|   |                           |                          |             |                                  |                    |                                  |

| Schedule R (Form 990) 2020 GREATER MILWAUKEE FOUNDATION, INC.<br>Part III Identification of Related Organizations Taxable as a Partnership.<br>organizations treated as a partnership during the tax year. |   | Complete if the organization answered       | organizatior  | ו answered "Ye  | s" on Form 990   | ), Part IV, line                         | : 34, becaus                     | 39-6036407<br>"Yes" on Form 990, Part IV, line 34, because it had one or more related | 39-6036407<br>one or more relate                    | Page 2<br>d   |
|--|---|---|---|---|--|--|----------------------------------|---|---|---|
| (b)<br>Primary activity  | (c)<br>Legal<br>domiciele<br>(state or<br>foreign | (d)<br>Direct controlling<br>entity<br>excl | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |   | (f)<br>Share of total<br>income e                      | (g)<br>Share of<br>end-of-year<br>assets | Disproportionate<br>allocations? | (i)<br>Code V-UBI<br>amount in box<br>Co of Schedule<br>K-1 (Form 1065)               | (j)<br>General or F<br>ox managing<br>Dite partner? | (k)<br>Percentage<br>ownership                        |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   |   |   |  |  |                                  |   |   |   |
| Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.  |   | <b>or Trust.</b> Comple                     | lete if the or  | Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | /ered "Yes" on   | Form 990, Pa                             | art IV, line 3                   | 4, because it ha  | ad one or m   | ore related   |
| (a)<br>Name, address, and EIN<br>of related organization   | <b>(b)</b><br>Primary activity                    |   | (c)<br>Legal domicile<br>(state or<br>foreign<br>country)   | (d)<br>Direct controlling<br>entity   | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | y Share of total p, income               | )<br>of total<br>ome             | (g)<br>Share of<br>end-of-year<br>assets  | (h)<br>Percentage<br>ownership                      | (j)<br>Section<br>512(b)(13)<br>controlled<br>entity? |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   |   |   |  |  |                                  |   |   |   |
|  |   |   | 1 2 F   |   |  | -  | -                                | Sche  | dule R (Fo  | Schedule R (Form 990) 2020                            |

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| INC.                       |  |
|----------------------------|--|
| FOUNDATION,                |  |
| MILWAUKEE                  |  |
| GREATER 1                  |  |
| Schedule R (Form 990) 2020 |  |

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |   | :                             |   | <b>&gt;</b>                | Yes      |
|--|---|-------------------------------|---|----------------------------|----------|
|  | s with one or more re                   | lated organizations listed ir | Y Parts II-IV                                       |                            | Þ        |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | · · · · · · · · · · · · · · · · · · ·   |                               |   | <b>1</b> a                 | 4        |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |   |                               |   | <b>1</b>                   | x        |
| <b>c</b> Gift. grant. or capital contribution from related organization(s)   |   |                               |   | <u>م</u>                   | X        |
|  |   |                               |   | 7                          | ×        |
| a coards or roard guarancees to or for related organization (s)  |   |                               |   | Þ                          | 4 1      |
| e Loans or loan guarantees by related organization(s)  |   |                               |   | 1e                         | ×        |
|  |   |                               |   |                            |          |
| f Dividends from related organization(s)   |   |                               |   | ¥                          | ×        |
|  |   |                               |   | -                          | ×        |
|  |   |                               |   | <u>,</u>                   | Þ        |
| h Purchase of assets from related organization(s)  |   |                               |   | Ę                          | 4        |
| i Exchange of assets with related organization(s)  |   |                               |   | ÷                          | ×        |
| j Lease of facilities, equipment, or other assets to related organization(s)   |   |                               |   | 1j                         | х        |
|  |   |                               |   |                            |          |
| k Lease of facilities, equipment, or other assets from related organization(s)   |   |                               |   | 1k                         | х        |
| Performance of services or membership or fundraising solicitations for related organization(s)   | nization(s)                             |                               |   | F                          | x        |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | nization(s)                             |                               |   | Ę                          | ×        |
| n Sharing of facilities. equipment. mailing lists. or other assets with related organization(s)  | on(s)                                   |                               |   | f                          | ×        |
|  |   |                               |   | ę                          | ×        |
|  |   |                               |   | 2                          |          |
| <ul> <li>Baimburseament paid to related organization(s) for expanses</li> </ul>  |   |                               |   | ţ                          | ×        |
| <ul> <li>Doimbursconding parts to plants of generation (c) for expension</li> </ul>  |   |                               |   | 2 7                        | ×        |
|  |   |                               |   | 2                          |          |
|  |   |                               |   |                            | >        |
| r Other transfer of cash or property to related organization(s)  |   |                               |   | +                          | +        |
| s Other transfer of cash or property from related organization(s)  |   |                               |   | 1s                         | ×        |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | ho must complete th                     | is line, including covered re | lationships and transaction thresholds.             |                            |          |
| <b>(a)</b><br>Name of related organization   | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved | volved                     |          |
| (1) WEST BEND COMMUNITY FOUNDATION, INC.   | B                                       | 125,000.                      |   |                            |          |
| (2) GREATER MILWUAKEE FOUNDATION HOLDING, INC.   | C                                       | 1,200,204.                    |   |                            |          |
| (3)  |   |                               |   |                            |          |
| (4)  |   |                               |   |                            |          |
| (5)  |   |                               |   |                            |          |
| 6  |   |                               |   |                            |          |
| 032163 10-28-20  |   |                               | Schedule  | Schedule R (Form 990) 2020 | 90) 2020 |

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| Page 4                               |   | revenue)  | (j) (k)<br>General or Percentage<br>managing ownership   | 2 |  |  |  | Schedule R (Form 990) 2020 |
|--------------------------------------|---|---|--|---|--|--|--|----------------------------|
| 07                                   |   | ross  | (j)<br>General or<br>managing<br>partner?  | 3 |  |  |  | R (Fo                      |
| 39-6036407                           |   | total assets or g   | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065)                            |   |  |  |  | Schedule                   |
|                                      |   | by by   | Dispropor-<br>tionate<br>allocations?  | 2 |  |  |  |                            |
|                                      |   | asure   | allo Dis   | 2 |  |  |  |                            |
|                                      | 37.   | of its activities (me   | (g)<br>Share of<br>end-of-year<br>assets   |   |  |  |  |                            |
|                                      | 1 990, Part IV, line  | than five percent   | (f)<br>Share of<br>total<br>income   |   |  |  |  |                            |
|                                      | Form  | more  | Are all<br>Are all<br>501(c)(3)<br>orgs.?  | 2 |  |  |  |                            |
|                                      | es" on  | lucted  | Are all<br>Are all<br>501(c)(3)<br>orgs.?  | 3 |  |  |  |                            |
|                                      | ization answered "Ye  | which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.                 | (cd)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) |   |  |  |  |                            |
| JN, INC.                             | mplete if the organ   | iip through which the sion for certain inve   | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country)                                      |   |  |  |  |                            |
| GREATER MILWAUKEE FOUNDATION         | <b>ile as a Partnership.</b> Co   | ntity taxed as a partnersh<br>ructions regarding exclus   | <b>(b)</b><br>Primary activity   |   |  |  |  |                            |
| Schedule R (Form 990) 2020 GREATER 1 | Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 | Provide the following information for each entity taxed as a partnership through that was not a related organization. See instructions regarding exclusion for cert | <b>(a)</b><br>Name, address, and EIN<br>of entity  |   |  |  |  |                            |

032164 10-28-20

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## GREATER MILWAUKEE FOUNDATION, INC. Schedule R (Form 990) 2020 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

032165 10-28-20

| 0065  |                                |                | n of U.S. Pers  |                                    |   | <b>)</b>                    |                                  | OMB                       | No. 1545-1668             |
|---|--------------------------------|----------------|---|------------------------------------|---|-----------------------------|----------------------------------|---------------------------|---------------------------|
| Form <b>OODJ</b>  |                                |                | Certain Foreig<br>Attach to<br>w.irs.gov/Form8865 for | your tax return.                   |   | tion                        |                                  |                           | 2020                      |
|   | -                              |                | prmation furnished for th                             |                                    |   | tion.                       |                                  |                           | .020                      |
| Department of the Treasury<br>Internal Revenue Service                                |                                |                | beginning JAN   |                                    | , and ending DEC                                    | 31                          | , 2020                           | Attao<br>Sequ             | chment<br>Jence No. 865   |
| Name of person filing this  | return                         |                |   |                                    |   | Filer                       | s identificat                    | ion numbe                 | r                         |
|   |                                |                |   |                                    |   | 3                           | 9-603640                         | 7                         |                           |
| GREATER MILWAU  |                                | ,              | ι   |                                    |   |                             |                                  |                           |                           |
| Filer's address (if you arer  | i't tiling this form with      | i your tax re  | (urn)   | A Category of                      | of filer (see Categories o                          | 1                           | instructions a                   | and check app             | olicable box(es)):        |
|   |                                |                |   | B Filer's tax                      | 2<br><sup>year</sup> JAN 1                          | <u>3</u><br>202             |                                  | 4                         | 31 2020                   |
| <b>C</b> Filer's share of liabilitie  | s. Nonrecourse \$              |                | 50,074. Qualified non                                 | - beginning                        |   | , 202                       | ond endi , and endi<br>Other     |                           | <u>, 1010</u>             |
| <b>D</b> If filer is a member of a  |                                |                |   |                                    |   |                             | Other                            | Ψ                         |                           |
| Name  | sonoonaatoa groap .            |                |   | , mornation ab                     |   | EIN                         |                                  |                           |                           |
| Address   |                                |                |   |                                    |   |                             |                                  |                           |                           |
| E Check if any excepted   | specified foreign finan        | cial assets a  | re reported on this form.                             | See instructions                   | s   |                             |                                  |                           |                           |
| F Information about cert  | ain other partners (see        | e instruction  | s)  |                                    | 1   |                             |                                  |                           |                           |
| (1) Name  | 9                              |                | (2) Address   |                                    | (3) Identification n                                | umber                       |                                  | Check applic              | 1                         |
|   |                                |                | (   |                                    | (-,   |                             | Category 1                       | Category 2                | Constructive owner        |
|   |                                |                |   |                                    |   |                             |                                  |                           | <u> </u>                  |
| <b>G1</b> Name and address of f   | oreign partnership             |                |   |                                    |   |                             | 2(a) EIN                         | L<br>(if any)             | <u> </u>                  |
| ALTAS PARTNERS HO   | 0 1 1                          | LP             |   |                                    |   |                             |                                  | 3-146214                  | 18                        |
|   |                                |                |   |                                    |   |                             | 2(b) Refe                        | rence ID nu               | umber                     |
| 79 WELLINGTON STR   | EET WEST, SUIT                 | E 3500         |   |                                    |   |                             | N/A                              |                           |                           |
| TORONTO, CANADA M   | 5K 1K7                         |                |   |                                    |   |                             | 3 Country                        | under who                 | ose laws organized        |
| Date of   | Dringing all place             |                | Dvincinal hysicas                                     | Dringing law                       |   | Fund                        | CANADA                           | - Evek                    |                           |
| 4 organization 5  | Principal place<br>of business |                | 6 activity code number                                | 7 Principal bus                    | siness  | 8a Funct                    |                                  | 8b (see i                 | ange rate<br>nstructions) |
| U. Drovido the following i  | nformation for the for         | aign nartnar   | ahin'a tay yaart                                      |                                    |   |                             |                                  |                           |                           |
| <ul> <li><u>H</u> Provide the following i</li> <li>1 Name, address, and id</li> </ul> |                                |                |   | 2 Check if th                      | ne foreign partnersh                                | in must fil                 | ٥.                               |                           |                           |
| N/A   |                                | agent (n ai    |   |                                    | orm 1042  | Form 880                    |                                  | ☐ Form 10                 | 65                        |
|   |                                |                |   |                                    | enter where Form 10                                 | )<br>065 is filed           | :                                |                           |                           |
|   |                                |                |   |                                    |   |                             |                                  |                           |                           |
| 3 Name and address of f   | oreign partnership's a         | agent in cou   | ntry of organization, if any                          | y <b>4</b> Name and a partnership, | ddress of person(s) with<br>and the location of suc | n custody of<br>h books and | the books and<br>records, if dif | l records of th<br>ferent | ie foreign                |
| N/A   |                                |                |   | N/A                                |   |                             |                                  |                           |                           |
|   |                                |                |   |                                    |   |                             |                                  |                           |                           |
| E During the touring  |                                |                |   |                                    |   |                             |                                  |                           |                           |
| • • •   | • .                            |                | accrue any interest or ro<br>istructions              |                                    | •   |                             | •                                | Yes                       | No                        |
|   |                                |                | ctions  |                                    |   |                             |                                  | res<br>\$                 |                           |
|   |                                |                | ined in Regulations section                           |                                    |   |                             |                                  | Yes                       | No                        |
|   | ocations made by the           |                |   |                                    |   |                             |                                  | Yes                       |                           |
| 8 Enter the number of   | Forms 8858, Informat           | tion Return    | of U.S. Persons With Res                              |                                    |   |                             |                                  |                           |                           |
| (FDEs) and Foreign I  | Branches (FBs), attach         | ned to this re | eturn. See instructions                               |                                    |   |                             | ►                                |                           |                           |
| 9 How is this partners  | hip classified under th        | e law of the   | country in which it's org                             | anized?                            |   | 🕨                           |                                  |                           |                           |
| 10 a Does the filer have a  | •                              |                |   | , ,                                | • • • • •   |                             |                                  |                           |                           |
|   | Reg. 1.1503(d)-1(b)(4          | ) or part of   | a combined separate unit                              | under Reg. 1.15                    | 503(d)-1(b)(4)(ii)?                                 | f "No,"                     |                                  |                           |                           |
|   |                                |                | init have a dual consolida                            |                                    |   |                             | 🕨                                | └── Yes                   | No                        |
|   | (5)(1)0                        |                |   |                                    |   |                             |                                  | Yes                       | No                        |
| Reg. 1.1503(d)-1(b)<br>11 Does this partnershi  | p meet <b>both</b> of the fol  |                | irements?   |                                    | <br>د   |                             | 💌                                |                           |                           |
|   |                                |                | re less than \$250,000.                               |                                    |   |                             |                                  |                           |                           |
|   | •                              | 5              | d of the tax year was less                            | s than \$1 million                 |   |                             | ►                                | Yes                       | No                        |
|   | ete Schedules L, M-1,          |                |   |                                    |   |                             |                                  |                           |                           |
| LHA For Privacy Act a   | nd Paperwork Reduct            | ion Act Noti   | ce, see the separate ins                              | tructions.                         |   |                             |                                  |                           | Form 8865 (2020)          |

010651 11-17-20

| Form 886                  | 65 (2                                    | 020)       | GREATER MILWAUKEE FOUNDA   | TION,      | INC.   |                            |                |                | 39         | 9-60      | 36407       |                    | Page <b>2</b>      |
|---------------------------|--|------------|--|------------|--|----------------------------|----------------|----------------|------------|-----------|-------------|--------------------|--------------------|
| 12 a                      | ls th                                    | e filer of | this Form 8865 claiming a foreign-de   | rived inta | angible income deduction (u  | nder section 2             | 50) with resp  | ect to         |            |           |             |                    |                    |
|                           | any a                                    | amounts    | listed on Schedule N?  |            | · · · · · · · · · · · · · · · · · · ·  |                            |                |                | 🕨          |           | Yes         |                    | No                 |
|                           |  |            | the amount of gross income derived   |            |  |                            |                |                |            |           |             |                    |                    |
|                           | from                                     | n transact | ions with or by the foreign partnershi   | p that th  | e filer included in its compu  | tation of foreig           | n-derived de   | duction        |            |           |             |                    |                    |
|                           | 0  |            |  |            |  |                            |                |                | 🕨          | ▶ _       |             |                    |                    |
|                           |  |            | the amount of gross income derived   | from a li  | cense of property to or by th  | he foreign part            | nership that t | he             |            |           |             |                    |                    |
|                           |  |            |  |            |  |                            |                |                | 🕨          | ▶ _       |             |                    |                    |
|                           |  |            | the amount of gross income derived   |            |  |                            | -              |                |            |           |             |                    |                    |
|                           |  |            | s computation of FDDEI   |            |  |                            |                |                | 🎙          |           |             |                    |                    |
|                           |  |            | nber of foreign partners subject to see  |            |  | •                          |                |                |            |           |             |                    |                    |
|                           |  |            | ip or of receiving a distribution from t   |            |  |                            |                |                | P          | -         |             |                    |                    |
|                           |  | -          | uring the tax year were any transfers  |            |  | -                          |                |                |            |           | Yes         |                    |                    |
|                           |  |            | of Regulations section 1.707-8?<br>ny transfers of property or money with                      |            | ar pariad batwaan the parts  |                            |                |                | ····· •    |           | Yes         |                    | _ No               |
|                           |  |            | quire disclosure under Regs. 1.707-3   | -          |  |                            |                |                |            |           |             |                    |                    |
|                           |  |            | lue of each transfer, and an explanation   |            |  |                            |                | , uio          |            |           | Yes         |                    | No                 |
|                           |  |            | ership assume a liability or receive pr  |            |  |                            |                |                |            |           |             |                    |                    |
|                           |  | •          | od of transferring the property to the p   |            | , ,  |                            | 5              | •              |            |           |             |                    |                    |
|                           | -  |            | r value of each transfer, the debt assu  |            |  |                            | ,              |                |            | ►□        | Yes         |                    | No                 |
| Sign Here                 |  |            | nalties of perjury, I declare that I have examinand complete. Declaration of preparer (other t |            |  |                            |                |                |            |           |             |                    |                    |
| if You're Fi<br>This Form | -  | conect, a  | and complete. Declaration of preparer (other   | nan gener  | a partner or infined liability comp  | any member) is c           | ased on an mor | mation of w    | men pre    | parer i   | as any ki   | lowledge.          |                    |
|                           | Paid Print/Type preparer's name Preparer |            |  |            |  |                            |                |                |            |           |             |                    |                    |
|                           |  | Si         | gnature of general partner or limited liability o  |            |  |                            |                |                |            |           |             | Date               |                    |
| Paid                      |  | Print/Type | e preparer's name  | Prepa      | rer's signature  |                            | Date           | Che            |            | if        | PTIN        |                    |                    |
| Prepa                     | rer                                      |            |  |            |  |                            |                | self           | -employe   | ed        |             |                    |                    |
| Use                       |  | Firm's n   |  |            |  |                            |                | Firm's E       | IN 🕨       |           |             |                    |                    |
| Only                      |  | Firm's a   | ddress ►   | Phone no   |  |                            |                |                |            |           |             |                    |                    |
| Sched                     | ماييل                                    |            | Constructive Ownership   | f Dort     | norchin Intoract Ch  | aak tha ha                 | voo that ar    |                | ha fila    | Jr If 1   | (ou ob      |                    |                    |
| Schet                     | Juie                                     | Ä          |  |            | f <b>Partnership Interest.</b> Check the boxes that apply to the ress, and U.S. taxpayer identification number (if any) of the |                            |                |                |            | •         |             |                    |                    |
|                           |  |            | interest you constructively  |            |  |                            |                | iy) or u       | e per      | 5011(3    | 5) 1110     | 30                 |                    |
|                           |  |            | <b>a</b> X Owns a direct interest  | 0          | b  |                            | constructive i | intarast       |            |           |             |                    |                    |
|                           |  |            |  |            | U  |                            |                | Interest       |            |           |             | Check if           | Check if           |
|                           |  |            | Name   |            | Address  |                            |                | Identificat    | ion numb   | oer (if a | ny)         | foreign<br>person  | direct<br>partner  |
|                           |  |            |  |            |  |                            |                |                |            |           |             | P                  | P                  |
|                           |  |            |  |            |  |                            |                |                |            |           |             |                    |                    |
| Scheo                     | dule                                     | A-1        | Certain Partners of Foreig   | ın Part    | nership (see instruct  | tions)                     |                |                |            |           |             |                    |                    |
|                           |  |            |  |            |  |                            |                |                |            |           |             |                    | Check if           |
|                           |  |            | Name   |            | Address  |                            |                | Iden           | tification | numbe     | er (if any) |                    | foreign<br>person  |
|                           |  |            |  |            |  |                            |                |                |            |           |             |                    |                    |
|                           |  |            |  |            |  |                            |                |                |            |           |             |                    |                    |
| Scheo                     | dule                                     | A-2        | Foreign Partners of Section  | on 721     |  | instruction                | ,              |                |            |           |             |                    |                    |
| Name o                    |  | gn         | Address  |            | Country of<br>organization   | U.S. tax<br>identification |                | Check if re    |            |           | Percer      | tage intere        | st                 |
| par                       | tner                                     |            |  |            | (if any)   | (if ar                     | y)             | U.S. tran      | steror     | 0         | Capital     | P                  | rofits             |
|                           |  |            |  |            |  |                            |                |                |            |           |             | %                  | %                  |
|                           |  |            |  |            |  |                            |                |                |            | <u> </u>  |             | %                  | %                  |
|                           | · ·                                      |            | ave any other foreign person as a dire   |            |  |                            |                |                | <u></u>    |           | es          |                    | No                 |
| Sched                     | aule                                     | A-3        | Affiliation Schedule. List a direct interest or indirect                                       |            |  | omestic) in v              | which the f    | oreign         | barthe     | ersnij    | own         | 5                  |                    |
|                           |  |            |  | , 0,0115   |  |                            | I              |                |            |           |             |                    | Check i            |
|                           |  |            | Name   |            | Address  |                            |                | EIN<br>(if any | )          |           |             | rdinary<br>or loss | foreign<br>partner |
|                           |  |            |  |            |  |                            |                | ,              |            |           |             |                    | ship               |
|                           |  |            |  |            |  |                            |                |                |            |           |             |                    |                    |
|                           |  |            |  |            |  |                            |                |                |            |           |             | Form <b>88</b>     | <b>5</b> (2020)    |

010652 11-17-20

## **SCHEDULE O** (Form 8865)

(Rev. December 2018)

| Transfer of Property to a Foreign Partnership<br>(Under Section 6038B) |
|--|
| •                                |

OMB No. 1545-1668

|       | Attach to  | Form 8865. | See the I | nstructions | for Form   | 8865.       |
|-------|------------|------------|-----------|-------------|------------|-------------|
| Go to | www.irs.go | v/Form8865 | for instr | uctions and | the latest | information |

| Department of the Tre<br>Internal Revenue Serv  |   | ► Go t  | o www.irs.gov/Form  | 8865 for instruction                                  | and the latest inf                          | ormation.                        |             |                   |                            |
|---|---|---|---|---|---|----------------------------------|-------------|-------------------|----------------------------|
| Name of transfero   | r                                       | MILWAUKEE   | FOUNDATION, INC   |   |   | Filer's iden<br>39–60            |             | nber              |                            |
| Name of foreign p   |   |   | ,<br>ERS HOLDINGS II  |   | EIN (if a<br>98-1-                          |                                  |             | ce ID numb        | oer (see instr)            |
| <ul> <li>b If "Yes," wa</li> <li>2 Was any in time therea</li> </ul>                              | s the gain deferra<br>tangible property | I method appl<br>transferred co<br>ontribution as | ship (as defined in Temp<br>ied to avoid the recogniti<br>onsidered or anticipated t<br>defined in Regulations so<br>tion 60388 | on of gain upon the con<br>o be, at the time of the t | tribution of property?<br>ransfer or at any | ,                                | Ē           | Yes<br>Yes<br>Yes | No     No     No     No    |
| Type of property  | (a)<br>Date of<br>transfer              | (b)<br>Description<br>of property                 | (c)<br>Fair market value<br>on date of transfer   | (d)<br>Cost or other<br>basis                         | (e)<br>Recovery period                      | (f)<br>Section 7<br>allocation n |             | Gain re           | (g)<br>cognized<br>ransfer |
| Cash  | 12/31/20                                |   | 505,955.  |   |   |                                  |             |                   |                            |
| Stock, notes<br>receivable<br>and payable,<br>and other<br>securities                             |   |   |   |   |   |                                  |             |                   |                            |
| Inventory   |   |   |   |   |   |                                  |             |                   |                            |
| Tangible<br>property<br>used in trade<br>or business  |   |   |   |   |   |                                  |             |                   |                            |
| Intangible<br>property<br>described in<br>section<br>197(f)(9)                                    |   |   |   |   |   |                                  |             |                   |                            |
| Intangible<br>property, other<br>than intangible<br>property<br>described in<br>section 197(f)(9) |   |   |   |   |   |                                  |             |                   |                            |
| Other<br>property   |   |   |   |   |   |                                  |             |                   |                            |
| Totals  |   |   | 505,955.  |   |   |                                  |             |                   |                            |
| 3 Enter the tr  | ansferor's percen                       | tage interest i                                   | n the partnership: (a) Be   | fore the transfer                                     | .3222 %                                     | (b) Afte                         | r the trans | fer               | .3167 %                    |

Supplemental Information Required To Be Reported (see instructions):

| Part II Dispos             | sitions Reportable                     | Under Section 603             | 38B                             |   |  |                                     |  |
|----------------------------|--|-------------------------------|---------------------------------|---|--|-------------------------------------|--|
| (a)<br>Type of<br>property | (b)<br>Date of<br>original<br>transfer | (c)<br>Date of<br>disposition | (d)<br>Manner of<br>disposition | (e)<br>Gain<br>recognized by<br>partnership | (f)<br>Depreciation<br>recapture<br>recognized<br>by partnership | (g)<br>Gain allocated<br>to partner | (h)<br>Depreciation<br>recapture allocated<br>to partner |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
| Part III Is any            | transfor reported a                    | h this schodule ou            | hight to goin room              | nition under costion O                      | $\frac{1}{1}$  | f)(E)(E)2                           | Ves X No   |
| Fait III IS ally           | •                                      |                               | , ,                             |   | 04(f)(3) or section 904(   |                                     | Yes X No   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

010661 04-01-20

| 0005   |  | Retur         | n of U.S. Pers                             | ons With                           | Respect to   |                        |                                  | ОМВ                       | No. 1545 <b>-</b> 1668    |
|--|--|---------------|--|------------------------------------|--|------------------------|----------------------------------|---------------------------|---------------------------|
| Form <b>ÖÖD</b>  |  |               | Certain Foreic<br>Attach to                | your tax return.                   | ersnips  |                        |                                  |                           |                           |
|  |  |               | w.irs.gov/Form8865 for                     | instructions and                   | d the latest information                                 | on.                    |                                  |                           | 2020                      |
| Department of the Treasury<br>Internal Revenue Service |  | Into          | ormation furnished for th<br>beginning JAN | 0 1                                | rship's tax year<br>, and ending DEC 3                   | 1                      | 2020                             | Attac                     | chment<br>ience No. 865   |
| Name of person filing t                                | his return   |               | beginning office                           | - , 2020,                          |  | -                      | , <u>lolo</u><br>s identificat   |                           |                           |
|  |  |               |  |                                    |  | 3.9                    | 9-603640                         | 7                         |                           |
| GREATER MILW   | AUKEE FOUNDATION,  | INC.          |  |                                    |  |                        |                                  |                           |                           |
| Filer's address (if you a                              | ren't filing this form with y                            | your tax ret  | urn)                                       | A Category c                       | of filer (see Categories of F                            | i <b>l</b> ers in the  | instructions                     | and check app             | licable box(es)):         |
|  |  |               |  | Filer's tax                        | 2  | 3                      | X                                | 4                         |                           |
|  |  |               |  | D beginning                        | JANI   | , 202<br>,             | , and end                        |                           | 31 , 2020                 |
|  | lities: Nonrecourse \$                                   |               |  | recourse financii                  | <u> </u>   |                        | Other                            | \$                        |                           |
|  | of a consolidated group bu                               | ut not the p  | arent, enter the following                 | g information abo                  | out the parent:  | EIN                    |                                  |                           |                           |
| <u>Name</u><br>Address                                 |  |               |  |                                    |  |                        |                                  |                           |                           |
|  | ed specified foreign financ                              | ial assets a  | re reported on this form.                  | See instructions                   | S  |                        |                                  |                           |                           |
|  | ertain other partners (see                               |               |  |                                    |  |                        |                                  |                           |                           |
|  |  |               |  |                                    |  |                        | (4)                              | Check applica             | able box(es)              |
| (1) N  | ame  |               | (2) Address                                |                                    | (3) Identification nur                                   | nber                   | Category 1                       | Category 2                | Constructive owner        |
|  |  |               |  |                                    |  |                        |                                  |                           |                           |
|  |  |               |  |                                    |  |                        |                                  |                           |                           |
| G1 Name and address of DIGITAL ALPHA F                 | • • •  |               |  |                                    |  |                        | 2(a) EIN                         | (IT any)<br>8–153224      | 17                        |
| DIGITAL ALPHA F  | UND II-A LF  |               |  |                                    |  |                        |                                  | rence ID nu               |                           |
| 3535 EXECUTIVE   | TERMINAL DR., STE  | 110           |  |                                    |  |                        | N/A                              |                           |                           |
|  | 89052  |               |  |                                    |  |                        | 3 Country                        | under who                 | se laws organized         |
|  |  |               |  |                                    |  |                        | CAYMAN                           | ISLANDS                   | -                         |
| 4 Date of<br>organization                              | 5 Principal place<br>of business                         |               | 6 Principal business activity code number  | 7 Principal bus<br>activity        | siness 8   | Funct<br>currer        |                                  | 8b Excha                  | ange rate<br>nstructions) |
|  | CAYMAN ISLANDS   |               | 523900                                     | INVESTINIG                         | US   | D                      |                                  |                           | .000000                   |
|  | ng information for the forei                             |               |  |                                    | · · · · ·  |                        |                                  |                           |                           |
| 1 Name, address, and N/A                               | l identification number of a                             | agent (if an  | y) in the United States                    |                                    | ne foreign partnership<br>orm 1042                       | must fil<br>Form 880   |                                  | ☐ Form 10                 | 0 F                       |
| N/A  |  |               |  |                                    | enter where Form 106                                     |                        |                                  |                           | 55                        |
|  |  |               |  | E-FILE                             |  | 5 13 mcu               | •                                |                           |                           |
| 3 Name and address                                     | of foreign partnership's ag                              | gent in cour  | ntry of organization, if an                | y <b>4</b> Name and a partnership, | ddress of person(s) with c<br>and the location of such l | ustody of<br>books and | the books and<br>records, if dif | l records of th<br>ferent | e foreign                 |
| MAPLES CORPORAT  | E SERVICES LIMITE  | D             |  | N/A                                |  |                        |                                  |                           |                           |
| PO BOX 309   |  |               |  |                                    |  |                        |                                  |                           |                           |
| ,  | RAND CAYMAN CAYM   |               |  |                                    |  |                        |                                  |                           |                           |
| • •  | ar, did the foreign partners                             |               |  |                                    |  |                        |                                  |                           | <u> </u>                  |
|  | leduction under section 26                               |               |  |                                    |  |                        |                                  | ⊥ Yes<br>¢                | No                        |
|  | total amount of the disallo<br>a section 721(c) partners |               |  |                                    | (14)2  |                        |                                  | φ<br>Yes                  | X No                      |
|  | allocations made by the fo                               |               |  |                                    |  |                        | •                                | Ves                       |                           |
|  | of Forms 8858, Informatio                                | • •           | •    |                                    |  |                        |                                  |                           |                           |
| (FDEs) and Foreig                                      | gn Branches (FBs), attache                               | ed to this re | turn. See instructions                     |                                    |  |                        | ►                                |                           | 0                         |
| 9 How is this partne                                   | ership classified under the                              | law of the    | country in which it's org                  | anized?                            |  | 🕨                      | LTD PAR                          | INERSHIE                  | <b>)</b>                  |
|  | e an interest in the foreign                             |               |  |                                    |  |                        |                                  |                           |                           |
| ·  | er Reg. 1.1503(d)-1(b)(4)                                | or part of a  | a combined separate unit                   | t under Reg. 1.15                  | 503(d)-1(b)(4)(ii)? If "                                 | No,"                   |                                  | <u> </u>                  | <u> </u>                  |
| skip question 10b                                      |  |               |  |                                    |  |                        | ►                                | Ves                       | No                        |
|  | separate unit or combined                                | -             |  |                                    |  |                        | •                                |                           |                           |
| Reg. 1.1503(d)-1<br>11 Does this partner               | ship meet <b>both</b> of the follo                       |               | rements?                                   |                                    | <br>۲  |                        | 💌                                | L Yes                     | L No                      |
| •  | ip's total receipts for the ta                           | • •           |  |                                    |  |                        |                                  |                           |                           |
| •  | ne partnership's total asset                             | -             |  | s than \$1 million                 | . }  |                        | ►                                | Yes                       | No                        |
|  | nplete Schedules L, M-1, a                               |               |  |                                    |  |                        |                                  |                           |                           |
| LHA For Privacy Act                                    | t and Paperwork Reductio                                 | on Act Noti   | ce, see the separate ins                   | tructions.                         |  |                        |                                  |                           | Form 8865 (2020)          |

010651 11-17-20

| Form 88                  | 865 (2   | 020)      | GREATER MILWAUKEE FOUNDA  | TION,       | INC.                                  |                             |                |           | :               | 39-60                                | 036407                 |            | F     | Page <b>2</b>                   |
|--------------------------|----------|-----------|---|-------------|---------------------------------------|-----------------------------|----------------|-----------|-----------------|--------------------------------------|------------------------|------------|-------|---------------------------------|
| 12 a                     | ls th    | e filer o | f this Form 8865 claiming a foreign-de  | rived inta  | angible income deduction (u           | nder section 2              | 50) with re    | spect t   | :0              |                                      |                        |            |       |                                 |
|                          | anya     | amount    | s listed on Schedule N?   |             | · · · · · ·                           |                             |                |           |                 | ▶ [                                  | Yes                    | ; [        | Х     | No                              |
| b                        | lf "Y    | es," ente | er the amount of gross income derived   | from sal    | es, leases, exchanges, or oth         | ner disposition             | s (but not     | license   | s)              |                                      |                        |            |       |                                 |
|                          | from     | n transa  | ctions with or by the foreign partnershi  | p that th   | e filer included in its comput        | tation of foreig            | n-derived of   | deducti   | ion             |                                      |                        |            |       |                                 |
|                          | eligil   | ble inco  | me (FDDEI)  |             |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
| C                        | lf "Y    | es," ente | er the amount of gross income derived   | from a li   | cense of property to or by th         | ne foreign part             | nership tha    | at the    |                 |                                      |                        |            |       |                                 |
|                          | filer    | include   | d in its computation of FDDEI   |             |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
| d                        | lf "Y    | es," ente | er the amount of gross income derived   | from ser    | vices provided to or by the f         | foreign partner             | ship that th   | he filer  |                 |                                      |                        |            |       |                                 |
|                          | inclu    | ided in i | ts computation of FDDEI   |             |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
| 13                       |          |           | mber of foreign partners subject to see   |             |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
|                          |          |           | hip or of receiving a distribution from   |             |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
| 14                       | At ar    | ny time   | during the tax year were any transfers  | between     | the partnership and its partr         | ners subject to             | the disclo     | sure      |                 | -                                    |                        |            |       |                                 |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      | Yes                    | ; [        | Х     | No                              |
| 15 a                     |          |           | any transfers of property or money wit  | -           |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
|                          |          |           | equire disclosure under Regs. 1 707-3   |             |                                       |                             |                |           |                 | . г                                  | <b>_</b>               | г          | v     |                                 |
|                          |          |           | alue of each transfer, and an explanation   |             |                                       |                             |                |           |                 |                                      | Yes                    | i L        | X     | No                              |
| b                        |          | •         | nership assume a liability or receive pr<br>iod of transferring the property to the j |             |                                       | 2                           |                |           |                 |                                      |                        |            |       |                                 |
|                          | -        | · ·       | or value of each transfer, the debt assu  |             |                                       | , ,                         |                |           |                 |                                      | Yes                    | . [        | x     | No                              |
| Sign Here                |          | Under     | penalties of perjury, I declare that I have exami                                     | ned this re | turn, including accompanying sch      | edules and state            | ments, and to  | o the bes | st of my know   |                                      | and belief,            | it is true | <br>, | NU                              |
| if You're I<br>This Form |          | correct   | , and complete. Declaration of preparer (other  | than gener  | al partner or limited liability compa | any member) is b            | ased on all ir | nformatio | on of which p   | reparer                              | <sup>r</sup> has any k | nowledg    | е.    |                                 |
| Separate                 | y and    |           |   |             |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
| Not With<br>Tax Retur    |          |           | Signature of general partner or limited liability                                     | company n   | nember                                |                             |                |           |                 |                                      |                        | Date       |       |                                 |
| Paid                     |          | Print/Ty  | pe preparer's name  | Prepa       | rer's signature                       |                             | Date           |           | Check           | if                                   | PTIN                   |            |       |                                 |
| Prepa                    | arer     |           |   |             |                                       |                             |                |           | self-emplo      | oyed                                 |                        |            |       |                                 |
| Use                      |          | Firm's    | name 🕨  |             |                                       |                             |                | Fir       | m's EIN 🕨       | •                                    |                        |            |       |                                 |
| Only                     |          | Firm's    | address ►   |             |                                       |                             |                | Ph        | ione no.        |                                      |                        |            |       |                                 |
|                          |          |           |   |             | _                                     |                             |                |           |                 |                                      |                        |            |       |                                 |
| Sche                     | dule     | A         | Constructive Ownership  |             |                                       |                             |                |           |                 |                                      | •                      |            |       |                                 |
|                          |          |           | box <b>b</b> , enter the name, add  |             |                                       | tification nu               | umber (if      | any)      | of the pe       | erson                                | (s) who                | ose        |       |                                 |
|                          |          |           | interest you constructively   | own. S      | F                                     |                             |                |           |                 |                                      |                        |            |       |                                 |
|                          |          |           | a X Owns a direct interest  |             | b                                     | Owns a                      | constructiv    | e inter   | est             |                                      |                        | Check      | if (  | Check if                        |
|                          |          |           | Name  |             | Address                               |                             |                | Ider      | ntification nu  | mber (if                             | any)                   | foreig     | n     | direct                          |
|                          |          |           |   |             |                                       |                             |                | person    |                 |                                      |                        |            | n I   | partner                         |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        |            | -     |                                 |
| Sche                     | dule     | A-1       | Certain Partners of Foreig  | n Part      | nership (see instruct                 | tions)                      |                |           |                 |                                      |                        |            |       |                                 |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        |            |       | Check if                        |
|                          |          |           | Name  |             | Address                               |                             |                |           | Identificatio   | on num                               | ber (if any)           |            |       | foreign<br>person               |
| -                        |          |           |   |             |                                       |                             |                |           |                 |                                      |                        |            |       | . <u> </u>                      |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        |            |       |                                 |
| Sche                     | dule     | A-2       | Foreign Partners of Section   | on 721      | (c) Partnership (see                  | instruction                 | s)             |           |                 |                                      |                        |            |       |                                 |
| Name                     | of forei | ign       | Address   |             | Country of<br>organization            | U.S. taxp<br>identification |                |           | ck if related t | :0                                   | Perce                  | ntage int  | erest |                                 |
| pa                       | rtner    |           | Address   |             | (if any)                              | (if an                      |                | U.        | S. transferor   |                                      | Capital                |            | Prof  | its                             |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        | %          |       | %                               |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        | %          |       | %                               |
|                          | · ·      |           | have any other foreign person as a dir  |             |                                       |                             |                |           |                 |                                      | Yes                    |            |       | No                              |
| Sche                     | dule     | A-3       | Affiliation Schedule. List  |             |                                       | omestic) in v               | which the      | e fore    | ign partr       | nersh                                | ip owr                 | S          |       |                                 |
|                          |          |           | a direct interest or indirect   | y owns      | a 10% interest.                       |                             | <b>.</b>       |           |                 |                                      |                        |            |       |                                 |
|                          |          |           | Name  |             | Address                               |                             |                |           | EIN             |                                      |                        | ordinary   |       | Check if<br>foreign<br>partner- |
|                          |          |           |   |             |                                       |                             |                |           | (if any)        | any) income or loss partner-<br>ship |                        |            |       |                                 |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        |            |       | ──                              |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        | _          |       | <u> </u>                        |
|                          |          |           |   |             |                                       |                             |                |           |                 |                                      |                        | Form 8     | 8865  | (2020)                          |

010652 11-17-20

## SCHEDULE O (Form 8865)

(Rev. December 2018)

| Transfer of Propert | y to a Foreign | Partnership |
|---------------------|----------------|-------------|
| (Under              | Section 6038B) | •           |

OMB No. 1545-1668

| Department of the Tre<br>Internal Revenue Serv  | easury<br>vice                          | ► Go t                            | o www.irs.gov/Form  | 8865 for instruction                               | s and the la                      | atest inform                   | ation.                            |           |             |                            |                |
|---|---|-----------------------------------|---|--|-----------------------------------|--------------------------------|-----------------------------------|-----------|-------------|----------------------------|----------------|
| Name of transfero   | r                                       | MTIWAIIKEE                        |   |  |                                   |                                | Filer's ident                     |           | mber        |                            |                |
| Name of foreign p   |   |                                   | FOUNDATION, INC<br>HA FUND II-A LP  | •  |                                   | <b>EIN (if any)</b><br>98–1532 | 1                                 |           | ice ID numl | ber (se                    | e instr)       |
| <ul><li>b If "Yes," wa</li><li>2 Was any in</li></ul>   | s the gain deferra<br>tangible property | al method appli<br>transferred co | ship (as defined in Temp<br>ied to avoid the recogniti<br>insidered or anticipated t<br>defined in Regulations si | on of gain upon the co<br>o be, at the time of the | ntribution of p<br>transfer or at | oroperty?<br>any               |                                   | [<br>     | Yes Yes     | X                          | No<br>No<br>No |
|   | ansfers Reporta                         |                                   |   |  |                                   |                                |                                   |           |             |                            |                |
| Type of property  | (a)<br>Date of<br>transfer              | (b)<br>Description<br>of property | (c)<br>Fair market value<br>on date of transfer   | (d)<br>Cost or other<br>basis                      | (e<br>Recover                     | e)<br>y period                 | (f)<br>Section 70<br>allocation m |           |             | (g)<br>ecogniz<br>transfer | ed             |
| Cash  | 12/31/20                                |                                   | 405,852.  |  |                                   |                                |                                   |           |             |                            |                |
| Stock, notes<br>receivable<br>and payable,<br>and other<br>securities                             |   |                                   |   |  |                                   |                                |                                   |           |             |                            |                |
| Inventory   |   |                                   |   |  |                                   |                                |                                   |           |             |                            |                |
| Tangible<br>property<br>used in trade<br>or business  |   |                                   |   |  |                                   |                                |                                   |           |             |                            |                |
| Intangible<br>property<br>described in<br>section<br>197(f)(9)                                    |   |                                   |   |  |                                   |                                |                                   |           |             |                            |                |
| Intangible<br>property, other<br>than intangible<br>property<br>described in<br>section 197(f)(9) |   |                                   |   |  |                                   |                                |                                   |           |             |                            |                |
| Other<br>property   |   |                                   |   |  |                                   |                                |                                   |           |             |                            |                |
| Totals  |   |                                   | 405,852.  |  |                                   |                                |                                   |           |             |                            |                |
| 3 Enter the tr  | ansferor's percer                       | ntage interest i                  | n the partnership: (a) Bet  | fore the transfer                                  | .0000                             | %                              | (b) After                         | the trans | fer         | .73                        | 20 %           |

Supplemental Information Required To Be Reported (see instructions):

| Part II Dispos   | sitions Reportable                     | Under Section 60              | 38B                             |   |  |                                     |  |  |  |  |
|--|--|-------------------------------|---------------------------------|---|--|-------------------------------------|--|--|--|--|
| (a)<br>Type of<br>property   | (b)<br>Date of<br>original<br>transfer | (c)<br>Date of<br>disposition | (d)<br>Manner of<br>disposition | (e)<br>Gain<br>recognized by<br>partnership | (f)<br>Depreciation<br>recapture<br>recognized<br>by partnership | (g)<br>Gain allocated<br>to partner | (h)<br>Depreciation<br>recapture allocated<br>to partner |  |  |  |
|  |  |                               |                                 |   |  |                                     |  |  |  |  |
|  |  |                               |                                 |   |  |                                     |  |  |  |  |
|  |  |                               |                                 |   |  |                                     |  |  |  |  |
|  |  |                               |                                 |   |  |                                     |  |  |  |  |
| Part III Is any  | transfer reported of                   | on this schedule su           | bject to gain recog             | nition under section 90                     | 04(f)(3) or section 904(   | f)(5)(F)? ►                         | Yes X No   |  |  |  |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865. Schedule O (Form 8865) 12-2018 |  |                               |                                 |   |  |                                     |  |  |  |  |

010661 04-01-20

| 0005   | Retu  | rn of U.S. Perso<br>Certain Foreigi          | ons With                    | Respect to  |                 |                         | OMB           | No. 1545 <b>-</b> 1668    |
|--|---|--|-----------------------------|---|-----------------|-------------------------|---------------|---------------------------|
| Form <b>8865</b>                                       |   |  |                             |   |                 |                         |               |                           |
|  |   | w.irs.gov/Form8865 for in                    |                             | d the latest informatio                                   | n.              |                         |               | 2020                      |
| Department of the Treasury<br>Internal Revenue Service |   | ormation furnished for the beginning JAN 1   | • •                         | and ending DEC 31   | 1               | 2020                    | Attac         | hment<br>ence No. 865     |
| Name of person filing this r                           | l<br>return   | Deginining OAN I                             | , 2020                      | , and ending DEC 5.                                       | 1               | , 2020<br>s identificat |               |                           |
| Name of percent ming the f                             |   |  |                             |   |                 | 9-603640                |               |                           |
| GREATER MILWAUK  | KEE FOUNDATION, INC.  |  |                             |   |                 |                         |               |                           |
| Filer's address (if you aren'                          | t filing this form with your tax re                                       | turn)  | A Category of               | of filler (see Categories of Fil                          | ers in the      | instructions a          | nd check app  | olicable box(es)):        |
|  |   |  | 1                           | 2   | 3               | X                       | 4             |                           |
|  |   |  | B Filer's tax<br>beginning  | JAN 1   | 202             | 0, and endi             | ng DEC        | 31 , 2020                 |
| <b>C</b> Filer's share of liabilities                  | · · · · · · · · · · · · · · · · · · ·                                     | Qualified nonre                              |                             | 0   |                 | Other                   | \$            |                           |
|  | consolidated group but not the p  | parent, enter the following i                | nformation abo              |   | - 181           |                         |               |                           |
| Name   |   |  |                             |   | EIN             |                         |               |                           |
| Address<br>E Check if any excepted s                   | pecified foreign financial assets a                                       | are reported on this form. S                 | See instruction             | <u> </u>  |                 |                         |               |                           |
|  | in other partners (see instruction  |  |                             |   |                 |                         |               | ·····                     |
|  |   |  |                             |   |                 | (4)                     | Check applica | able box(es)              |
| (1) Name   |   | (2) Address                                  |                             | (3) Identification num                                    | ber             | Category 1              | Category 2    | Constructive owner        |
|  |   |  |                             |   |                 |                         |               |                           |
|  |   |  |                             |   |                 |                         |               |                           |
| G1 Name and address of fo                              | reign partnership   |  |                             |   |                 | 2(a) EIN (              |               |                           |
| LAKESTAR III LP  |   |  |                             |   |                 |                         | -147313       | -                         |
| EAST WING, TRAFALO                                     |   |  |                             |   |                 | Z(D) Hele<br>N/A        | rence ID nu   | imper                     |
| LES BANQUIES , ST.                                     |   | 7 GY1 3                                      |                             |   |                 |                         | under who     | se laws organized         |
| ,  |   |  |                             |   |                 | GUERNSE                 |               | oo lawo organizoo         |
| 4 Date of organization 5 d                             | Principal place<br>of business  | 6 Principal business<br>activity code number | 7 Principal bus<br>activity | siness 8a   | Funct<br>currer |                         | 8b Excha      | ange rate<br>hstructions) |
|  | RNSEY   |  | NVESTMENT                   | EUI   |                 | ,                       | (             | .877190                   |
| H Provide the following in                             | formation for the foreign partne  | rship's tax year:                            | 1                           |   |                 |                         |               |                           |
| · · ·  | ntification number of agent (if ar  | ny) in the United States                     |                             | ne foreign partnership                                    |                 |                         | 7             |                           |
| N/A  |   |  |                             |   | orm 88(         |                         | Form 10       | 65                        |
|  |   |  | Service Ce                  | enter where Form 1065                                     | is filed        |                         |               |                           |
| 3 Name and address of fo                               | preign partnership's agent in cou   | ntry of organization if any                  | Name and a                  | ddress of person(s) with cu<br>and the location of such b | istody of       | the books and           | records of th | e foreign                 |
| LAKESTAR III (G.P.                                     | 01 1 0  | ing of organization, if any                  |                             | NANCIAL SERVICI   |                 |                         | erent         |                           |
| EAST WING, TRAFALO                                     | AR COURT  |  | EAST WING                   | , TRAFALGAR COU   | JRT             |                         |               |                           |
| LES BANQUES, ST. E                                     | PETER PORT GUERNSEY   |  | LES BANQU                   | ES, ST. PETER 1   | PORT            | GUERNSEY                |               |                           |
|  | lid the foreign partnership pay or  |  | -                           |   |                 |                         |               |                           |
|  | ction under section 267A? See in  |  |                             |   |                 |                         | Yes           | X No                      |
|  | amount of the disallowed dedu   |  |                             |   |                 |                         | \$ <b>.</b>   | <b>v</b>                  |
|  | ection 721(c) partnership, as def   |  |                             |   |                 |                         | X Yes         | X No                      |
|  | cations made by the foreign part<br>Forms 8858, Information Return        |  |                             | Disrogardod Entitios                                      |                 | ····· ►                 | T Yes         | No                        |
|  | ranches (FBs), attached to this r   |  |                             |   |                 |                         |               | 0                         |
|  | ip classified under the law of the  |  |                             |   |                 |                         | NERSHIP       | ,                         |
|  | interest in the foreign partnersh   |  |                             |   |                 |                         |               |                           |
| separate unit under R                                  | eg. 1.1503(d)-1(b)(4) or part of  | a combined separate unit u                   | inder Reg. 1.15             | 503(d)-1(b)(4)(ii)? If "N                                 | lo,"            |                         |               |                           |
|  |   |  |                             |   |                 | ►                       | Yes           | X No                      |
| <b>b</b> If "Yes," does the sepa                       | arate unit or combined separate   | unit have a dual consolidate                 | ed loss, as defi            | ned in  |                 |                         |               |                           |
| Reg. 1.1503(d)-1(b)(                                   | ,                                   |  |                             |   |                 | ►                       | Yes           | No                        |
|  | meet <b>both</b> of the following requ                                    |  |                             | ]   |                 |                         |               |                           |
|  | total receipts for the tax year we<br>artnership's total assets at the er |  | han \$1 million             | >   |                 | ⊾                       | Yes           | No                        |
|  | te Schedules L, M-1, and M-2.   | ia oi tiio tax yoal was 1055 t               | anan yn minion              | • ]   |                 | ····· ►                 |               |                           |
|  | d Paperwork Reduction Act Noti  | ce, see the separate instri                  | uctions.                    | -   |                 |                         |               | Form <b>8865</b> (2020    |
| -  |   |  |                             |   |                 |                         |               |                           |

010651 11-17-20

| Form 88                  | 865 (2         | 020)          | GREATER MILWAUKEE FOUNDA   | TION,       | INC.                           |                          |             |          |                | 39-6                         | 50364      | 07                |                 | Page <b>2</b>       |
|--------------------------|----------------|---------------|--|-------------|--------------------------------|--------------------------|-------------|----------|----------------|------------------------------|------------|-------------------|-----------------|---------------------|
| 12 a                     | ls th          | e filer o     | f this Form 8865 claiming a foreign-de   | rived inta  | angible income deduction (u    | nder section 2           | 50) with re | spect    | to             |                              |            |                   |                 |                     |
|                          | any a          | amount        | s listed on Schedule N?  |             | - · ·                          |                          | ·           |          |                |                              | , I        | Yes               | X               | No                  |
| b                        | If "Ye         | es," ente     | r the amount of gross income derived   | from sal    | es, leases, exchanges, or oth  | ner disposition          | s (but not  | license  | es)            |                              |            |                   |                 |                     |
|                          | from           | n transad     | tions with or by the foreign partnershi  | p that th   | e filer included in its comput | ation of foreig          | n-derived o | deduct   | ion            |                              |            |                   |                 |                     |
|                          | eligil         | ble inco      | me (FDDEI)   |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
| C                        | lf "Ye         | es," ente     | r the amount of gross income derived   | from a li   | cense of property to or by th  | ne foreign part          | nership tha | at the   |                |                              |            |                   |                 |                     |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
| d                        |                |               | r the amount of gross income derived   |             |                                |                          | -           |          |                |                              |            |                   |                 |                     |
|                          |                |               | ts computation of FDDEI  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
| 13                       |                |               | mber of foreign partners subject to see  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
|                          |                |               | hip or of receiving a distribution from t  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
| 14                       |                | -             | during the tax year were any transfers   |             |                                |                          |             |          |                |                              | <b>—</b> , |                   | X               | No                  |
| 15 0                     |                |               | s of Regulations section 1.707-8?  |             | ar pariod batwaan the parts    |                          |             |          |                |                              |            | Yes               | A               | ] NO                |
| 15 a                     |                |               | equire disclosure under Regs. 1.707-3  |             |                                |                          |             |          | 2              |                              |            |                   |                 |                     |
|                          |                |               | alue of each transfer, and an explanation  |             | ,                              | , ,                      |             |          | ,<br>          |                              | <b></b> ,  | Yes               | x               | No                  |
| b                        |                |               | nership assume a liability or receive pr   |             |                                | •                        |             |          |                | 1                            |            |                   | L               |                     |
| -                        |                |               | od of transferring the property to the   |             |                                | 5                        |             |          |                |                              |            |                   |                 |                     |
|                          | the a          |               | or value of each transfer, the debt assu   |             |                                |                          |             |          |                |                              |            | Yes               | X               | No                  |
| Sign Here<br>if You're F |                |               | enalties of perjury, I declare that I have exami<br>and complete. Declaration of preparer (other |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
| This Form                | 1 <sup>-</sup> |               |  | andri gener |                                |                          |             | inormat. |                | oropai                       |            | .,                | ougo.           |                     |
| Separatel<br>Not With    |                |               |  |             |                                |                          |             |          |                |                              | _          | ) _               |                 |                     |
| Tax Retur                | n.             |               | Signature of general partner or limited liability  |             |                                |                          |             | PTIN     | Dat            | te                           |            |                   |                 |                     |
| Paid                     |                | Print/Ty      | pe preparer's name   | Prepa       | rer's signature                |                          | Date        |          | Check          | i                            | f          |                   |                 |                     |
| Prepa                    | arer           | <b>F</b> 1 1. |  |             |                                |                          |             |          | self-empl      |                              |            |                   |                 |                     |
| Use                      |                | Firm's        |  |             |                                |                          |             |          | rm's EIN 🖡     |                              |            |                   |                 |                     |
| Only                     |                | Firm's        | address ►  |             |                                |                          |             |          | none no.       |                              |            |                   |                 |                     |
| Sche                     | dule           | A             | Constructive Ownership   | of Part     | nership Interest. Ch           | eck the box              | kes that a  |          | , to the f     | iler.                        | lf vou     | chec              | k               |                     |
|                          |                |               | box <b>b</b> , enter the name, add   |             |                                |                          |             |          |                |                              | -          |                   |                 |                     |
|                          |                |               | interest you constructively  |             |                                |                          | ,           | ,        |                |                              | ( )        |                   |                 |                     |
|                          |                |               | <b>a</b> X Owns a direct interest  |             | b                              | Owns a                   | constructiv | ve inter | rest           |                              |            |                   |                 |                     |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            |                   | neck if         | Check if            |
|                          |                |               | Name   |             | Address                        |                          |             | Ide      | ntification nu | imber (                      | (if any)   |                   | oreign<br>erson | direct<br>partner   |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
|                          |                |               | r  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
| Sche                     | dule           | A-1           | Certain Partners of Foreig   | on Part     | nership (see instruct          | tions)                   |             |          |                |                              |            |                   |                 |                     |
|                          |                |               | Name   |             | Address                        |                          |             |          | Identificati   | on nur                       | mber (if a | any)              |                 | Check if<br>foreign |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            |                   |                 | person              |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
| Sche                     | ماريله         | Δ-2           | Foreign Partners of Section  | on 721      | (c) Partnershin (see           | instruction              |             |          |                |                              |            |                   |                 |                     |
| Name                     |                |               |  | 511721      | Country of                     | U.S. tax                 | bayer       | Ch       | eck if related | to                           | Pe         | ercentage         | e interes       | t                   |
|                          | irtner         | gn            | Address  |             | organization<br>(if any)       | identificatior<br>(if an |             |          | S. transferor  |                              | Capita     |                   |                 | ofits               |
|                          |                |               |  |             | (                              | (** ==**                 | ,,          |          |                |                              |            | %                 |                 | %                   |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            | %                 |                 | %                   |
| Does the                 | e part         | nership       | have any other foreign person as a dir   | ect partn   | er?                            |                          |             |          |                | Ľ                            | Yes        | , 3               |                 | No                  |
| Sche                     | · ·            |               | Affiliation Schedule. List   |             |                                | mestic) in v             | which the   | e fore   | eign part      | ners                         |            | wns               |                 |                     |
|                          |                |               | a direct interest or indirect  | y owns      | a 10% interest.                |                          |             |          | _              |                              |            |                   |                 |                     |
| _                        |                |               | Namo   |             |                                |                          |             |          | EIN            |                              |            | ta <b>l</b> ordir |                 | Check if<br>foreign |
|                          |                |               | Name   |             |                                |                          |             |          | (if any)       | f anv) income or loss partne |            |                   |                 | partněr-<br>ship    |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            |                   |                 | $\perp$             |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            |                   |                 |                     |
|                          |                |               |  |             |                                |                          |             |          |                |                              |            | For               | m 886           | <b>5</b> (2020)     |

| SCHE  | DULE  | 0 |
|-------|-------|---|
| (Form | 8865) |   |

(Rev. December 2018)

| Transfer of Property | y to a  | Foreign           | Partnership |
|----------------------|---------|-------------------|-------------|
| (Under               | Sectior | n 6038 <b>B</b> ) | •           |

OMB No. 1545-1668

|  | ► At | tach | to | Form | 8865. | See | the | Instructions | for | Form 8865 | 5. |
|--|------|------|----|------|-------|-----|-----|--------------|-----|-----------|----|
|--|------|------|----|------|-------|-----|-----|--------------|-----|-----------|----|

| Department of the Tre<br>Internal Revenue Serv  | easury<br>vice                          | ► Go t                            | o www.irs.gov/Form  | 8865 for instructions                                    | and the la                      | atest inform                    | ation.                             |          |         |                   |                          |                |
|---|---|-----------------------------------|---|--|---------------------------------|---------------------------------|------------------------------------|----------|---------|-------------------|--------------------------|----------------|
| Name of transfero   | r                                       | MILWAUKEE                         | FOUNDATION INC  | 1  |                                 |                                 | Filer's ident                      |          | umber   |                   |                          |                |
| Name of foreign p   |   | KESTAR II                         | ,   | •  |                                 | <b>EIN (if any)</b><br>98–1473: |                                    |          | ence ID | numt              | er (se                   | ee instr)      |
| <ul><li>b If "Yes," wa</li><li>2 Was any in</li></ul>   | s the gain deferra<br>tangible property | l method appl<br>transferred co   | ship (as defined in Temp<br>ied to avoid the recognit<br>onsidered or anticipated<br>defined in Regulations s | ion of gain upon the cont<br>to be, at the time of the t | tribution of p<br>ransfer or at | roperty?                        |                                    |          |         | (es<br>(es<br>(es |                          | No<br>No<br>No |
|   | ransfers Reportab                       |                                   |   |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Type of property  | (a)<br>Date of<br>transfer              | (b)<br>Description<br>of property | (c)<br>Fair market value<br>on date of transfer   | (d)<br>Cost or other<br>basis                            | (e<br>Recover                   |                                 | (f)<br>Section 70<br>allocation me |          |         | Gain re           | (g)<br>cogniz<br>ransfer | ed             |
| Cash  | 12/31/20                                |                                   | 290,238.  |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Stock, notes<br>receivable<br>and payable,<br>and other<br>securities                             |   |                                   |   |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Inventory   |   |                                   |   |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Tangible<br>property<br>used in trade<br>or business  |   |                                   |   |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Intangible<br>property<br>described in<br>section<br>197(f)(9)                                    |   |                                   |   |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Intangible<br>property, other<br>than intangible<br>property<br>described in<br>section 197(f)(9) |   |                                   |   |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Other<br>property   |   |                                   |   |  |                                 |                                 |                                    |          |         |                   |                          |                |
| Totals  |   |                                   | 290,238.  |  |                                 |                                 |                                    |          |         |                   |                          |                |
| 3 Enter the tr  | ansferor's percen                       | tage interest i                   | n the partnership: (a) Be   | fore the transfer  | .6845                           | %                               | (b) After                          | the tran | nsfer   |                   | .66                      | 74 %           |

Supplemental Information Required To Be Reported (see instructions):

| Part II Dispo              | sitions Reportable                     | Under Section 60              | 38B                             |   |  |                                     |  |
|----------------------------|--|-------------------------------|---------------------------------|---|--|-------------------------------------|--|
| (a)<br>Type of<br>property | (b)<br>Date of<br>original<br>transfer | (c)<br>Date of<br>disposition | (d)<br>Manner of<br>disposition | (e)<br>Gain<br>recognized by<br>partnership | (f)<br>Depreciation<br>recapture<br>recognized<br>by partnership | (g)<br>Gain allocated<br>to partner | (h)<br>Depreciation<br>recapture allocated<br>to partner |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
| Part III Is any            | transfer reported c                    | on this schedule su           | bject to gain recog             | nition under section 90                     | 04(f)(3) or section 904(   | f)(5)(F)? ►                         | Yes X No   |
|                            | Doduction Act Not                      | ing and the Instru            | ations for Form Of              | Dee   |  | Cohodula                            | 0 (Earm 9965) 10 0010                                    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

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| Fern 8865  Fern 8865  Fern 8865  Fern 8865  Fern State of proceeding the statum  Fern and pro | 0065                          | Retu  | n of U.S. Perso              | ons With         | Respect to                     |            |                 | OMB             | No. 1545 <del>-</del> 1668 |  |  |
|---|-------------------------------|---|------------------------------|------------------|--------------------------------|------------|-----------------|-----------------|----------------------------|--|--|
| Developed and state Tensory         Information furnished for the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year         Developed and state of the foreign partnership's tax year <thdeveloped and="" of="" state="" td="" the<=""><td>Form <b>ÖÖDJ</b></td><td></td><td>Attach to y</td><td>our tax return.</td><td></td><td></td><td></td><td></td><td>000</td></thdeveloped>  | Form <b>ÖÖDJ</b>              |   | Attach to y                  | our tax return.  |                                |            |                 |                 | 000                        |  |  |
| International Sector 2         Deginning         JAN 1  |                               | ► Go to www.irs.gov/Form8865 for instructions and the latest information. |                              |                  |                                |            |                 |                 |                            |  |  |
| Name of person illing this return         Flort is contributed as a flore in the vehiculation number in 39 = 0.03 (model)         Second and the intervehiculation in the intervehiculation in the vehiculation in the vehiculati   |                               |   |                              | •                |                                | 1          | 2020            | Attac<br>Segu   | hment<br>Jence No. 865     |  |  |
| GREATER NITABURER FOUNDATION, INC.         A           File's address (If you aren't filing this form with your fax refurm)         A         Concern of the nee Gingories of File's in the view.come and check applicable toxicity           B         1         2         3         X         4         2020         X         4         X         2020         X <t< td=""><td></td><td>eturn</td><td>boginning official</td><td>, 2020</td><td></td><td>1</td><td>,</td><td></td><td></td></t<>   |                               | eturn   | boginning official           | , 2020           |                                | 1          | ,               |                 |                            |  |  |
| File*s address (if you aren't filing this form with your tax return)       A campyor of for sec Campone of files to fee under address of foreign files and ender address of foreign files and ender address of foreign partnership.       Other \$         0       File*s have of tabilities: Nonrecourse \$       Outlified foreign files/site of a consolidated group but not the parent, enter the following information about the parent.       Other \$       Other \$         0       If filer is a member of a consolidated group but not the parent, enter the following information about the parent.       E       Other \$       Other \$         0       If filer is a member of a consolidated group but not the parent, enter the following information about the parent.       E       Other \$       Other \$         0       If filer is a member of a consolidated group but not the parent.       (i) Address       E       (i) Check applicate builded         1       Name and address of foreign partnership       (i) Address       (i) Address       (ii) Address       (iii) Address       (iii) Address       2 (iii) File/shift Address       (iii) Address       2 (iii) File/shift Address       (iiii) Address       2 (iiii) File/shift Address       (iiii) Address       2 (iiii) File/shift Address       (iiii) Address       2 (iiiiii) File/shift Address       (iiiiiiii) File/shift Address       2 (iiiii) File/shift Address       2 (iiiiii) File/shift Address       2 (iiiiiii) Fi  |                               |   |                              |                  |                                | 39         | 9-603640        | 7               |                            |  |  |
| 1       2       3       X       4         1       1       2       3       X       1       2020         C       File's share of labilities: Nonecourse \$       Qualified nonrecourse financing \$       Other \$       Decision       2020         0       If the is a member of a consolidated group but not the parent, enter the following information about the parent:       ENA       Address       ENA         Address       E       Check if any excepted specified foreign financial assets are reported on this form, See instructions       EN       Address       Image: Second  | GREATER MILWAUK               | EE FOUNDATION, INC.   |                              |                  |                                |            |                 |                 |                            |  |  |
| B         Early by Yell         JAN 1         2020 (and ending)         DBC 31         202  | Filer's address (if you aren' | t filing this form with your tax re                                       | turn)                        | A Category of    | of filer (see Categories of Fi | ers in the | instructions a  | and check app   | olicable box(es)):         |  |  |
| C         Filter's stare of labilities: Nonrecourse if summary information about the parent.         Name         Outlifter oncreourse financial assets are reported on this form. See instructions         EN           Address         E         Check if any excepted specified foreign financial assets are reported on this form. See instructions         EN           Address         E         Check if any excepted specified foreign financial assets are reported on this form. See instructions         EN           If there is a member of a consolidated group but not the parent, enter the following information about the parent.         EN           Address         (i) harnification number         EN           (ii) none         (ii) harnification number         (iii) consequence howers           (iii) none         (iii) harnification number         (iii) consequence howers           (iii) none         (iii) harnification number         (iii) harnification number         (iii) harnification number           (iii) None         (iii) harnification number         (iiii) harnification number         (iiii) harnification number         (iiii) harnification number           (iii) None         (iiii) harnification number         (iiii) harnification number         (iiii) harnification number         (iiiii) harnification number           (iiii) None         (iiiii) harnification number of agent (if any) in the United States         7         Principal Dialineses         <   |                               |   |                              | 1                |                                |            |                 | 4               |                            |  |  |
| If Hier is a member of a consolidated group but not the parent, enter the following information about the parent:       EIN         Name       EIN         Address       EIN         Address       [9] Selectification number         (1) Name       [0] Selectification number         (2) Address       [9] Selectification number         (2) Reference 10 number       [2] Selectification number         (2) Reference 10 number       [2] Selectification number         (2) Reference 10 number       [2] Selectification number         (2) Name and address of foreign partnership       [6] Principal Base science         (2) Name and address of foreign partnership is agent in country of organization, if any UNASCHENES       [7] Principal Partnership         (2) Name and address of foreign partnership is agent in country of organization, if any UNASCHENES       [8] Rest CU UNAMER SENNINGRESERES         (2) Name and address of foreign partnership agent in country of organization, if any UNASCHENES       [8] Name and address of foreign partnership pay or accrue any interest or rest or solution of a schebasi and encortis of the foreign partnership agent in count  |                               |   |                              |                  | <sup>year</sup> JAN 1          | , 202      | 0 , and end     | ng DEC          | <u>31 , 2020</u>           |  |  |
| Name         EIN           Address         EIN           Address         EIN           Address         EIN           EInformation about certam other partners (see instructions)         Intomation about certam other partners (see instructions)           (?) Name         (2) Address           (2) Identification runner         Intomation about certam other partners (see instructions)           (2) Address         (2) Identification runner           (2) Entities (see instructions)         (2) Identification runner           (2) Control in the foreign partnership is tax year:         (2) Identification runner (see instructions)           (2) Control in the foreign partnership is tax year:         (2) Identification runner (see instructions)           (2) Control in the foreign partnership is tax year:         (2) Identification runner (see instructions)           (2) Cont if the foreign partnership is tax year:   |                               |   |                              |                  | 0                              |            | Other           | \$              |                            |  |  |
| Address   |                               | consolidated group but not the p  | parent, enter the following  | information abo  |                                |            |                 |                 |                            |  |  |
| Check if any excepted specified foreign financial assets are reported on this form. See instructions     (1) Name     (2) Address     (3) Mardification number     (4) Check applicable     (4) Check applicab     |                               |   |                              |                  |                                | EIN        |                 |                 |                            |  |  |
| Information about certain other partners (see instructions)     (1) Nerre     (2) Address     (2) Identification number     (2) Identification          |                               | agaified foreign financial accete   | are reported on this form    | Soo instruction  | <u></u>                        |            |                 |                 |                            |  |  |
| (1) Name       (2) Acdress       (3) Identification number       (4) Chards explorates to covere         (1) Name       (2) Acdress       (3) Identification number       Category 1       Category 2       Category 2       Category 1       Category 2       <   |                               | 0   |                              |                  | 5                              |            | <u></u>         | <u></u>         | <u></u>                    |  |  |
| Gl Name and address of foreign partnership         G1 Name and address of foreign partnership         G2 (a) EIN (if any)         9, RUE LOU HEMMER SENNINGERBERG         1/C6/2015   |                               |   | (5)                          |                  |                                |            | (4)             | Check applic:   | able box(es)               |  |  |
| ROCKET INTERNET CAPITAL PARTNERS SCS       98-1268470         2(b) Reference ID number       N/A         LUXEMBOURG L-1748       N/A         Date of d organization 01/06/2015       5 Principal place of 52300       7 Principal business activity code number 7 activity order number 7 activity under whose laws organized ULXEMBOURG         1/06/2015       LOXEMBOURG L-1748       80 a Currency bs       80 a Currency bs       80 b Exchange rate (I any) in the United States (I any) in the United Sta  | (1) Name                      |   | (2) Address                  |                  | (3) Identification num         | ber        | Category 1      | Category 2      | Constructive owner         |  |  |
| ROCKET INTERNET CAPITAL PARTNERS SCS       98-1268470         2(b) Reference ID number       N/A         LUXEMBOURG L-1748       N/A         Date of d organization 01/06/2015       5 Principal place of 52300       7 Principal business activity code number 7 activity order number 7 activity under whose laws organized ULXEMBOURG         1/06/2015       LOXEMBOURG L-1748       80 a Currency bs       80 a Currency bs       80 b Exchange rate (I any) in the United States (I any) in the United Sta  |                               |   |                              |                  |                                |            |                 |                 |                            |  |  |
| ROCKET INTERNET CAPITAL PARTNERS SCS       98-1268470         2(b) Reference ID number       N/A         LUXEMBOURG L-1748       N/A         Date of d organization 01/06/2015       5 Principal place of 52300       7 Principal business activity code number 7 activity order number 7 activity under whose laws organized ULXEMBOURG         1/06/2015       LOXEMBOURG L-1748       80 a Currency bs       80 a Currency bs       80 b Exchange rate (I any) in the United States (I any) in the United Sta  |                               |   |                              |                  |                                |            |                 |                 |                            |  |  |
| 8, RUE LOU HEMMER SENNINGERBERG       2(b) Reference ID number         LUXEMBOURG L-1748       N/A         4 provide the following information for the foreign partnership's tax year:       7 principal business         1 Name, address, and identification number of agent (if any) in the United States       7 principal business         N/A       Country under whose laws organized         N/A       Scountry under whose laws organized         1 Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:         N/A       Scountry under whose laws organized       .000000         H Provide the following information for the foreign partnership's tax year:       2 Check if the foreign partnership must file:         N/A       Service Center where form 1065 is filed:       .000000         Service Center where form 1065 is filed:   | G1 Name and address of fo     | reign partnership   |                              |                  |                                |            | <b>2(a)</b> EIN | (if any)        |                            |  |  |
| 8, RUE LOU HEMMER SENNINGERBERG       N/A         1/105/2015       LUXEMBOURG L-1748         2 degradization       5 of boinsess<br>organization       6 principal place<br>boinsess<br>pLUXEMBOURG       7 Principal business<br>place       7 principal business<br>place       8 place       Luxembourg         1/105/2015       JUXEMBOURG       6 principal place       6 principal business<br>place       7 principal business<br>place       8 place       Luxembourg         1/105/2015       JUXEMBOURG       6 principal place       7 principal business<br>place       7 principal business<br>place       8 place       Luxembourg       8 place       Form 1042       Form 1065       S pervise denotes and records of the foreign       Rume and address of person's whot busicky of the busicks and records of the foreign       Rume and address of person's whot busicky of the busicks and records of the foreign       Rume and address of person's whot busicks and records of the foreign       Rume and address of person's whot busicks and records of the foreign       Rume and address of person's whot busicks and records of the foreign       Rume and address of person's whot busicks and records of the foreign       Rume and address of person's whot busicks and records of the foreign       Rume and address of pere  | ROCKET INTERNET CA            | PITAL PARTNERS SCS  |                              |                  |                                |            |                 |                 |                            |  |  |
| LUXEMBOURG L-1748       3 Country under whose laws organized<br>UXEMBOURG         Date of<br>4 organization<br>01/06/2015       5 Principal place<br>of USAMBOURG       6 Principal business<br>for Subiness<br>UXEMBOURG       8a Functionel<br>UXEMBOURG       8b Exchange rate<br>(UXEMBOURG         1 Name, address, and identification number of agent (if any) in the United States<br>N/A       7 Principal business<br>for USAMBOURG       8a Form 1065<br>(UXEMBOURG       8a Form 1065<br>(UXEMBOURG         3 Name and address of foreign partnership's tax year:       1 Name, address of foreign partnership's agent in country of organization, if any<br>AZTEC FINANCIAL SERVICES (LUXEMBOURG)       2 Check if the foreign partnership with custory of the books and records of the foreign<br>partnership, and the and or person(b) with custory of the books and records, if different<br>AZTEC FINANCIAL SERVICES (LUXEMBOURG)         8 RUE LOU HAMMER SENNINGERBERG<br>/ LUXEMBOURG L-1748       8 RUE LOU HAMMER SENNINGERBERG<br>/ LUXEMBOURG L-1748       8 RUE LOU HAMMER SENNINGERBERG<br>/ LUXEMBOURG L-1748         5 During the tax year, did the foreign partnership ay or accrue any interest or royalty for which one or more partners<br>aren't allowed a deduction under section 26/A? See instructions       \$ S S S No         6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1/221(c)-1(b)(14)?       \$ Yes       No         9 How is this partnership classified under the law of the country in which it's organized?       LTD PARTNERSHIP       10 Dest the first ava an interest indicated to marker in the foreign partnership, as defined in Regulations section 1/221(c)-1(b)(14)?       Yes       N   |                               |   |                              |                  |                                |            | -(-)            | rence ID nu     | ımber                      |  |  |
| LUXEMBOURG           4 organization<br>0.1/06/2015         5 of business<br>of of business<br>putkembourg         7 principal business<br>factivity code number<br>523900         7 principal business<br>factivity business<br>1 Nover STMENTS         8a Functional<br>functional<br>USD         8b Exchange rate<br>fourmery         8b Exchange   | ,                             | SENNINGERBERG   |                              |                  |                                |            |                 | <u> </u>        | <u> </u>                   |  |  |
| A bate of droganization of bot bookiness but of bot bookiness in the process of a circle of a circle of bot bookiness in the process of the proces of the process of the process of the process of the p                               | LUXEMBOURG L-1748             |   |                              |                  |                                |            |                 |                 | se laws organized          |  |  |
| 01/06/2015       LUXEMBOURG       523900       INVESTMENTS       USD       .000000         H       Provide the following information for the foreign partnership's tax year:       1       1       Ame, address, and identification number of agent (if any) in the United States       2       Check if the foreign partnership must file:   | Date of                       | Principal place   | Principal business           |                  | siness                         | Funct      |                 | Excha           | ange rate                  |  |  |
| H       Provide the following information for the foreign partnership's tax year:         1       Name, address, and identification number of agent (if any) in the United States N/A       2       Check if the foreign partnership must file:       Form 1065         N/A       Form 1042       Form 1043       Form 1065 is filed:       E-FILE         3       Name and address of foreign partnership's agent in country of organization, if any ATTEC FINANCIAL SERVICES (LUXEMBOURG)       A Three and address of persone) with custody of the books and records, if different AZTEC FINANCIAL SERVICES (LUXEMBOURG)         8       RUE LOU HAMMER SENNINGERBERG       9       RUE LOU HAMMER SENNINGERBERG         5       During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions       >   |                               |   |                              | ,                |                                |            | су              | on (see i       | <i>'</i>                   |  |  |
| 1 Name, address, and identification number of agent (if any) in the United States       2 Check if the foreign partnership must file:         N/A   |                               |   |                              |                  |                                |            |                 | i               |                            |  |  |
| N/A   | v                             | · · ·   |                              | 2 Check if th    | ne foreign partnership         | must fil   | e:              |                 |                            |  |  |
| B       E-FILE         3 Name and address of foreign partnership's agent in country of organization, if any AZTEC FINANCIAL SERVICES (LUXEMBOURG)       Amene and address of person(s) with custody of the books and records, if different AZTEC FINANCIAL SERVICES (LUXEMBOURG)         8 RUE LOU HAMMER SENNINGERBERG       BUE LOU HAMMER SENNINGERBERG       BUE LOU HAMMER SENNINGERBERG <ul> <li>LUXEMBOURG L-1748</li> <li>During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions</li> <li>If Yes," enter the total amount of the disallowed deductions</li> <li>\$ section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?</li> <li>Yes</li> <li>Yes</li> <li>No</li> </ul> 7 Were any special allocations made by the foreign partnership?       Yes       No         8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions       0         9 How is this partnership classified under the law of the country in which it's organized?       LUD PARTNERSHIP         10 a Does the filer have an interest in the foreign partnership, or a in interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) (ii)?       Yes       No         11 Does the sparate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5(ii)?       Yes       No<  | , ,                           | Ű (   |                              |                  | ° ''                           |            |                 | ] Form 10       | 65                         |  |  |
| 3 Name and address of foreign partnership's agent in country of organization, if any AZTEC FINANCIAL SERVICES (LUXEMBOURG)       A mame and address of person(s) with outsody of the books and records of the foreign AZTEC FINANCIAL SERVICES (LUXEMBOURG)         8 RUE LOU HAMMER SENNINGERBERG       AZTEC FINANCIAL SERVICES (LUXEMBOURG)       B RUE LOU HAMMER SENNINGERBERG         . LUXEMBOURG L-1748       B RUE LOU HAMMER SENNINGERBERG       LUXEMBOURG L-1748         5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners       P remember of constructions       P res         If "Yes," enter the total amount of the disallowed deductions       S       P res       No         6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?       P res       No         8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions       0       0         9 How is this partnership classified under the law of the country in which it's organized?       LTD PARTNERSHIP       10 a Does the file have an interest in directly through the foreign partnership, skip question 10b       Yes       X No         11 Does this partnership's total assets at the end of the tax year was less than \$250,000.       The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.       No   |                               |   |                              | Service Ce       | enter where Form 1065          | 5 is filed | :               |                 |                            |  |  |
| 3 Mathe and address of foreign partnership sagent in country of organization, if any aztrees of such books and records, if different AZTEC FINANCIAL SERVICES (LUXEMBOURG)         8 RUE LOU HAMMER SENNINGERBERG       \$ RUE LOU HAMMER SENNINGERBERG         , LUXEMBOURG L-1748       \$ RUE LOU HAMMER SENNINGERBERG         5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners       \$ RUE LOU HAMMER SENNINGERBERG         if 'Yes," enter the total amount of the disallowed deductions       \$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$   |                               |   |                              |                  |                                |            |                 |                 |                            |  |  |
| 8 RUE LOU HAMMER SENNINGERBERG       8 RUE LOU HAMMER SENNINGERBERG         , LUXEMBOURG L-1748       9 RUE LOU HAMMER SENNINGERBERG         5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners       • • • • • • • • • • • • • • • • • • •  |                               | 5 1 1 5   | ntry of organization, if any | 4 partnership,   | and the location of such b     | ooks and   | records, if dif | ferent          | ie toreign                 |  |  |
| .       LUXEMBOURG L-1748         5       During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions   |                               |   |                              | -                |                                |            |                 | ;)              |                            |  |  |
| 5       During the tax year, did the foreign partnership pay or accrue any interest or royalty for which one or more partners aren't allowed a deduction under section 267A? See instructions   |                               |   |                              |                  |                                | JERBE!     | RG              |                 |                            |  |  |
| aren't allowed a deduction under section 267A? See instructions<br>If "Yes," enter the total amount of the disallowed deductions<br>Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?<br>Were any special allocations made by the foreign partnership?<br>Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities<br>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions<br>How is this partnership classified under the law of the country in which it's organized?<br>How is this partnership classified under the law of the country in which it's organized?<br>How is this partnership classified under the law of the country in which it's organized?<br>How is this partnership classified under the law of the country in which it's organized?<br>How is this partnership classified under the law of the country in which it's organized?<br>LTD PARTNERSHIP<br>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No,"<br>skip question 10b<br>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in<br>Reg. 1.1503(d)-1(b)(5)(ii)?<br>11 Does this partnership meet both of the following requirements?<br>1. The partnership's total receipts for the tax year were less than \$250,000.<br>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.<br>If "Yes," don't complete Schedules L, M-1, and M-2.   | <u>,</u>                      |   |                              | γ                |                                |            |                 |                 |                            |  |  |
| If "Yes," enter the total amount of the disallowed deductions       ▶         6       Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?       ▶       Yes       X       No         7       Were any special allocations made by the foreign partnership?       ▶       Yes       X       No         8       Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities<br>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions       ▶       0       9         9       How is this partnership classified under the law of the country in which it's organized?       ▶       LTD       PARTNERSHIP         10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b       ▶       Yes       X       No         b       I "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?       ▶       Yes       No         11       Does this partnership meet both of the following requirements?       1. The partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.       Yes       No   | • • •                         | • • • • • • •   |                              |                  | •                              |            | •               |                 | XNo                        |  |  |
| 6       Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?       ▶       Yes       X       No         7       Were any special allocations made by the foreign partnership?       ▶       Yes       X       No         8       Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities<br>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions       ●       0         9       How is this partnership classified under the law of the country in which it's organized?       ▶       LTD       PARTNERSHIP         10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b       ▶       Yes       X No         b       If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?       ▶       Yes       No         11       Does this partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.       ▶       Yes       No  |                               |   |                              |                  |                                |            |                 |                 |                            |  |  |
| <ul> <li>7 Were any special allocations made by the foreign partnership?</li> <li>Yes X No</li> <li>8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities <ul> <li>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>Momental Partnership classified under the law of the country in which it's organized?</li> <li>LTD PARTNERSHIP</li> </ul> </li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>Yes No</li> </ul> 11 Does this partnership total receipts for the tax year were less than \$250,000. <ul> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>   |                               |   |                              |                  |                                |            |                 |                 | X No                       |  |  |
| <ul> <li>8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities <ul> <li>(FDEs) and Foreign Branches (FBs), attached to this return. See instructions</li> <li>9 How is this partnership classified under the law of the country in which it's organized?</li> <li>LTD PARTNERSHIP</li> </ul> </li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>b Yes</li> <li>No</li> </ul> 11 Does this partnership's total receipts for the tax year were less than \$250,000. <ul> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>  |                               |   |                              |                  |                                |            |                 |                 |                            |  |  |
| <ul> <li>9 How is this partnership classified under the law of the country in which it's organized?</li> <li>LTD PARTNERSHIP</li> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No,"</li> <li>kip question 10b</li> <li>I "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>I Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>   | 8 Enter the number of F       | orms 8858, Information Return   |                              |                  |                                |            |                 |                 |                            |  |  |
| <ul> <li>10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No,"</li> <li>▶ Yes X No</li> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>▶ Yes No</li> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>  | (FDEs) and Foreign Bi         | ranches (FBs), attached to this r   | eturn. See instructions      |                  |                                |            | ►               |                 | 0                          |  |  |
| separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No,"<br>skip question 10b  Yes X No If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in<br>Reg. 1.1503(d)-1(b)(5)(ii)?  Yes No 10 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.<br>If "Yes," don't complete Schedules L, M-1, and M-2.  | 9 How is this partnershi      | ip classified under the law of the  | country in which it's orga   | nized?           |                                | . 🕨        | LTD PAR         | <b>FNERSHIP</b> | <u>&gt;</u>                |  |  |
| skip question 10b       ►       Yes       X No         b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in       ►       Yes       X No         11 Does this partnership meet both of the following requirements?       1. The partnership's total receipts for the tax year were less than \$250,000.       E       Yes       No         11 The value of the partnership's total assets at the end of the tax year was less than \$1 million.       F       Yes       No         11 The value of the partnership's total assets at the end of the tax year was less than \$1 million.       F       Yes       No   |                               |   |                              |                  |                                |            |                 |                 |                            |  |  |
| <ul> <li>b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?</li> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>  | •                             | eg. 1.1503(d)-1(b)(4) or part of  | a combined separate unit (   | under Reg. 1.15  | 503(d)-1(b)(4)(ii)? If "N      | Vo,"       |                 |                 |                            |  |  |
| Reg. 1.1503(d)-1(b)(5)(ii)? <ul> <li>Yes</li> <li>No</li> <li>Does this partnership meet both of the following requirements?</li> <li>The partnership's total receipts for the tax year were less than \$250,000.</li> <li>The value of the partnership's total assets at the end of the tax year was less than \$1 million.</li> <li>If "Yes," don't complete Schedules L, M-1, and M-2.</li> <li>Yes</li> <li>No</li> </ul> <li>No</li>   |                               |   |                              |                  |                                |            | ►               | Ves             | X No                       |  |  |
| <ul> <li>11 Does this partnership meet both of the following requirements?</li> <li>1. The partnership's total receipts for the tax year were less than \$250,000.</li> <li>2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.<br/>If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ul>   |                               |   |                              |                  |                                |            | •               |                 | · · · ·                    |  |  |
| <ol> <li>The partnership's total receipts for the tax year were less than \$250,000.</li> <li>The value of the partnership's total assets at the end of the tax year was less than \$1 million.<br/>If "Yes," don't complete Schedules L, M-1, and M-2.</li> </ol>  |                               | ,                                   |                              |                  | ·····                          |            | 🕨               | L Yes           |                            |  |  |
| 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.<br>If "Yes," don't complete Schedules L, M-1, and M-2.   |                               |   |                              |                  |                                |            |                 |                 |                            |  |  |
| If "Yes," don't complete Schedules L, M-1, and M-2.   | • •                           |   | . ,                          | than \$1 million | . >                            |            |                 |                 | No                         |  |  |
|   |                               |   |                              | ψυπ              | · J                            |            |                 | 103             |                            |  |  |
|   |                               |   | ce, see the separate instr   | uctions.         |                                |            |                 |                 | Form 8865 (2020)           |  |  |

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| Form 886                    | 65 (2  | 2020)      | GREATER MILWAUKEE FOUNDA   | TION,      | INC.                               |                     |                 |                            | 39        | -603        | 6407            |                   | Page <b>2</b>              |
|-----------------------------|--------|------------|--|------------|------------------------------------|---------------------|-----------------|----------------------------|-----------|-------------|-----------------|-------------------|----------------------------|
| 12 a                        | ls th  | e filer of | this Form 8865 claiming a foreign-de   | rived inta | angible income deduction (         | under section 2     | 50) with resp   | ect to                     |           |             |                 |                   |                            |
|                             | any a  | amounts    | s listed on Schedule N?  |            |                                    |                     |                 |                            | 🕨         | •           | Yes             | X                 | No                         |
| b                           | lf "Ye | es," ente  | r the amount of gross income derived   | from sal   | les, leases, exchanges, or of      | her disposition     | ns (but not lic | enses)                     |           |             |                 |                   |                            |
|                             | from   | n transad  | tions with or by the foreign partnersh   | ip that th | e filer included in its compu      | itation of foreig   | n-derived de    | duction                    |           |             |                 |                   |                            |
|                             | -      |            |  |            |                                    |                     |                 |                            | 🕨         | ▶ _         |                 |                   |                            |
| C                           | lf "Ye | es," ente  | r the amount of gross income derived   | from a li  | icense of property to or by t      | he foreign part     | nership that t  | he                         |           |             |                 |                   |                            |
|                             |        |            |  |            |                                    |                     |                 |                            | 🕨         | ▶ _         |                 |                   |                            |
|                             |        |            | r the amount of gross income derived   |            |                                    |                     | -               |                            |           |             |                 |                   |                            |
|                             |        |            | ts computation of FDDEI  |            |                                    |                     |                 |                            | 🕨         | • _         |                 |                   |                            |
|                             |        |            | mber of foreign partners subject to se   |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
|                             |        |            | hip or of receiving a distribution from  |            |                                    |                     |                 |                            | P         | ▶ _         |                 |                   |                            |
|                             |        | -          | during the tax year were any transfers   |            |                                    |                     |                 |                            |           |             | <b>7 v</b>      | X                 | <b>_</b> N.                |
|                             |        |            | s of Regulations section 1.707-8?  |            | oor pariad batwaap the part        |                     |                 |                            | ···· •    |             | Yes             | Δ                 | No                         |
|                             |        |            | equire disclosure under Regs. 1.707-3  |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
|                             |        |            | alue of each transfer, and an explanation  |            |                                    | , ,                 |                 | , 110                      |           |             | Yes             | X                 | No                         |
|                             |        |            | nership assume a liability or receive pr   |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
|                             |        |            | od of transferring the property to the   |            | , ,                                | 5                   | ,               |                            |           |             |                 |                   |                            |
|                             | -      |            | or value of each transfer, the debt assu   |            |                                    |                     | ,               |                            | •         | •           | Yes             | X                 | No                         |
| Sign Here (<br>if You're Fi |        |            | enalties of perjury, I declare that I have exami<br>and complete. Declaration of preparer (other |            |                                    |                     |                 |                            |           | 0           |                 |                   |                            |
| This Form                   | -      | correct,   | and complete. Declaration of preparer (other   | unan gener | a partier or infined liability com | barry member i is c |                 | initiation of wi           | lich pre  | Jarei na    | S ally Kild     | Jwiedge.          |                            |
| Separately<br>Not With Y    |        |            |  |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
| Tax Return                  |        |            | Signature of general partner or limited liability  | <u> </u>   |                                    |                     |                 |                            |           |             |                 | Date              |                            |
| Paid                        |        | Print/Typ  | pe preparer's name   | Prepa      | irer's signature                   |                     | Date            | Chec                       |           | _ if        | ΤIN             |                   |                            |
| Prepa                       | rer    | L          |  |            |                                    |                     |                 |                            | employe   | ed          |                 |                   |                            |
| Use                         |        | Firm's     |  |            |                                    |                     |                 | Firm's El                  |           |             |                 |                   |                            |
| Only                        |        | Firm's     | address ►  |            |                                    |                     |                 | Phone n                    | 0.        |             |                 |                   |                            |
| Schec                       | ماريا  | Δ          | Constructive Ownership   | of Part    | nershin Interest Cl                | heck the ho         | ves that ar     | l<br>Dalv to th            | ne file   | r lf v      | ou che          | eck               |                            |
| Conce                       | 1410   |            | box <b>b</b> , enter the name, add   |            | -                                  |                     |                 |                            |           | -           |                 |                   |                            |
|                             |        |            | interest you constructively  |            |                                    |                     |                 | ily) of the                | o por     | 5011(0)     | White           |                   |                            |
|                             |        |            | <b>a</b> X Owns a direct interest  |            | b                                  | Owns a              | constructive    | interest                   |           |             |                 |                   |                            |
|                             |        |            |  |            | -                                  |                     |                 |                            |           |             |                 | Check if          | Check if                   |
|                             |        |            | Name   |            | Address                            |                     |                 | Identificatio              | on numb   | er (if an   | y)              | foreign<br>person | direct<br>partner          |
|                             |        |            |  |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
|                             |        |            | -  |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
| Scheo                       | lule   | e A-1      | Certain Partners of Foreig   | gn Parl    | t <b>nership</b> (see instruc      | tions)              |                 |                            |           |             |                 |                   |                            |
|                             |        |            | Name   |            | Address                            |                     |                 | Identi                     | fication  | number      | (if any)        |                   | Check if<br>foreign        |
|                             |        |            | Name   |            | Address                            |                     |                 | lacita                     | neation   | number      | (ii ariy)       |                   | person                     |
|                             |        |            |  |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
|                             |        |            |  |            |                                    |                     | <u> </u>        |                            |           |             |                 |                   |                            |
| Sched                       |        |            | Foreign Partners of Section  | on 721     | (c) Partnership (see<br>Country of | e instruction       | ,               | 1                          |           |             |                 |                   |                            |
| Name of<br>part             |        | ign        | Address  |            | organization                       | identificatio       | n number        | Check if rel<br>U.S. trans |           |             |                 | age intere        |                            |
|                             |        |            |  |            | (if any)                           | (if ar              | iy)             |                            | 1         | Ua          | pital           | -                 | rofits                     |
|                             |        |            |  |            |                                    |                     |                 |                            | 1         |             |                 | %                 | %                          |
| Doop the                    | nort   | norobin    | have any other foreign person as a dir   | oot nort-  |                                    | 1                   |                 |                            |           |             |                 | %                 | <u>%</u>                   |
| Schec                       | ·      |            | have any other foreign person as a dir<br>Affiliation Schedule. List                             |            |                                    | omestic) in v       | which the t     | foreign n                  | <u></u> ∟ | Ye<br>Yshin |                 |                   | No                         |
| Conet                       | -416   | - A-0      | a direct interest or indirect  |            |                                    |                     |                 | oreigin p                  |           | Jun         | 0.0113          |                   |                            |
|                             |        |            |  | ,          |                                    |                     |                 | -1                         |           |             | Tat-1           | و در م مراله      | Çheçk i                    |
|                             |        |            | Name   |            | Address                            |                     |                 | EIN<br>(if any)            |           |             | Total or income |                   | foreign<br>partner<br>ship |
|                             |        |            |  |            |                                    |                     |                 |                            |           |             |                 |                   | Sub                        |
|                             |        |            |  |            |                                    |                     |                 |                            |           |             |                 |                   |                            |
|                             |        |            |  |            |                                    |                     | 1               |                            |           |             | F               | orm 886           | <b>5</b> (2020)            |

010652 11-17-20

#### **SCHEDULE O** (Form 8865)

| (Rev. December 2018)                                   |
|--|
| Department of the Treasury<br>Internal Revenue Service |
| Name of two seferes                                    |

# Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

| ļ | Attach | to Form | 8865. See | the Instruction | is for Form 8865. |
|---|--------|---------|-----------|-----------------|-------------------|
|---|--------|---------|-----------|-----------------|-------------------|

| Department of the Tre<br>Internal Revenue Serv  | asury<br>ice               | 🕨 Go t                            | o www.irs.gov/Form                                     | 8865 for instructions         | s and the la | atest inform                   | nation.                             |                |            |                               |
|---|----------------------------|-----------------------------------|--|-------------------------------|--------------|--------------------------------|-------------------------------------|----------------|------------|-------------------------------|
| Name of transfero   |                            |                                   |  |                               |              |                                | Filer's ident                       | ifying nu      | mber       |                               |
|   | GREATER                    | MILWAUKEE                         | FOUNDATION, INC  | •                             |              |                                | 39-603                              | 6407           |            |                               |
| Name of foreign pa  | artnership RO              | CKET INTE                         | RNET CAPITAL PAR                                       | TNERS SCS                     |              | <b>EIN (if any)</b><br>98–1268 | 470                                 | Referer<br>N/A | nce ID num | ber (see instr)               |
|   | -                          |                                   | ship (as defined in Temp<br>ied to avoid the recogniti |                               |              |                                | ee instructions                     | ;[             | Yes Yes    | X No<br>No                    |
| time therea   | fter, a platform c         | ontribution as                    | nsidered or anticipated t<br>defined in Regulations se |                               |              | -                              |                                     | [              | Yes        | X No                          |
| Part I Tr   | ansfers Reporta            | ble Under Sec                     | tion 6038B   |                               |              |                                |                                     |                | -          |                               |
| Type of property  | (a)<br>Date of<br>transfer | (b)<br>Description<br>of property | (c)<br>Fair market value<br>on date of transfer        | (d)<br>Cost or other<br>basis |              | e)<br>ry period                | (f)<br>Section 70-<br>allocation me |                |            | (g)<br>recognized<br>transfer |
| Cash  | 12/31/20                   |                                   | 386,563.   |                               |              |                                |                                     |                |            |                               |
| Stock, notes<br>receivable<br>and payable,<br>and other<br>securities                             |                            |                                   |  |                               |              |                                |                                     |                |            |                               |
| Inventory   |                            |                                   |  |                               |              |                                |                                     |                |            |                               |
| Tangible<br>property<br>used in trade<br>or business  |                            |                                   |  |                               |              |                                |                                     |                |            |                               |
| Intangible<br>property<br>described in<br>section<br>197(f)(9)                                    |                            |                                   |  |                               |              |                                |                                     |                |            |                               |
| Intangible<br>property, other<br>than intangible<br>property<br>described in<br>section 197(f)(9) |                            |                                   |  |                               |              |                                |                                     |                |            |                               |
| Other<br>property   |                            |                                   |  |                               |              |                                |                                     |                |            |                               |
| Totals  |                            |                                   | 386,563.   |                               |              |                                |                                     |                |            |                               |
| 3 Enter the tra   | ansferor's percer          | itage interest i                  | n the partnership: (a) Bet                             | ore the transfer              | .4830        | %                              | (b) After                           | the trans      | fer        | .4816 %                       |

Supplemental Information Required To Be Reported (see instructions):

| Part II Dispos             | sitions Reportable                     | Under Section 60              | 38B                             |   |  |                                     |  |  |  |
|----------------------------|--|-------------------------------|---------------------------------|---|--|-------------------------------------|--|--|--|
| (a)<br>Type of<br>property | (b)<br>Date of<br>original<br>transfer | (c)<br>Date of<br>disposition | (d)<br>Manner of<br>disposition | (e)<br>Gain<br>recognized by<br>partnership | (f)<br>Depreciation<br>recapture<br>recognized<br>by partnership | (g)<br>Gain allocated<br>to partner | (h)<br>Depreciation<br>recapture allocated<br>to partner |  |  |
|                            |  |                               |                                 |   |  |                                     |  |  |  |
|                            |  |                               |                                 |   |  |                                     |  |  |  |
|                            |  |                               |                                 |   |  |                                     |  |  |  |
|                            |  |                               |                                 |   |  |                                     |  |  |  |
| Part III Is any            | transfer reported c                    | on this schedule su           | bject to gain recog             | nition under section 90                     | 04(f)(3) or section 904(   | f)(5)(F)?                           | Yes X No   |  |  |
|                            |  |                               |                                 |   |  |                                     |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule 0 (Form 8865) 12-2018

| 0065   |                                     |               |   |             |                              | Respect to                           | )               |                              | OMB                  | No. 1545 <b>-</b> 1668    |
|--|-------------------------------------|---------------|---|-------------|------------------------------|--------------------------------------|-----------------|------------------------------|----------------------|---------------------------|
| Form <b>OOUJ</b>                                       |                                     |               |   | tach to yo  | our tax return.              |                                      | tion            |                              | 2                    | 2020                      |
|  |                                     |               | ormation furnishe                       |             |                              |                                      | tion.           |                              |                      | .020                      |
| Department of the Treasury<br>Internal Revenue Service |                                     |               | beginning                               | JAN 1       | • •                          | , and ending DEC                     | 31              | , 2020                       | Attao<br>Sequ        | ence No. 865              |
| Name of person filing thi                              | s return                            |               |   |             |                              |                                      | Filer           | s identificat                | ion numbe            | r                         |
|  |                                     |               |   |             |                              |                                      | 3               | 9-603640                     | 7                    |                           |
|  | UKEE FOUNDATION,                    |               |   |             |                              |                                      |                 |                              |                      |                           |
| Filer's address (if you are                            | en't filing this form with y        | your tax ret  | urn)                                    |             | A Category o                 | f filer (see Categories of           |                 |                              |                      | olicable box(es)):        |
|  |                                     |               |   |             | B Filer's tax y              | 2<br><sup>year</sup> JAN 1           | <u>3</u><br>202 |                              |                      | 31 2020                   |
| <b>C</b> Filer's share of liabilit                     | ies: Noprecourse &                  |               | 10.3 Qualifi                            | ind nonro   | beginning<br>course financir |                                      | , 202           | and endi , and endi<br>Other | iig                  | <u>, 2020</u>             |
| <b>D</b> If filer is a member of                       | ···· ··· ·                          | ut not the n  |   |             |                              | 0                                    |                 | Uner                         | φ                    |                           |
| Name   |                                     |               |   | nowing in   | inormation use               |                                      | EIN             |                              |                      |                           |
| Address  |                                     |               |   |             |                              |                                      | 1 2.11          |                              |                      |                           |
| E Check if any excepted                                | l specified foreign financ          | cial assets a | re reported on thi                      | is form. S  | ee instructions              | 3                                    |                 |                              |                      |                           |
| F Information about cer                                | rtain other partners (see           | instruction   | s)                                      |             |                              |                                      |                 |                              |                      |                           |
| (4) No.  |                                     |               | (0) <b>A</b> data a                     | _           |                              | (0) Islandification of               |                 | (4)                          | Check applic         | able box(es)              |
| (1) Nan  | ne                                  |               | (2) Addres                              | s           |                              | (3) Identification n                 | umber           | Category 1                   | Category 2           | Constructive owner        |
|  |                                     |               |   |             |                              |                                      |                 |                              |                      |                           |
|  |                                     |               |   |             |                              |                                      |                 |                              |                      |                           |
| G1 Name and address of                                 | • • •                               |               |   |             |                              |                                      |                 | 2(a) EIN                     | (IT any)<br>3–125739 | <b>N</b> 2                |
| STRIPES III OFFS:<br>C/O STRIPES GROU                  | ,                                   |               |   |             |                              |                                      |                 |                              | rence ID nu          | _                         |
| 402 W 13TH STREE                                       |                                     |               |   |             |                              |                                      |                 | N/A                          |                      |                           |
|  | 0014                                |               |   |             |                              |                                      |                 |                              | under who            | se laws organized         |
|  |                                     |               |   |             |                              |                                      |                 | CAYMAN :                     |                      | oo larto of gameoa        |
| 4 Date of organization                                 | Principal place<br>of business      |               | 6 Principal busin<br>activity code n    | umber       | Principal bus                | siness                               | 8a Funct        |                              | 8b Excha             | ange rate<br>nstructions) |
|  | AYMAN ISLANDS                       |               | 523900                                  |             | NVESTMENT                    | s u                                  | ISD             |                              | (                    | 1.000000                  |
| H Provide the following                                | information for the fore            | ign partner   | ship's tax year:                        |             |                              |                                      |                 |                              |                      |                           |
|  | dentification number of a           | agent (if an  | y) in the United S                      | tates       | 2 Check if th                | e foreign partnersh                  | ip must fil     |                              | _                    |                           |
| STRIPES GROUP. L                                       | LC                                  |               |   |             |                              | rm 1042                              | Form 880        |                              | Form 10              | 65                        |
|  |                                     |               |   |             | Service Ce                   | enter where Form 10                  | )65 is filed    | :                            |                      |                           |
| 2 Name and address of                                  | f foreign partnership's ac          | nont in cour  | try of organizatio                      | n if onv    | Name and a                   | ddress of person(s) with             | custody of      | the books and                | records of th        | ne foreign                |
| N/A  | i toreigir partnersnip s ag         | gent in cour  | niny of ofganizatio                     | in, ii any  | 1 · ·                        | and the location of such<br>ROUP LLC | h books and     | records, if dif              | ferent               |                           |
|  |                                     |               |   |             |                              | •                                    |                 |                              |                      |                           |
|  |                                     |               |   |             |                              |                                      |                 |                              |                      |                           |
| 5 During the tax year                                  | , did the foreign partners          | ship pay or   | accrue any intere                       | st or roya  | Ity for which a              | ne or more partners                  | 3               |                              |                      |                           |
| aren't allowed a de                                    | duction under section 26            | 67A? See in   | structions                              |             |                              |                                      |                 | ►                            | Yes                  | X No                      |
| If "Yes," enter the to                                 | otal amount of the disallo          | owed deduc    | tions                                   |             |                              |                                      |                 | ►                            | \$ <u></u>           | <u></u>                   |
| 6 Is the partnership a                                 | a section 721(c) partners           | ship, as defi | ned in Regulation                       | ns section  | 1.721(c)-1(b)                | (14)?                                |                 | ►                            | Yes                  | X No                      |
|  | llocations made by the fo           | • .           | • |             |                              |                                      |                 | ►                            | Yes                  | X No                      |
|  | of Forms 8858, Information          |               |   |             |                              |                                      |                 |                              |                      | 0                         |
|  | Branches (FBs), attache             |               |   |             |                              |                                      |                 |                              | <br>סדטי             | 0                         |
|  | ship classified under the           |               |   |             |                              |                                      |                 | FARINER                      | 5011                 |                           |
| 10 a Does the filer have                               | <sup>r</sup> Reg. 1.1503(d)-1(b)(4) |               |   |             |                              |                                      |                 |                              |                      |                           |
| skip question 10b                                      | 11000(u) 1(b)(4)                    | •             | ·                                       |             |                              | () ()()()                            | ,               |                              | Yes                  | X No                      |
|  | eparate unit or combined            |               |   |             |                              |                                      |                 |                              |                      |                           |
|  | )(5)(ii)?                           | -             |   |             |                              |                                      |                 | ►                            | Yes                  | No                        |
|  | nip meet <b>both</b> of the follo   |               |   |             |                              |                                      |                 | ····· F                      |                      |                           |
| •  | 's total receipts for the ta        |               |   | 000.        |                              |                                      |                 |                              |                      |                           |
| 2. The value of the                                    | partnership's total asset           | ts at the en  | d of the tax year v                     | was less tl | han <b>\$1</b> million.      | · /                                  |                 | ►                            | Yes                  | No                        |
|  | olete Schedules L, M-1, a           |               |   |             |                              | J                                    |                 |                              |                      |                           |
| LHA For Privacy Act a                                  | and Paperwork Reduction             | on Act Notic  | ce, see the separ                       | ate instru  | ictions.                     |                                      |                 |                              |                      | Form 8865 (2020)          |

010651 11-17-20

| Form 886                  | 65 (2           | 2020)        | GREATER MILWAUKEE FOUNDA   | TION,      | INC.                                 |                             |                 |                           | 39        | 9-603640            | 7                        | Page <b>2</b>       |
|---------------------------|-----------------|--------------|--|------------|--------------------------------------|-----------------------------|-----------------|---------------------------|-----------|---------------------|--------------------------|---------------------|
| 12 a                      | Is th           | e filer of   | this Form 8865 claiming a foreign-de   | rived inta | angible income deduction (u          | nder section 2              | 50) with resp   | ect to                    |           |                     |                          |                     |
|                           | any a           | amounts      | listed on Schedule N?  |            |                                      |                             |                 |                           | 🕨         | ► 🗌 Ye              | s 🛛                      | K No                |
| b                         | lf "Ye          | es," entei   | r the amount of gross income derived   | from sal   | les, leases, exchanges, or oth       | ner dispositior             | ns (but not lic | enses)                    |           |                     |                          |                     |
|                           | from            | n transac    | tions with or by the foreign partnersh   | p that th  | e filer included in its comput       | ation of foreig             | n-derived de    | duction                   |           |                     |                          |                     |
|                           | -               |              |  |            |                                      |                             |                 |                           | 🕨         | ▶                   |                          |                     |
| C                         | lf "Ye          | es," entei   | r the amount of gross income derived   | from a li  | icense of property to or by th       | ne foreign part             | nership that i  | the                       |           |                     |                          |                     |
|                           |                 |              |  |            |                                      |                             |                 |                           | 🕨         | ▶                   |                          |                     |
|                           |                 |              | r the amount of gross income derived   |            |                                      |                             | -               |                           |           |                     |                          |                     |
|                           |                 |              | s computation of FDDEI   |            |                                      |                             |                 |                           | 🕨         | ▶                   |                          |                     |
|                           |                 |              | nber of foreign partners subject to se   |            |                                      |                             |                 |                           |           |                     |                          |                     |
|                           |                 |              | nip or of receiving a distribution from  |            |                                      |                             |                 |                           | P         | ►                   |                          |                     |
|                           |                 | -            | luring the tax year were any transfers   |            |                                      |                             |                 |                           |           |                     |                          | × No                |
|                           |                 |              |  |            | aar pariad batwaan the parts         |                             |                 |                           |           | ► [] Ye             | es 🗳                     | K No                |
|                           |                 |              | ny transfers of property or money wit<br>equire disclosure under Regs. 1.707-3                   | -          |                                      | -                           |                 |                           |           |                     |                          |                     |
|                           |                 |              | alue of each transfer, and an explanation  |            | ,                                    | , ,                         |                 |                           |           | ► 🗌 Ye              |                          | K No                |
|                           |                 |              | ership assume a liability or receive pr  |            |                                      | •                           |                 | a partner w               |           |                     |                          |                     |
|                           |                 |              | od of transferring the property to the j   |            |                                      | 2                           | -               | •                         |           |                     |                          |                     |
|                           | -               |              | or value of each transfer, the debt assu   |            |                                      |                             |                 |                           | Ĺ         | ► 🗌 Ye              | s 🛛                      | K No                |
| Sign Here<br>if You're Fi |                 |              | enalties of perjury, I declare that I have exami<br>and complete. Declaration of preparer (other |            |                                      |                             |                 |                           |           | 0                   |                          |                     |
| This Form                 |                 | correct,     | and complete. Declaration of preparer (other   | nan gener  | a partner or infined liability compa | any member) is b            | ased on all mo  | mation or w               | nich pre  | parer nas any       | knowledge.               |                     |
| Separately<br>Not With Y  |                 |              |  |            |                                      |                             |                 |                           |           | 🕨                   |                          |                     |
| Tax Return                | ı.              |              | ignature of general partner or limited liability   | <u> </u>   |                                      |                             |                 |                           |           |                     | Date                     |                     |
| Paid                      |                 | Print/Typ    | e preparer's name  | Prepa      | irer's signature                     |                             | Date            | Che                       |           | if PTIN             |                          |                     |
| Prepa                     | rer             |              |  |            |                                      |                             |                 |                           | employe   | ed                  |                          |                     |
| Use                       |                 | Firm's ı     |  |            |                                      |                             |                 | Firm's E                  |           |                     |                          |                     |
| Only                      |                 | Firm's a     | address ►  |            |                                      |                             |                 | Phone n                   | 0.        |                     |                          |                     |
| Scheo                     | ماريلا          | Δ            | Constructive Ownership   | of Part    | nershin Interest Ch                  | eck the ho                  | ves that ar     | l<br>aply to th           | ne file   | r If you o          | heck                     |                     |
| Control                   |                 |              | box <b>b</b> , enter the name, add   |            | -                                    |                             |                 |                           |           | -                   |                          |                     |
|                           |                 |              | interest you constructively  |            |                                      |                             |                 | ,                         | - 1       | (-)                 |                          |                     |
|                           |                 |              | <b>a</b> X Owns a direct interest  |            | ь                                    | Owns a                      | constructive    | interest                  |           |                     |                          |                     |
|                           |                 |              |  |            |                                      |                             |                 | interoot                  |           |                     | Check i                  |                     |
|                           |                 |              | Name   |            | Address                              |                             |                 | dentificati               | on numb   | oer (if any)        | foreign<br>person        |                     |
|                           |                 |              |  |            |                                      |                             |                 |                           |           |                     |                          |                     |
|                           |                 |              |  |            |                                      |                             |                 |                           |           |                     |                          |                     |
| Scheo                     | dule            | e A-1        | Certain Partners of Foreig   | in Parl    | t <b>nership</b> (see instruct       | tions)                      |                 |                           |           |                     |                          |                     |
|                           |                 |              | Name   |            | Address                              |                             |                 | Ident                     | fication  | number (if an       |                          | Check if<br>foreign |
|                           |                 |              | Name   |            | Address                              |                             |                 | dent                      | lication  | number (ir an       | y)                       | person              |
|                           |                 |              |  |            |                                      |                             |                 |                           |           |                     |                          |                     |
|                           |                 |              |  |            |                                      |                             |                 |                           |           |                     |                          |                     |
| Scheo                     | dule            | • A-2        | Foreign Partners of Section  | on 721     |                                      | instruction                 | ,               | 1                         |           |                     |                          |                     |
| Name o                    | f forei<br>tner | ign          | Address  |            | Country of<br>organization           | U.S. taxı<br>identificatior | n number        | Check if re<br>U.S. trans |           |                     | entage inter             |                     |
| P                         |                 |              |  |            | (if any)                             | (if an                      | iy)             | 0.0                       | 1         | Capital             |                          | Profits             |
|                           |                 |              |  |            |                                      |                             |                 |                           | ]         |                     | %                        | %                   |
| Dees the                  |                 | n a na hin l |  |            |                                      |                             |                 |                           |           |                     | %                        | %                   |
| Sched                     | · ·             |              | nave any other foreign person as a dir<br>Affiliation Schedule. List                             |            |                                      | mestic) in v                | which the       | foreign r                 | <u> L</u> | <u>         Yes</u> | <u> </u>                 | No                  |
| ocnet                     | Juie            | - A-0        | a direct interest or indirect  |            |                                      |                             |                 | ioreigin p                | aitit     | a ship ow           | 10                       |                     |
|                           |                 |              |  | ,          |                                      |                             |                 |                           |           | -                   | Laure                    | Çheçk i             |
|                           |                 |              | Name   |            | Address                              |                             |                 | EIN<br>(if any)           |           |                     | l ordinary<br>ne or loss | foreign<br>partner  |
|                           |                 |              |  |            |                                      |                             |                 |                           |           | +                   |                          | ship                |
|                           |                 |              |  |            |                                      |                             |                 |                           |           |                     |                          |                     |
|                           |                 |              |  |            |                                      |                             |                 |                           |           | 1                   | Form 9                   | <b>865</b> (2020)   |

010652 11-17-20

**SCHEDULE O** (Form 8865)

(Rev. December 2018)

# Transfer of Property to a Foreign Partnership (Under Section 6038B)

OMB No. 1545-1668

| Attach to Form 8865. See the Instructions for Form 8865.                  |
|---|
| ► Go to www.irs.gov/Form8865 for instructions and the latest information. |

| Department of the Tre<br>Internal Revenue Serv | easury                     | ► Go t                            | o www.irs.gov/Form                              | 8865 for instructions         |                     |                    | ation.                             |           |          |                             |             |
|--|----------------------------|-----------------------------------|---|-------------------------------|---------------------|--------------------|------------------------------------|-----------|----------|-----------------------------|-------------|
| Name of transfero                              |                            |                                   |   |                               |                     |                    | Filer's ident                      | ifying nu | mber     |                             |             |
|  | GREATER                    | MILWAUKEE                         | FOUNDATION, INC                                 | •                             |                     |                    | 39-603                             | 6407      |          |                             |             |
| Name of foreign p                              | artnership sT              | RIPES III                         | OFFSHORE AIV, L                                 | P                             | EIN                 | l (if any)         |                                    | Refere    | nce ID i | umber                       | (see instr) |
|  |                            | O STRIPES                         |   |                               |                     | 8-12573            | 392                                | N/A       |          |                             | . ,         |
| 1 a Is the partr                               | ershin a section           | 721(c) partner                    | ship (as defined in Temp                        | orary Regulations section     | n 1 721(c)-1T(h     | )(14)) <b>?</b> Se | ee instruction                     | <u>ا</u>  | Y        | s                           | No          |
|  | -                          |                                   | lied to avoid the recognit                      |                               | ., .                |                    |                                    | Г         | Ye       | · -                         | No          |
|  | -                          |                                   | onsidered or anticipated                        |                               |                     |                    |                                    |           |          | • _                         |             |
|  |                            |                                   | defined in Regulations s                        |                               |                     |                    |                                    | [         | T Ye     | s 🗆                         | K No        |
|  | ransfers Reportat          |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| Type of property                               | (a)<br>Date of<br>transfer | (b)<br>Description<br>of property | (c)<br>Fair market value<br>on date of transfer | (d)<br>Cost or other<br>basis | (e)<br>Recovery per | iod                | (f)<br>Section 70<br>allocation me |           | 6        | (g)<br>ain recog<br>on tran |             |
| Cash   | 12/31/20                   |                                   | 172,823.  |                               |                     |                    |                                    |           |          |                             |             |
| Stock, notes                                   |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| receivable                                     |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| and payable,<br>and other                      |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| securities                                     |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
|  |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
|  |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| Inventory                                      |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
|  |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| Tangible                                       |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| property                                       |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| used in trade                                  |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| or business                                    |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| Intangible                                     |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| property<br>described in                       |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| section  |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| 197(f)(9)                                      |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| Intangible<br>property, other                  |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| than intangible                                |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| property<br>described in                       |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| section 197(f)(9)                              |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| 0.11   |                            | <u> </u>                          |   |                               |                     |                    |                                    |           |          |                             |             |
|  |                            |                                   |   |                               |                     |                    |                                    |           |          |                             |             |
| Other<br>property                              |                            | <u> </u>                          |   |                               |                     |                    |                                    |           |          |                             |             |
| <del>_</del>                                   |                            |                                   | 450.000   |                               |                     |                    |                                    |           |          |                             |             |
| Totals   |                            |                                   | 172,823.  |                               | 5000                |                    |                                    |           | Ļ        |                             |             |
| 3 Enter the tr                                 | ansferor's percen          | tage interest i                   | n the partnership: (a) Be                       | tore the transfer             | .5393 %             |                    | (b) After                          | the trans | sfer     | •                           | 5185 %      |

Supplemental Information Required To Be Reported (see instructions):

| Part II Dispo              | sitions Reportable                     | Under Section 60              | 38B                             |   |  |                                     |  |
|----------------------------|--|-------------------------------|---------------------------------|---|--|-------------------------------------|--|
| (a)<br>Type of<br>property | (b)<br>Date of<br>original<br>transfer | (c)<br>Date of<br>disposition | (d)<br>Manner of<br>disposition | (e)<br>Gain<br>recognized by<br>partnership | (f)<br>Depreciation<br>recapture<br>recognized<br>by partnership | (g)<br>Gain allocated<br>to partner | (h)<br>Depreciation<br>recapture allocated<br>to partner |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
|                            |  |                               |                                 |   |  |                                     |  |
| Part III Is any            | r transfer reported o                  | on this schedule su           | bject to gain recog             | nition under section 90                     | 04(f)(3) or section 904(   | f)(5)(F)? ►                         | Yes X No   |
|                            | Deduction Act Not                      | ing and the Instru            | ations for Form Of              | Dee   |  | Cabadula                            | 0 (Farm 8965) 10 0018                                    |

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Schedule 0 (Form 8865) 12-2018

OMB No. 1545-0026

Attach to o tax ratura for the y of the transfer ur ind بالجب والسادم المرا Attachment Sequence No. **128** 

| Attach to your income tax return for the year of the transfer or of                                       | listribution. | Sequence                   |                       |
|---|---------------|----------------------------|-----------------------|
| Part I U.S. Transferor Information (see instructions)   |               |                            |                       |
| Name of transferor  |               | Identifying numbe          | er (see instructions) |
| GREATER MILWAUKEE FOUNDATION, INC.  |               |                            |                       |
|   |               | 39-6036407                 |                       |
| 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpor     | ation?        | Yes                        | X No                  |
| 2 If the transferor was a corporation, complete questions 2a through 2d.                                  |               |                            |                       |
| a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368  |               |                            |                       |
| five or fewer domestic corporations?  |               |                            | X No                  |
| <b>b</b> Did the transferor remain in existence after the transfer?                                       |               | X Yes                      | └── No                |
| If not, list the controlling shareholder(s) and their identifying number(s).                              |               |                            |                       |
| Controlling shareholder   |               | Identifying number         |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
|   |               |                            |                       |
| c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent   | corporation?  | Yes                        | No                    |
| If not, list the name and employer identification number (EIN) of the parent corporation.                 | oorporadon    |                            |                       |
|   |               |                            |                       |
| Name of parent corporation  | E             | N of parent corporati      | on                    |
|   |               |                            |                       |
|   |               |                            |                       |
| d Have basis adjustments under section 367(a)(4) been made?   |               | Yes                        | X No                  |
|   |               |                            |                       |
| 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as  | such under s  | ection 367),               |                       |
| complete questions 3a through 3d.<br>a List the name and EIN of the transferor's partnership.             |               |                            |                       |
| a List the hame and Ein of the transferor's partnership.  |               |                            |                       |
| Name of partnership   |               | EIN of partnership         |                       |
|   |               |                            |                       |
| 747 STUYVESANT IV PARALLEL FUND LP  | 80-0915       | 884                        |                       |
| <b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?        |               | Yes                        | X No                  |
| c Is the partner disposing of its entire interest in the partnership?                                     |               | Yes                        | X No                  |
| d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establi | shed          |                            |                       |
| securities market?  |               | Yes                        | X No                  |
| Part II Transferee Foreign Corporation Information (see instructions)                                     |               |                            |                       |
| 4 Name of transferee (foreign corporation)  |               | 5a Identifying numb        | <b>er</b> , if any    |
| ACTIS ENERGY 4 A LP   |               | 98-1305189                 |                       |
|   |               | <b>5b</b> Reference ID num | hor                   |
| 6 Address (including country)<br>2 MORE LONDON RIVERSIDE  |               | 50 Reference 10 hum        | ber                   |
| LONDON, SE1 2JT UNITED KINGDOM  |               | N/A                        |                       |
| <ul> <li>7 Country code of country of incorporation or organization</li> </ul>                            |               |                            |                       |
| UK  |               |                            |                       |
| 8 Foreign law characterization (see instructions)   |               |                            |                       |
| PARTNERSHIP   |               |                            |                       |
| 9 Is the transferee foreign corporation a controlled foreign corporation?                                 |               | Yes                        | X No                  |
| 024531 04-01-20 I HA For Paperwork Reduction Act Notice see separate instructions                         |               | Form <b>926</b> (          | Rev 11-2018           |

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Page 2

| Part III Information   | <b>Regarding Tran</b>   | sfer of Property (see in                           | structions)   |  |  |
|--|---|--|---|--|--|
| Section A - Cash   |   | ·  | i.  |  |  |
| Type of<br>property  | (a)<br>Date of<br>transfer  | <b>(b)</b><br>Description of<br>property           | <b>(c)</b><br>Fair market value on<br>date of transfer  | (d)<br>Cost or other<br>basis                | <b>(e)</b><br>Gain recognized on<br>transfer |
| Cash STMT 2  |   |  |   |  |  |
| 10 Was cash the only pro<br>If "Yes," skip the rema<br>Section B - Other Pro   | ainder of Part III and g  | go to Part IV.<br>I <b>n intangible property s</b> |   |  | X Yes No                                     |
| Type of  | (a)<br>Date of  | <b>(b)</b><br>Description of                       | (c)<br>Fair market value on   | (d)<br>Cost or other                         | (e)<br>Gain recognized on                    |
| property   | transfer  | property   | date of transfer  | basis  | transfer                                     |
| Stock and securities   |   |  |   |  |  |
| Inventory  |   |  |   |  |  |
| Other property<br>(not listed under<br>another category)   |   |  |   |  |  |
| Property with  |   |  |   |  |  |
| built-in loss  |   |  |   |  |  |
|  |   |  |   |  |  |
| Totals   |   |  |   |  |  |
| <ul> <li>recognition agreement</li> <li>12 a Were any assets of a foreign corporation?</li> <li>If "Yes," go to line 121</li> <li>b Was the transferor a continue to line 121</li> <li>b Was the transferor a continue to line 121</li> <li>c Immediately abranch the transferee foreign cortex of the transferee foreign cortex of the transferee foreign cortex of the transferee of the transferred of</li></ul> | t was filed?<br>foreign branch (includ<br>o.<br>domestic corporation<br>at is a foreign disrega<br>ne 12c. If "No," skip<br>transfer, was the dor<br>poration?<br>ne 12d. If "No," skip<br>oss amount included<br>asfer property describ<br>C and questions 14a | -  | disregarded entity) trans<br>all of the assets of a forei<br>&owned foreign corpora<br>ne 13.<br>eholder with respect to th | ferred to a [<br>ign branch<br>tion? [<br>ne | Yes No Yes No Yes No Yes No Yes No Yes No    |
| Section C - Intangible   | e Property Subje  | ect to Section 367(d)                              | 1 1   |  |  |
| Type of<br>property  | <b>(a)</b><br>Date of   | <b>(b)</b><br>Description of                       | (c) (d)<br>Useful Arm's length p  | rice Cost or other                           | (f)<br>Income inclusion for                  |

|  | Fo | rm <b>926</b> (Bev 11-2018) |
|--|----|-----------------------------|

basis

on date of transfer

life

Form **926** (Rev. 11-2018)

year of transfer

024532 04-01-20

Totals

Property described in sec. 367(d)(4)

> 17 2020.05000 GREATER MILWAUKEE FOUNDAT 26987251

transfer

property

| Form | 926 (Rev. 11-2018) GREATER MILWAUKEE FOUNDATION, INC.  | 39-6036407 | Page 3 |
|------|--|------------|--------|
|      | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life   |            |        |
| 14 a | reasonably anticipated to exceed 20 years?   | Yes        |        |
| h    | At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  | Yes        |        |
|      | Did the transferor choose to apply the 20-year inclusion period provided under Regulations section   |            |        |
| U    |  | Yes        |        |
| Ч    | 1.367(d)-1(c)(3)(ii) for any intangible property?<br>If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable |            |        |
| u    | to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in   |            |        |
|      | Regulations section 1.367(d)-1(c)(3)(ii) <b>S</b>  |            |        |
| 15   | Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any   |            |        |
| 15   |  | Yes        |        |
|      | time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  | Tes        |        |
| Sup  | plemental Part III Information Required To Be Reported (see instructions)  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      |  |            |        |
|      | 1. N/ Additional Information Depending Transferrat Dependents (see instantion)   |            |        |
| Pa   | rt IV Additional Information Regarding Transfer of Property (see instructions)   |            |        |
|      |  |            |        |
| 16   | Enter the transferor's interest in the transferee foreign corporation before and after the transfer.   |            |        |
|      | (a) Before185 % (b) After185 %   |            |        |
| 17   | Type of nonrecognition transaction (see instructions)  SECTION 351   |            |        |
| 18   | Indicate whether any transfer reported in Part III is subject to any of the following.   |            |        |
| а    | Gain recognition under section 904(f)(3)   | Yes        | X No   |
| b    | Gain recognition under section 904(f)(5)(F)  | Yes        | X No   |
| с    | Recapture under section 1503(d)  | Yes        | X No   |
| d    | Exchange gain under section 987  |            | X No   |
| 19   | Did this transfer result from a change in entity classification?   |            | X No   |
|      |  | Yes        | X No   |
| _5 u | If "Yes," complete lines 20b and 20c.  |            |        |
| h    | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)  | ►\$        |        |
|      | Did the domestic corporation not recognize gain or loss on the distribution of property because the  | <b>F</b> ¥ |        |
| C    |  | Yes        | No     |
| 04   |  | Yes        |        |
| 21   | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation  | Yes        | X No   |
|      | covered by section 367(e)(1)? See instructions   |            | X No   |

|   | res | Ľ    | 7   | NO   |
|---|-----|------|-----|------|
| Γ |     | (D . | 4 4 | 0040 |

OMB No. 1545-0026

Attach to o tax raturn for the ur ind بالجب والسادو الورا Attachment Sequence No. **128** 

| Attach to your income tax return for the year of the transfer or distribut   | ion. Sequence No. 120                 |
|--|---------------------------------------|
| Part I U.S. Transferor Information (see instructions)  |                                       |
| Name of transferor   | Identifying number (see instructions) |
| GREATER MILWAUKEE FOUNDATION, INC.   |                                       |
|  | 39-6036407                            |
| <b>1</b> Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?                                   | Yes X No                              |
| 2 If the transferor was a corporation, complete questions 2a through 2d.   |                                       |
| a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? | Yes X No                              |
| five or fewer domestic corporations?<br><b>b</b> Did the transferor remain in existence after the transfer?  |                                       |
| If not, list the controlling shareholder(s) and their identifying number(s).   |                                       |
|  |                                       |
| Controlling shareholder  | Identifying number                    |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporat                                     | tion? Yes No                          |
| If not, list the name and employer identification number (EIN) of the parent corporation.  |                                       |
|  |                                       |
| Name of parent corporation   | EIN of parent corporation             |
|  |                                       |
|  |                                       |
| d Have basis adjustments under section 367(a)(4) been made?  | Yes X No                              |
|  |                                       |
| 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such une complete questions 3a through 3d.  | der section 367),                     |
| <ul> <li>a List the name and EIN of the transferor's partnership.</li> </ul>   |                                       |
|  |                                       |
| Name of partnership  | EIN of partnership                    |
|  |                                       |
| EIGHTFOLD REAL ESTATE CAPITAL FUND V, LP 36-4  | 4846127                               |
| <b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?   | Yes X No                              |
| c Is the partner disposing of its entire interest in the partnership?  | Yes 🔀 No                              |
| d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established  |                                       |
| securities market?   | Yes X No                              |
| Part II Transferee Foreign Corporation Information (see instructions)  |                                       |
| 4 Name of transferee (foreign corporation)   | 5a Identifying number, if any         |
| EIGHTFOLD REAL ESTATE CAPITAL FUND V CAYMAN CORP   | 98-1337057                            |
|  | 5b Reference ID number                |
| 6 Address (including country)<br>CRICKET SQUARE  | 30 Reference ID humber                |
| HUTCHINS DRIVE, P.O. B, GRAND CAYMAN CAYMAN ISLANDS  | N/A                                   |
| <ul> <li>7 Country code of country of incorporation or organization</li> </ul>   | I                                     |
| CJ   |                                       |
| 8 Foreign law characterization (see instructions)  |                                       |
| CORPORATION  |                                       |
| 9 Is the transferee foreign corporation a controlled foreign corporation?  | X Yes No                              |
| 024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.   | Form <b>926</b> (Rev. 11-2018)        |

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X Yes

Page 2

🗌 No

#### Part III Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

D' I II

| Type of<br>property | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Fair market value on<br>date of transfer | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer |
|---------------------|-----------------------------------|--|--|--------------------------------------|--|
| Cash                | 12/31/2020                        |  | 460,941.   |                                      |  |

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

| Type of<br>property  | (a)<br>Date of<br>transfer | (b)<br>Description of<br>property | <b>(c)</b><br>Fair market value on<br>date of transfer | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer |
|----------------------|----------------------------|-----------------------------------|--|--------------------------------------|--|
| Stock and securities |                            |                                   |  |                                      |  |
| Inventory            |                            |                                   |  |                                      |  |
|                      |                            |                                   |  |                                      |  |
| Other property       |                            |                                   |  |                                      |  |
| (not listed under    |                            |                                   |  |                                      |  |
| another category)    |                            |                                   |  |                                      |  |
|                      |                            |                                   |  |                                      |  |
|                      |                            |                                   |  |                                      |  |
| <b>D</b>             |                            |                                   |  |                                      |  |
| Property with        |                            |                                   |  |                                      |  |
| built-in loss        |                            |                                   |  |                                      |  |
| Totals               |                            |                                   |  |                                      |  |

| 11   | Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? | Yes | No     |
|------|---|-----|--------|
| 12 a |   |     |        |
|      | foreign corporation?  | Yes | └── No |
|      | If "Yes," go to line 12b.   |     |        |
| b    | Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch                          |     |        |
|      | (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?                                 | Yes | No No  |
|      | If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.   |     |        |
| С    | Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the                                     |     |        |
|      | transferee foreign corporation?   | Yes | No No  |
|      | If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.  |     |        |
| d    | Enter the transferred loss amount included in gross income as required under section 91 $>$   |     |        |
| 13   | Did the transferor transfer property described in section 367(d)(4)?  | Yes | No No  |
|      | If "No," skip Section C and questions 14a through 15.   |     |        |

007()

14.1

#### Section C - Intangible Property Subject to Section 367(d)

| Type of<br>property                     | (a)<br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Useful<br>life | <b>(d)</b><br>Arm's length price<br>on date of transfer | <b>(e)</b><br>Cost or other<br>basis | <b>(f)</b><br>Income inclusion for<br>year of transfer |
|---|----------------------------|--|------------------------------|---|--------------------------------------|--|
| Property described                      |                            |  |                              |   |                                      |  |
| Property described<br>in sec. 367(d)(4) |                            |  |                              |   |                                      |  |
|   |                            |  |                              |   |                                      |  |
| Totals                                  |                            |  |                              |   |                                      |  |

Form 926 (Rev. 11 2018)

| 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life       Yes       No         14 a Did the transferor choose to apply the 20-years?       Yes       No         c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section       Yes       No         c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section       Yes       No         d If the answer to line 14 to is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property is a applicable, use(s) beyond the 20-year period described in Regulations section 1.367(c)-1(c)(300)       > \$         15       Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Supplemental Part III Information Regarding Transfer of Property (see instructions)  | Form        | 926 (Rev. 11-2018) GREATER MILWAUKEE FOUNDATION, INC.   | 39-6036407 | Page 3 |
|---|-------------|---|------------|--------|
| reasonably anticipated to exceed 20 years?       Yes       No         b       At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?       Yes       No         c       Did the transferr of hose to apply the 20year inclusion period provided under Regulations section       1.367(d)+1(c)(3)(0) for any intangible property enter the total estimated anticipated income or cost reduction attributable to the intangible property can specification, as applicable, use(s) beyond the 20year period described in Regulations section 1.367(d)+1(c)(3)(0) ▶ \$         15       Was any intangible property transferred considered or anticipated is the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Supplemental Part III Information Required To Be Reported (see instructions)  |             |   |            |        |
| b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?       Yes       No         c Did the transferre choces to apply the 20-year inclusion period provided under Regulations section 1.367(cf)(2)(3)(6) can yin intangible property?       Yes       No         d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property is, or properties", as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(cf)(-10)(3)(6)       Yes       No         15       Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Supplemental Part III Information Required To Be Reported (see instructions)  | 14 a        | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life        |            |        |
| <ul> <li>c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section <ol> <li>J.367(d)-1c()3(i) for any intangible property?</li> <li>Ves</li> <li>No</li> </ol> </li> <li>d If the answer to lins 14(is 'Yes,' entre the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1c()3(i)</li> <li>S Was any intangible property transferer donsidered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?</li> <li>Yes</li> <li>No</li> </ul> Supplemental Part III Information Required To Be Reported (see instructions)   Part IV Additional Information Regarding Transfer of Property (see instructions)   Interference of a section 98 (f) the transfere of property (see instructions)   16 Enter the transferor's interest in the transfere foreign corporation before and after the transfer.   (a) Before  |             | reasonably anticipated to exceed 20 years?  | Yes        | 🗌 No   |
| 1.367(d)-1(c)(3)(i) for any intangible property?       □ Yes       No         d If the answer to line 14c is 'Ves,' enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$         15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Supplemental Part III Information Required To Be Reported (see instructions)  | b           | At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?     | Yes        | 🗌 No   |
| d If the answer to line 14c is 'Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$         15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Supplemental Part III Information Required To Be Reported (see instructions)  | с           | Did the transferor choose to apply the 20-year inclusion period provided under Regulations section              |            |        |
| to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(6)-1(c)(3)(i) ▶ \$   |             | 1.367(d)-1(c)(3)(ii) for any intangible property?   | Yes        | 🗌 No   |
| Regulations section 1.367(d)·1(c)(3)(i) ▶ \$  | d           | If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable |            |        |
| 15       Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Supplemental Part III Information Required To Be Reported (see instructions)   |             | to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in      |            |        |
| time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?       Yes       No         Supplemental Part III Information Required To Be Reported (see instructions)   |             | Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$   |            |        |
| Supplemental Part III Information Required To Be Reported (see instructions)         Supplemental Part III Information Required To Be Reported (see instructions)         Part IV Additional Information Regarding Transfer of Property (see instructions)         16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a) Before   | 15          | Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any  |            |        |
| Part IV Additional Information Regarding Transfer of Property (see instructions)         16       Enter the transferor's interest in the transfere of property (see instructions)         16       Enter the transferor's interest in the transfere of property (see instructions)         17       Type of nonrecognition transaction (see instructions) $\stackrel{SECTION 351}{}$ 18       Indicate whether any transfer reported in Part III is subject to any of the following.         a Gain recognition under section 904(f)(3)       Yes         b Gain recognition under section 904(f)(5)(F)       Yes         c Recapture under section 904(f)(5)(F)       Yes         c Recapture under section 904(f)(3)       Yes         d Exchange gain under section 904(f)(3)       Yes         9       Did this transfer result from a change in entity classification?       Yes         20a       Did a domestic corporation make a distribution of property covered by section $367(e)/2)?$ (see instructions)       Yes         16       Enter the total amount of gain or loss recognized pursuant to Regulations section $1.367(e)/2(b)$ <ul> <li>Yes</li> <li>No</li> <li>o Did the domestic corporation mate recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section <math>1.367(e)/2(b)/(2)?</math>       Yes       No</li></ul> |             | time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?                       | Yes        | No No  |
| Part IV Additional Information Regarding Transfer of Property (see instructions)         16       Enter the transferor's interest in the transfere of property (see instructions)         16       Enter the transferor's interest in the transfere of property (see instructions)         17       Type of nonrecognition transaction (see instructions) $\overset{SECTION 351}{}$ 18       Indicate whether any transfer reported in Part III is subject to any of the following.         a Gain recognition under section 904(f)(3)       Yes         b Gain recognition under section 904(f)(5)(F)       Yes         c Recapture under section 904(f)(5)(F)       Yes         c Recapture under section 904(f)(3)       Yes         d Exchange gain under section 904(f)(3)       Yes         g Bid this transfer result from a change in entity classification?       Yes         20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes         g Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       \$         c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?       Yes       No  |             |   |            |        |
| Part IV Additional Information Regarding Transfer of Property (see instructions)         16       Enter the transferor's interest in the transfere of property (see instructions)         16       Enter the transferor's interest in the transfere of property (see instructions)         17       Type of nonrecognition transaction (see instructions) $\overset{SECTION 351}{}$ 18       Indicate whether any transfer reported in Part III is subject to any of the following.         a Gain recognition under section 904(f)(3)       Yes         b Gain recognition under section 904(f)(5)(F)       Yes         c Recapture under section 904(f)(5)(F)       Yes         c Recapture under section 904(f)(3)       Yes         d Exchange gain under section 904(f)(3)       Yes         g Bid this transfer result from a change in entity classification?       Yes         20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes         g Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       \$         c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?       Yes       No  | Sup         | plemental Part III Information Required To Be Reported (see instructions)                                       |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603 %       (b) After603 %         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         k       No         ft "Yes," complete lines 20b and 20c.         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         k   | <u> </u>    |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603 %       (b) After603 %         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         k       No         ft "Yes," complete lines 20b and 20c.         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         k   |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603 %       (b) After603 %         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         k       No         ft "Yes," complete lines 20b and 20c.         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         k   |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603 % (b) After603 %         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         nc       First, " complete lines 20b and 20c.         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?   |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before  |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603 % (b) After603 %         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         nc       First, " complete lines 20b and 20c.         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?   |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603 % (b) After603 %         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         nc       First, " complete lines 20b and 20c.         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?   |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603_% (b) After603_%         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 1503(d)         d       Exchange gain under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  | _           |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603_% (b) After603_%         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 1503(d)         d       Exchange gain under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603_% (b) After603_%         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?   |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603_% (b) After603_%         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         nd       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)(2)?         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  |             |   |            |        |
| 16       Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a)       Before603 % (b) After603 %         17       Type of nonrecognition transaction (see instructions) ▶ SECTION 351         18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)         b       Gain recognition under section 904(f)(5)(F)         c       Recapture under section 904(f)(5)(F)         c       Recapture under section 987         19       Did this transfer result from a change in entity classification?         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)         yes       X         k       No         ft "Yes," complete lines 20b and 20c.       \$         k       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       \$         c       Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?       Yes       No   | Pa          | rt IV Additional Information Regarding Transfer of Property (see instructions)                                  |            |        |
| (a) Before  |             |   |            |        |
| (a) Before  | 16          | Enter the transferor's interest in the transferee foreign corporation before and after the transfer             |            |        |
| <ul> <li>17 Type of nonrecognition transaction (see instructions) ► SECTION 351</li> <li>18 Indicate whether any transfer reported in Part III is subject to any of the following. <ul> <li>a Gain recognition under section 904(f)(3)</li> <li>b Gain recognition under section 904(f)(5)(F)</li> <li>c Recapture under section 1503(d)</li> <li>d Exchange gain under section 987</li> <li>Did this transfer result from a change in entity classification?</li> <li>20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)</li> <li>b Finter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)</li> <li>b Enter the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?</li> <li>c Yes</li> </ul> </li> </ul>  | 10          | •   |            |        |
| 18       Indicate whether any transfer reported in Part III is subject to any of the following.         a       Gain recognition under section 904(f)(3)       Yes       X       No         b       Gain recognition under section 904(f)(5)(F)       Yes       X       No         c       Recapture under section 1503(d)       Yes       X       No         d       Exchange gain under section 987       Yes       X       No         19       Did this transfer result from a change in entity classification?       Yes       X       No         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes       X       No         lf       "Yes," complete lines 20b and 20c.       If       *  | 17          |   |            |        |
| a       Gain recognition under section 904(f)(3)       Yes       X       No         b       Gain recognition under section 904(f)(5)(F)       Yes       X       No         c       Recapture under section 1503(d)       Yes       X       No         d       Exchange gain under section 987       Yes       X       No         19       Did this transfer result from a change in entity classification?       Yes       X       No         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes       X       No         lf       "Yes," complete lines 20b and 20c.       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       \$  |             |   |            |        |
| b       Gain recognition under section 904(f)(5)(F)       Yes       X       No         c       Recapture under section 1503(d)       Yes       X       No         d       Exchange gain under section 987       Yes       X       No         19       Did this transfer result from a change in entity classification?       Yes       X       No         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes       X       No         lf "Yes," complete lines 20b and 20c.       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       \$  |             |   |            |        |
| c       Recapture under section 1503(d)       Yes       X       No         d       Exchange gain under section 987       Yes       X       No         19       Did this transfer result from a change in entity classification?       Yes       X       No         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes       X       No         If "Yes," complete lines 20b and 20c.       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       \$   |             |   |            | =      |
| d       Exchange gain under section 987       □       Yes       X       No         19       Did this transfer result from a change in entity classification?       □       Yes       X       No         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       □       Yes       X       No         If "Yes," complete lines 20b and 20c.       b       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       ▶ \$  | b           |   |            |        |
| 19       Did this transfer result from a change in entity classification?       Yes       X       No         20 a       Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes       X       No         16       "Yes," complete lines 20b and 20c.       Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       ►  |             |   |            |        |
| 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)       Yes       X       No         If "Yes," complete lines 20b and 20c.       b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)       > \$  | d           |   |            | =      |
| <ul> <li>If "Yes," complete lines 20b and 20c.</li> <li>b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)</li> <li>c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?</li> <li>Yes</li> </ul>   | 19          | Did this transfer result from a change in entity classification?  | Yes        | X No   |
| <ul> <li>b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)</li> <li>c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?</li> <li>Yes No</li> </ul>   | <b>20</b> a | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)     | Yes        | X No   |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  |             | If "Yes," complete lines 20b and 20c.   |            |        |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  | b           | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)                 | > \$       |        |
| property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  |             |   |            |        |
|   | -           |   | Yes        |        |
|   |             | ······································  |            |        |
| covered by section 367(e)(1)? See instructions  | 21          | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation         |            |        |

| covered by section 367(e)(1)? See instructions |  |
|--|--|
|  |  |

Form 926 (Rev. 11-2018)

OMB No. 1545-0026

► Attach to your income tax return for the year of the transfer or distribution

Attachment Sequence No. **128** 

| De     | The second secon |              |                         |                    |
|--------|--|--------------|-------------------------|--------------------|
| Pa     |  |              |                         |                    |
|        | e of transferor<br>EATER MILWAUKEE FOUNDATION, INC.  |              | Identifying numbe       | (see instructions) |
| GR     | EATER MILWARKEE FOUNDATION, INC.   |              | 39-6036407              |                    |
| 1      | Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation   | ation?       | Yes                     | X No               |
| 2      | If the transferor was a corporation, complete questions 2a through 2d.   |              |                         |                    |
| 2<br>a |  | (c)) by      |                         |                    |
| a      | five or fewer domestic corporations?   |              | Yes                     | X No               |
| b      |  |              |                         |                    |
| ~      | If not, list the controlling shareholder(s) and their identifying number(s).   |              |                         |                    |
|        |  |              |                         |                    |
|        | Controlling shareholder  |              | Identifying number      |                    |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
| с      | If the transferor was a member of an affiliated group filing a consolidated return, was it the parent  | corporation? | Yes                     | No                 |
|        | If not, list the name and employer identification number (EIN) of the parent corporation.  | ·            |                         |                    |
|        | Name of parent corporation   | FI           | N of parent corporation | on                 |
|        |  | -            |                         | 011                |
|        |  |              |                         |                    |
|        |  |              |                         |                    |
| d      | Have basis adjustments under section 367(a)(4) been made?  |              | Yes                     | X No               |
| 3      | If the transferor was a partner in a partnership that was the actual transferor (but is not treated as   | such under s | raction (367)           |                    |
| 3      | complete questions 3a through 3d.  |              | section 307),           |                    |
| 2      | List the name and EIN of the transferor's partnership.   |              |                         |                    |
|        |  |              |                         |                    |
|        | Name of partnership  |              | EIN of partnership      |                    |
|        |  |              |                         |                    |
| PA     | TRON CAPITAL, GP V LIMITED   |              |                         |                    |
| b      | Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  |              | Yes                     | X No               |
| С      | Is the partner disposing of its entire interest in the partnership?  |              | Yes                     | X No               |
| d      | Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish  | shed         |                         |                    |
| _      | securities market?   |              | Yes                     | X No               |
|        | rt II Transferee Foreign Corporation Information (see instructions)  |              |                         |                    |
| 4      | Name of transferee (foreign corporation)   |              | 5a Identifying number   | er, if any         |
| PC     | FEDER V L.P.   |              | 98-1239867              |                    |
| 6      | Address (including country)  |              | 5b Reference ID num     | her                |
|        | Address (including country)  |              |                         |                    |
| ST H   | HELIER, JERSEY JE4 8PN JERSEY  |              | N/A                     |                    |
| 7      | Country code of country of incorporation or organization   |              |                         |                    |
| JE     |  |              |                         |                    |
| 8      | Foreign law characterization (see instructions)  |              |                         |                    |
| CO     | RPORATION  |              |                         |                    |
| 9      | Is the transferee foreign corporation a controlled foreign corporation?  |              | Yes                     | X No               |
| 02453  | 1 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.  |              | Form <b>926</b> (F      | Rev. 11 2018)      |

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39-6036407

X Yes

Page 2

🗌 No

### Part III Information Regarding Transfer of Property (see instructions)

| Se | ctior | η А - | Cash |
|----|-------|-------|------|
|    |       |       |      |

| Type of<br>property | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Fair market value on<br>date of transfer | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer |
|---------------------|-----------------------------------|--|--|--------------------------------------|--|
| Cash                | 12/31/2020                        |  | 220,612.   |                                      |  |

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

| Type of<br>property  | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Fair market value on<br>date of transfer | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer |
|----------------------|-----------------------------------|--|--|--------------------------------------|--|
| Stock and securities |                                   |  |  |                                      |  |
| Inventory            |                                   |  |  |                                      |  |
|                      |                                   |  |  |                                      |  |
| Other property       |                                   |  |  |                                      |  |
| (not listed under    |                                   |  |  |                                      |  |
| another category)    |                                   |  |  |                                      |  |
|                      |                                   |  |  |                                      |  |
|                      |                                   |  |  |                                      |  |
| Due a sub conside    |                                   |  |  |                                      |  |
| Property with        |                                   |  |  |                                      |  |
| built-in loss        |                                   |  |  |                                      |  |
| Totals               |                                   |  |  |                                      |  |

| 11   | Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain         |     |      |
|------|--|-----|------|
|      | recognition agreement was filed?   | Yes | 🗌 No |
| 12 a | Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a |     |      |
|      | foreign corporation?   | Yes | 🗌 No |
|      | If "Yes," go to line 12b.  |     |      |
| b    | Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch |     |      |
|      | (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?        | Yes | 🗌 No |
|      | If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.                            |     |      |
| с    | Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the            |     |      |
|      | transferee foreign corporation?  | Yes | 🗌 No |
|      | If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.                                     |     |      |
| d    | Enter the transferred loss amount included in gross income as required under section 91 🕨 \$                   |     |      |
| 13   | Did the transferor transfer property described in section 367(d)(4)?   | Yes | 🗌 No |
|      | If "No," skip Section C and questions 14a through 15.  |     |      |

#### Section C - Intangible Property Subject to Section 367(d)

| Type of<br>property | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Useful<br>life | <b>(d)</b><br>Arm's length price<br>on date of transfer | <b>(e)</b><br>Cost or other<br>basis | <b>(f)</b><br>Income inclusion for<br>year of transfer |
|---------------------|-----------------------------------|--|------------------------------|---|--------------------------------------|--|
| Property described  |                                   |  |                              |   |                                      |  |
| in sec. 367(d)(4)   |                                   |  |                              |   |                                      |  |
|                     |                                   |  |                              |   |                                      |  |
| Totals              |                                   |  |                              |   |                                      |  |

Form 926 (Rev. 11 2018)

| Forn             | 1926 (Rev. 11-2018) GREATER MILWAUKEE FOUNDATION, INC.  | 39-6036407 | Page <b>3</b> |
|------------------|---|------------|---------------|
|                  |   |            |               |
| 14 a             | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life        |            |               |
|                  | reasonably anticipated to exceed 20 years?  | Yes        | No No         |
| b                | At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?     | Yes        | No No         |
| с                | Did the transferor choose to apply the 20-year inclusion period provided under Regulations section              |            |               |
|                  | 1.367(d)-1(c)(3)(ii) for any intangible property?   | Yes        | No No         |
| d                | If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable |            |               |
|                  | to the intangible property's, or properties', as applicable, use(s) beyond the 20 year period described in      |            |               |
|                  | Regulations section 1.367(d)-1(c)(3)(ii) ► \$   |            |               |
| 15               | Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any  |            |               |
|                  | time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?                       | Yes        | No            |
|                  |   |            |               |
| Sur              | plemental Part III Information Required To Be Reported (see instructions)                                       |            |               |
| <u>- 0 0 0 0</u> |   |            |               |
|                  |   |            |               |
|                  |   |            |               |
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|                  |   |            |               |
|                  |   |            |               |
|                  |   |            |               |
|                  |   |            |               |
|                  |   |            |               |
| Pa               | rt IV Additional Information Regarding Transfer of Property (see instructions)                                  |            |               |
|                  |   |            |               |
| 16               | Enter the transferor's interest in the transferee foreign corporation before and after the transfer.            |            |               |
|                  | (a) Before640 % (b) After640 %  |            |               |
| 17               | Type of nonrecognition transaction (see instructions) SECTION 351   |            |               |
| 18               | Indicate whether any transfer reported in Part III is subject to any of the following.                          |            |               |
| .e<br>a          |   | Yes        | X No          |
|                  |   |            | X No          |
| b                | •   |            |               |
| c                |   |            | 8             |
|                  | Exchange gain under section 987   |            | X No          |
| 19               | Did this transfer result from a change in entity classification?  |            | X No          |
| <b>20</b> a      | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)     | Yes        | XNO           |
|                  | If "Yes," complete lines 20b and 20c.   |            |               |
| b                | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)                 | <b>.</b> . |               |
|                  |   | 🕨 🕯        |               |
| С                | Did the domestic corporation not recognize gain or loss on the distribution of property because the             | • \$       |               |
| С                | Did the domestic corporation not recognize gain or loss on the distribution of property because the             |            | No            |
| с<br>21          | Did the domestic corporation not recognize gain or loss on the distribution of property because the             |            |               |

|--|

Form 926 (Rev. 11-2018)

OMB No. 1545-0026

e tax return for the v Attach to of the transfer ur ind بالجب والسادم المرا Attachment Sequence No. **128** 

| Attach to your income tax return for the year of the transfer or o  | listribution. | Sequence                |                      |
|---|---------------|-------------------------|----------------------|
| Part I U.S. Transferor Information (see instructions)   |               |                         |                      |
| Name of transferor  |               | Identifying numbe       | r (see instructions) |
| GREATER MILWAUKEE FOUNDATION, INC.  |               |                         |                      |
|   |               | 39-6036407              |                      |
| 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpor         | ation?        | Yes                     | X No                 |
| 2 If the transferor was a corporation, complete questions 2a through 2d.                                      |               |                         |                      |
| a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368      |               |                         |                      |
| five or fewer domestic corporations?  |               |                         | X No                 |
| <b>b</b> Did the transferor remain in existence after the transfer?   |               | X Yes                   | └── No               |
| If not, list the controlling shareholder(s) and their identifying number(s).                                  |               |                         |                      |
| Controlling shareholder   |               | Identifying number      |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
|   |               |                         |                      |
| c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent       | corporation?  | Yes                     | No                   |
| If not, list the name and employer identification number (EIN) of the parent corporation.                     | oorporation   |                         |                      |
|   |               |                         |                      |
| Name of parent corporation  | EII           | N of parent corporation | on                   |
|   |               |                         |                      |
|   |               |                         |                      |
| d Have basis adjustments under section 367(a)(4) been made?   |               | Yes                     | X No                 |
|   |               |                         |                      |
| 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as      | such under s  | ection 367),            |                      |
| complete questions 3a through 3d.<br>a List the name and EIN of the transferor's partnership.                 |               |                         |                      |
| a List the name and Ein of the transferor's partnership.  |               |                         |                      |
| Name of partnership   |               | EIN of partnership      |                      |
|   |               |                         |                      |
| ROCKET INTERNET CAPITAL PARTNERS SCS  | 98-1268       | 470                     |                      |
| <b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?            |               | Yes                     | X No                 |
| c Is the partner disposing of its entire interest in the partnership?   |               | Yes                     | X No                 |
| d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established | shed          |                         |                      |
| securities market?  |               | Yes                     | X No                 |
| Part II Transferee Foreign Corporation Information (see instructions)   |               |                         |                      |
| 4 Name of transferee (foreign corporation)  | 4             | 5a Identifying numbe    | er, if any           |
| LINDENTOR 226 V V GMHJ  |               |                         |                      |
|   |               | Eh. Deference ID num    | bor                  |
| 6 Address (including country)<br>CHARLOTTENSTRABE 4   |               | 5b Reference ID numl    | Der                  |
| BERLIN, 10969 GERMANY   |               | ROCK470                 |                      |
| <ul> <li>7 Country code of country of incorporation or organization</li> </ul>                                |               |                         |                      |
| GM  |               |                         |                      |
| 8 Foreign law characterization (see instructions)   |               |                         |                      |
| CORPORATION   |               |                         |                      |
| 9 Is the transferee foreign corporation a controlled foreign corporation?                                     |               | Yes                     | X No                 |
| 024531 04-01-20 I HA For Paperwork Reduction Act Notice see separate instructions                             |               | Form <b>926</b> (F      | Rev 11-2018          |

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| Form 926 (Rev. 11-2018) GI  |   | FOUNDATION, INC.  | nstruction   | s)   | 39-6036                              | 5407 Page <b>2</b>                                 |
|---|---|---|--|--|--------------------------------------|--|
| Section A - Cash  | riogarang rian  |   |  | 5)   |                                      |  |
| Type of<br>property   | <b>(a)</b><br>Date of<br>transfer   | <b>(b)</b><br>Description of<br>property  | Fair mark  | ( <b>c)</b><br>et value on<br>transfer   | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer       |
| Cash  |   | p. op on 19   |  |  |                                      |  |
| 10 Was cash the only pro<br>If "Yes," skip the rema   |   | go to Part IV.  |  |  |                                      | Yes X No   |
| Section B - Other Pro   |   | n intangible property   |  |  |                                      |  |
| Type of<br>property   | <b>(a)</b><br>Date of<br>transfer   | <b>(b)</b><br>Description of<br>property  | Fair mark  | ( <b>c)</b><br>et value on<br>transfer   | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer       |
| Stock and securities  |   |   |  |  |                                      |  |
| Inventory   |   |   |  |  |                                      |  |
| Other property<br>(not listed under<br>another category)  | 03/31/2020  |   |  | 13,252.  |                                      | 13,252.  |
| Property with<br>built-in loss  |   |   |  |  |                                      |  |
| Totals  |   |   |  | 13,252.  |                                      | 13,252.  |
| <ul> <li>recognition agreement</li> <li>12 a Were any assets of a f foreign corporation?</li> <li>If "Yes," go to line 12b</li> <li>b Was the transferor a d (including a branch that If "Yes," continue to line</li> <li>c Immediately after the t transferee foreign corp.</li> <li>If "Yes," continue to line</li> <li>d Enter the transferred line</li> </ul> | t was filed?<br>oreign branch (includ<br>omestic corporation<br>at is a foreign disregation<br>the 12c. If "No," skip<br>transfer, was the dor<br>poration?<br>the 12d. If "No," skip<br>tooss amount included<br>sfer property describ | es subject to section 367(a) w<br>ding a branch that is a foreign<br>that transferred substantially<br>arded entity) to a specified 10<br>lines 12c and 12d, and go to<br>nestic corporation a U.S. sha<br>line 12d, and go to line 13.<br>in gross income as required<br>red in section 367(d)(4)? | a disregarded<br>all of the ass<br>%-owned fore<br>line 13.<br>reholder with | entity) transferred<br>sets of a foreign br<br>eign corporation?<br>respect to the | I to a                               | Yes X No<br>Yes X No<br>Yes No<br>Yes No<br>Yes No |
| Section C - Intangible  | Property Subje  | ect to Section 367(d)   |  |  |                                      | 1  |
| Type of<br>property   | <b>(a)</b><br>Date of<br>transfer   | <b>(b)</b><br>Description of<br>property  |  | <b>(d)</b><br>m's length price<br>date of transfer                                 | <b>(e)</b><br>Cost or other<br>basis | (f)<br>Income inclusion for<br>year of transfer    |
|   |   |   | +  |  |                                      |  |
|   |   |   | +  |  |                                      |  |
| Property described<br>in sec, 367(d)(4)   |   |   |  |  |                                      |  |

| Type of<br>property                     | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Useful<br>life | <b>(d)</b><br>Arm's length price<br>on date of transfer | <b>(e)</b><br>Cost or other<br>basis | <b>(f)</b><br>Income inclusion for<br>year of transfer |
|---|-----------------------------------|--|------------------------------|---|--------------------------------------|--|
|   |                                   |  |                              |   |                                      |  |
| Property described<br>in sec. 367(d)(4) |                                   |  |                              |   |                                      |  |
|   |                                   |  |                              |   |                                      |  |
| Totals                                  |                                   |  |                              |   |                                      | 000 (Dev. 11.0010)                                     |

Form 926 (Rev. 11 2018)

| Form     | 926 (Rev.11-2018) GREATER MILWAUKEE FOUNDATION, INC.  | 39-6036407 | Page 3 |
|----------|---|------------|--------|
|          | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life        |            |        |
| 14 a     | reasonably anticipated to exceed 20 years?  | Yes        | X No   |
| h        |   |            | X No   |
|          | Did the transferor choose to apply the 20-year inclusion period provided under Regulations section              | Yes        |        |
| C        | 1.367(d)-1(c)(3)(ii) for any intangible property?   | Yes        | X No   |
| Ь        | If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable |            |        |
| u        | to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in      |            |        |
|          | Regulations section 1.367(d)-1(c)(3)(ii) <b>S</b>   |            |        |
| 15       | Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any  |            |        |
| 15       |   | Yes        | X No   |
|          | time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?                       |            |        |
| Sup      | plemental Part III Information Required To Be Reported (see instructions)                                       |            |        |
| <u> </u> |   |            |        |
|          |   |            |        |
|          |   |            |        |
|          |   |            |        |
|          |   |            |        |
|          |   |            |        |
|          |   |            |        |
|          |   |            |        |
|          |   |            |        |
|          |   |            |        |
| Pa       | rt IV Additional Information Regarding Transfer of Property (see instructions)                                  |            |        |
| <u> </u> |   |            |        |
| 16       | Enter the transferor's interest in the transferee foreign corporation before and after the transfer.            |            |        |
| 10       | (a) Before $32.330$ % (b) After $31.657$ %  |            |        |
| 17       | Type of nonrecognition transaction (see instructions)   |            |        |
| 18       | Indicate whether any transfer reported in Part III is subject to any of the following.                          |            |        |
|          | Gain recognition under section 904(f)(3)  | Yes        | X No   |
| a<br>L   |   |            | X No   |
| b        | Gain recognition under section 904(f)(5)(F)   |            | =•     |
| C<br>In  | Recapture under section 1503(d)   |            | =      |
|          | Exchange gain under section 987   |            | =•     |
| 19       | Did this transfer result from a change in entity classification?  |            |        |
| 20 a     |   | Yes        | X No   |
|          | If "Yes," complete lines 20b and 20c.   | <b>N</b> . |        |
| b        | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)                 | ► \$       |        |
| С        | Did the domestic corporation not recognize gain or loss on the distribution of property because the             |            |        |
|          | property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?          | Yes        | No No  |
| 21       | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation         |            |        |
|          | covered by section 367(e)(1)? See instructions  | Yes        | X No   |

| <br> |  |  |  |  |  |  |  |  |  | <br> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|      |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ' |

Form 926 (Rev. 11-2018)

024533 04-01-20

OMB No. 1545-0026

Attachment 100

| Internal Revenue Service Attach to your income tax return for the year of the transfer or distribut   | ion. Sequence No. 120                 |
|---|---------------------------------------|
| Part I U.S. Transferor Information (see instructions)   |                                       |
| Name of transferor  | Identifying number (see instructions) |
| GREATER MILWAUKEE FOUNDATION, INC.  |                                       |
|   | 39-6036407                            |
| <b>1</b> Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  | Yes X No                              |
| 2 If the transferor was a corporation, complete questions 2a through 2d.  |                                       |
| a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by   |                                       |
| five or fewer domestic corporations?  |                                       |
| <b>b</b> Did the transferor remain in existence after the transfer?   | X Yes No                              |
| If not, list the controlling shareholder(s) and their identifying number(s).  |                                       |
| Controlling shareholder   | Identifying number                    |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
| c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporat<br>If not, list the name and employer identification number (EIN) of the parent corporation. | tion? X Yes No                        |
| Name of parent corporation  | EIN of parent corporation             |
|   |                                       |
|   |                                       |
| d Have basis adjustments under section 367(a)(4) been made?   | Yes X No                              |
| 2. If the transferer was a partner in a partnership that was the patival transferer (but is not tracted as such up  | der costion 267)                      |
| 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such uncomplete questions 3a through 3d.   | der section 367),                     |
| a List the name and EIN of the transferor's partnership.  |                                       |
|   |                                       |
| Name of partnership   | EIN of partnership                    |
|   |                                       |
| ROCKET INTERNET CAPITAL PARTNERS SCS 98-  | 1268470                               |
| <b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  | Yes X No                              |
| c Is the partner disposing of its entire interest in the partnership?   | Yes 🔀 No                              |
| d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established   |                                       |
| securities market?  | Yes X No                              |
| Part II Transferee Foreign Corporation Information (see instructions)   |                                       |
| 4 Name of transferee (foreign corporation)  | 5a Identifying number, if any         |
| ZIPCO LTD   |                                       |
|   | 5b Reference ID number                |
| 6 Address (including country)<br>LEVEL 14/10 SPRING ST  |                                       |
| SYDNEY, NSW 2000 AUSTRALIA  | ROCK470                               |
| <ul> <li>Country code of country of incorporation or organization</li> </ul>  |                                       |
| AS  |                                       |
| 8 Foreign law characterization (see instructions)<br>CORPORATION  |                                       |
| 9 Is the transferee foreign corporation a controlled foreign corporation?   | Yes X No                              |
| 024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.  | Form <b>926</b> (Rev. 11-2018)        |

<sup>28</sup> 

39-6036407

| _   |   |   |
|-----|---|---|
| Pac | e | 2 |

X No

### Part III Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

| Type of<br>property | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Fair market value on<br>date of transfer | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer |
|---------------------|-----------------------------------|--|--|--------------------------------------|--|
| Cash                |                                   |  |  |                                      |  |

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

| Type of<br>property                                      | (a)<br>Date of<br>transfer | (b)<br>Description of<br>property | <b>(c)</b><br>Fair market value on<br>date of transfer | ( <b>d)</b><br>Cost or other<br>basis | (e)<br>Gain recognized on<br>transfer |
|--|----------------------------|-----------------------------------|--|---------------------------------------|---------------------------------------|
| Stock and securities                                     | 08/08/2020                 |                                   | 515,361.   |                                       | 515,361.                              |
| Inventory  |                            |                                   |  |                                       |                                       |
| Other property<br>(not listed under<br>another category) |                            |                                   |  |                                       |                                       |
| Property with<br>built-in loss                           |                            |                                   |  |                                       |                                       |
| Totals   |                            |                                   | 515,361.   |                                       | 515,361.                              |

| 11   | Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain         |     |      |
|------|--|-----|------|
|      | recognition agreement was filed?   | Yes | X No |
| 12 a | Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a |     |      |
|      | foreign corporation?   | Yes | X No |
|      | If "Yes," go to line 12b.  |     |      |
| b    | Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch |     |      |
|      | (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?        | Yes | 📃 No |
|      | If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.                            |     |      |
| с    | Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the            |     |      |
|      | transferee foreign corporation?  | Yes | 🗌 No |
|      | If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.                                     |     |      |
| d    | Enter the transferred loss amount included in gross income as required under section 91 🕨 \$                   |     |      |
| 13   | Did the transferor transfer property described in section 367(d)(4)?   | Yes | X No |
|      | If "No," skip Section C and questions 14a through 15.  |     |      |

#### Section C - Intangible Property Subject to Section 367(d)

| <u></u>             |                                   |  |                              |   |                                      |  |
|---------------------|-----------------------------------|--|------------------------------|---|--------------------------------------|--|
| Type of<br>property | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Useful<br>life | <b>(d)</b><br>Arm's length price<br>on date of transfer | <b>(e)</b><br>Cost or other<br>basis | <b>(f)</b><br>Income inclusion for<br>year of transfer |
|                     |                                   |  |                              |   |                                      |  |
|                     |                                   |  |                              |   |                                      |  |
| Property described  |                                   |  |                              |   |                                      |  |
| in sec. 367(d)(4)   |                                   |  |                              |   |                                      |  |
|                     |                                   |  |                              |   |                                      |  |
|                     |                                   |  |                              |   |                                      |  |
|                     |                                   |  |                              |   |                                      |  |
|                     |                                   |  |                              |   |                                      |  |
| Totals              |                                   |  |                              |   |                                      |  |

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|---|----------------------------|---------------|
|   |                            |               |
| 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life                 |                            |               |
| reasonably anticipated to exceed 20 years?  | Yes                        | 🗶 No          |
| <b>b</b> At the time of the transfer, did any of the transferred intangible property have an indefinite useful life           | ? Yes                      | X No          |
| c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section                          |                            |               |
| 1.367(d)-1(c)(3)(ii) for any intangible property?   | Yes                        | X No          |
| d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attri                    | butable                    |               |
| to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described                       | ł in                       |               |
| Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$   |                            |               |
| 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer of                    | r at any                   |               |
| time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?                                     | Yes                        | X No          |
|   |                            |               |
| Supplemental Part III Information Required To Be Reported (see instructions)  |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
|   |                            |               |
| Part IV Additional Information Regarding Transfer of Property (see instructions)  | )                          |               |
|   | <u>.</u>                   |               |
| 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.                       |                            |               |
| (a) Before $\cdot^{000}$ % (b) After $\cdot^{812}$ %  |                            |               |
|   |                            |               |
| 17 Type of nonrecognition transaction (see instructions) ►  |                            |               |
| <b>18</b> Indicate whether any transfer reported in Part III is subject to any of the following.                              |                            |               |
| a Gain recognition under section 904(f)(3)  |                            | X No          |
| <b>b</b> Gain recognition under section 904(f)(5)(F)  |                            | X No          |
| c Recapture under section 1503(d)   |                            | X No          |
| d Exchange gain under section 987   | Yes                        | X No          |
| <b>19</b> Did this transfer result from a change in entity classification?  | Yes                        | X No          |
| 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instruct                   | ctions) Yes                | X No          |
| If "Yes," complete lines 20b and 20c.   |                            |               |
| <b>b</b> Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)                      | ▶ \$                       |               |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the                         | ······ • • • <u>·</u> ···· |               |
| property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2                          | 2)? Yes                    | No            |
| <ul> <li>21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporatio</li> </ul> |                            |               |
| covered by section 367(e)(1)? See instructions  |                            | X No          |

|   | Indicate whether any transfer reported in Part III is subject to any of the following.                      |                    |               |
|---|---|--------------------|---------------|
| I | Gain recognition under section 904(f)(3)  | Yes                | X No          |
| ) | Gain recognition under section 904(f)(5)(F)   | Yes                | X No          |
| ; | Recapture under section 1503(d)   | Yes                | X No          |
|   | Exchange gain under section 987   | Yes                | X No          |
|   | Did this transfer result from a change in entity classification?  | Yes                | X No          |
| I | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) | Yes                | X No          |
|   | If "Yes," complete lines 20b and 20c.   |                    |               |
| ) | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)             | \$                 |               |
| ; | Did the domestic corporation not recognize gain or loss on the distribution of property because the         |                    |               |
|   | property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?      | Yes                | No No         |
|   | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation     |                    |               |
|   | covered by section 367(e)(1)? See instructions  | Yes                | X No          |
|   |   | Form <b>926</b> (F | Rev. 11-2018) |

OMB No. 1545-0026

Attack to your income tay your for the year of the transfer or distribution

Attachment Sequence No. **128** 

| Pa             | rt I U.S. Transferor Information (see instructions)   |                                       |
|----------------|---|---------------------------------------|
| Nam            | e of transferor   | Identifying number (see instructions) |
| GR             | EATER MILWAUKEE FOUNDATION, INC.  |                                       |
|                |   | 39-6036407                            |
| 1              | Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?   | Yes X No                              |
| 2              | If the transferor was a corporation, complete questions 2a through 2d.<br>If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by |                                       |
| а              | five or fewer domestic corporations?  | Yes X No                              |
| b              | Did the transferor remain in existence after the transfer?  |                                       |
|                | If not, list the controlling shareholder(s) and their identifying number(s).  |                                       |
|                | Controlling shareholder   | Identifying number                    |
|                |   |                                       |
|                |   |                                       |
|                |   |                                       |
|                |   |                                       |
|                |   |                                       |
|                |   |                                       |
|                |   |                                       |
|                | If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation   | on? Yes No                            |
| C              | If not, list the name and employer identification number (EIN) of the parent corporation.   |                                       |
|                | Name of parent corporation  | EIN of parent corporation             |
|                |   |                                       |
| d              | Have basis adjustments under section 367(a)(4) been made?   | Yes X No                              |
| 3              | If the transferer was a partner in a partnership that was the actual transferer (but is not tracted as such und   | lor poption 267)                      |
| 3              | If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such und complete questions 3a through 3d.                                       |                                       |
| а              | List the name and EIN of the transferor's partnership.  |                                       |
|                |   |                                       |
|                | Name of partnership   | EIN of partnership                    |
|                |   |                                       |
| b              | Did the partner pick up its pro rata share of gain on the transfer of partnership assets?   | Yes X No                              |
|                | Is the partner disposing of its entire interest in the partnership?   |                                       |
|                | Is the partner disposing of an interest in a limited partnership that is regularly traded on an established   |                                       |
|                | securities market?  | Yes X No                              |
| Pa             | rt II Transferee Foreign Corporation Information (see instructions)   |                                       |
| 4              | Name of transferee (foreign corporation)  | 5a Identifying number, if any         |
| BA             | IN CAPITAL VENTURE GD CAYMAN, LTD.  | 98-1130793                            |
| 6              | Address (including country)   | 5b Reference ID number                |
|                | AND HOUSE SOUTH CHURCH STREET P.O.BOX 309   |                                       |
|                | RGE TOWN , GRAND CAYMAN KY1-1104 CAYMAN ISLANDS   | N/A                                   |
| <b>7</b><br>CJ | Country code of country of incorporation or organization  |                                       |
| <b>8</b><br>CO | Foreign law characterization (see instructions)   |                                       |
| 9              | Is the transferee foreign corporation a controlled foreign corporation?   | Yes X No                              |
| 02453          | 1 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.   | Form <b>926</b> (Rev. 11-2018)        |

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<sup>31</sup> 2020.05000 GREATER MILWAUKEE FOUNDAT 26987251

39-6036407

basis

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#### Part III Information Regarding Transfer of Property (see instructions) Section A - Cash (d) Cost or other **(b)** Description of **(c)** Fair market value on date of transfer (a) Date of Type of property transfer property 08/21/2020 104,305. <u>Cash</u> Was cash the only property transferred? 10

X Yes 📃 No

**(e)** Gain recognized on transfer

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

| Type of<br>property  | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Fair market value on<br>date of transfer | <b>(d)</b><br>Cost or other<br>basis | <b>(e)</b><br>Gain recognized on<br>transfer |
|----------------------|-----------------------------------|--|--|--------------------------------------|--|
| Stock and securities |                                   |  |  |                                      |  |
| Inventory            |                                   |  |  |                                      |  |
|                      |                                   |  |  |                                      |  |
| Other property       |                                   |  |  |                                      |  |
| (not listed under    |                                   |  |  |                                      |  |
| another category)    |                                   |  |  |                                      |  |
|                      |                                   |  |  |                                      |  |
|                      |                                   |  |  |                                      |  |
| Due a sub-sus itile  |                                   |  |  |                                      |  |
| Property with        |                                   |  |  |                                      |  |
| built-in loss        |                                   |  |  |                                      |  |
| Totals               |                                   |  |  |                                      |  |

| 11   | Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain         |     |       |
|------|--|-----|-------|
|      | recognition agreement was filed?   | Yes | No    |
| 12 a | Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a |     |       |
|      | foreign corporation?   | Yes | No No |
|      | If "Yes," go to line 12b.  |     |       |
| b    | Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch |     |       |
|      | (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?        | Yes | 🗌 No  |
|      | If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.                            |     |       |
| с    | Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the            |     |       |
|      | transferee foreign corporation?  | Yes | No No |
|      | If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.                                     |     |       |
| d    | Enter the transferred loss amount included in gross income as required under section 91 🕨 \$                   |     |       |
| 13   | Did the transferor transfer property described in section 367(d)(4)?   | Yes | No No |
|      | If "No," skip Section C and questions 14a through 15.  |     |       |

#### Section C - Intangible Property Subject to Section 367(d)

| Type of<br>property                     | <b>(a)</b><br>Date of<br>transfer | <b>(b)</b><br>Description of<br>property | <b>(c)</b><br>Useful<br>life | <b>(d)</b><br>Arm's length price<br>on date of transfer | <b>(e)</b><br>Cost or other<br>basis | <b>(f)</b><br>Income inclusion for<br>year of transfer |
|---|-----------------------------------|--|------------------------------|---|--------------------------------------|--|
| Property described<br>in sec. 367(d)(4) |                                   |  |                              |   |                                      |  |
|   |                                   |  |                              |   |                                      |  |
| Totals                                  |                                   |  |                              |   |                                      |  |

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|----------|---|------------|---------------|
|          |   |            |               |
| 14 a     | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life        |            |               |
|          | reasonably anticipated to exceed 20 years?  | Yes        | No No         |
| b        | At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?     | Yes        | 🗌 No          |
| с        | Did the transferor choose to apply the 20-year inclusion period provided under Regulations section              |            |               |
|          | 1.367(d)-1(c)(3)(ii) for any intangible property?   | Yes        | 🗌 No          |
| d        | If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable |            |               |
|          | to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in      |            |               |
|          | Regulations section 1.367(d) 1(c)(3)(ii) ▶ \$   |            |               |
| 15       | Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any  |            |               |
|          | time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?                       | Yes        | No            |
|          |   |            |               |
| Sup      | plemental Part III Information Required To Be Reported (see instructions)                                       |            |               |
| <u> </u> |   |            |               |
|          |   |            |               |
|          |   |            |               |
|          |   |            |               |
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|          |   |            |               |
|          |   |            |               |
|          |   |            |               |
|          |   |            |               |
|          |   |            |               |
|          |   |            |               |
| Pa       | rt IV Additional Information Regarding Transfer of Property (see instructions)                                  |            |               |
|          |   |            |               |
| 16       | Enter the transferor's interest in the transferee foreign corporation before and after the transfer.            |            |               |
|          | (a) Before% (b) After%  |            |               |
| 17       | Type of nonrecognition transaction (see instructions) SECTION 351   |            |               |
| 18       | Indicate whether any transfer reported in Part III is subject to any of the following.                          |            |               |
|          |   | Yes        | XNo           |
| a        | Gain recognition under section 904(f)(3)  |            |               |
| b        | Gain recognition under section 904(f)(5)(F)   |            |               |
| С        | Recapture under section 1503(d)   |            | X No          |
| d        | Exchange gain under section 987   |            | X No          |
| 19       | Did this transfer result from a change in entity classification?  | Yes        | 🔟 No          |
| 20 a     | Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)     | Yes        | X No          |
|          | If "Yes," complete lines 20b and 20c.   |            |               |
| b        | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)                 | ▶\$        |               |
|          | Did the domestic corporation not recognize gain or loss on the distribution of property because the             |            |               |
| Ŭ        |   | Yes        | No            |
| 01       | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation         |            |               |
| 21       |   | Yes        | X No          |
|          | covered by section 367(e)(1)? See instructions  |            |               |

| -  | - |
|--|---|
| covered by section 367(e)(1)? See instructions |   |
|  |   |

Form 926 (Rev. 11-2018)

| FORM 926                   | PART III - INFORMATION REGARDING<br>TRANSFER OF PROPERTY | STATEMENT 2 |
|----------------------------|--|-------------|
|                            | CASH   |             |
| (A)<br>DATE OF<br>TRANSFER | (C)<br>FAIR MARKET VALUE<br>ON DATE OF TRANSFER          |             |
| 06/15/2020<br>10/20/2020   | 239,096.<br>6,895.<br>245,991.                           |             |
|                            |  |             |