

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation PECK FOUNDATION MILWAUKEE LTD		<b>A Employer identification number</b> 39-1519687	
Number and street (or P O box number if mail is not delivered to street address) 8325 N RIVER ROAD	Room/suite	<b>B Telephone number</b> (see instructions) (414) 333-1711	
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53217		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>12,192,429</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	1,083	1,083		
	<b>4</b> Dividends and interest from securities	333,248	333,248		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	222,597			
	<b>b</b> Gross sales price for all assets on line 6a	2,681,549			
	<b>7</b> Capital gain net income (from Part IV, line 2)		222,597		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	-1,131	452	0		
<b>12 Total.</b> Add lines 1 through 11	555,797	557,380	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	34,125	17,063	0	17,062
	<b>c</b> Other professional fees (attach schedule)	71,524	71,524	0	0
	<b>17</b> Interest	2,998	2,998	0	0
	<b>18</b> Taxes (attach schedule) (see instructions)	19,914	8,500	0	0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	743	116	0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	129,304	100,201	0	17,062
	<b>25</b> Contributions, gifts, grants paid	631,300			631,300
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	760,604	100,201	0	648,362	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-204,807				
<b>b Net investment income</b> (if negative, enter -0-)		457,179			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	334,816	410,768	410,768
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	1,560,624	1,454,376	1,454,376
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	10,125,298	6,847,673	6,847,673
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	1,474,746	3,279,612	3,279,612
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	200,000	200,000	200,000
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	13,695,484	12,192,429	12,192,429	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	13,695,484	12,192,429		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	13,695,484	12,192,429		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	13,695,484	12,192,429		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	13,695,484
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-204,807
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	13,490,677
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	1,298,248
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	12,192,429

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	222,597
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	-24,093

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	466,351	13,161,452	0.035433
2016	551,520	12,557,666	0.043919
2015	449,155	13,478,933	0.033323
2014	411,400	14,055,477	0.029270
2013	517,750	13,338,549	0.038816

<b>2</b> Total of line 1, column (d)	2	0.180761
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.036152
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	13,302,481
<b>5</b> Multiply line 4 by line 3	5	480,911
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	4,572
<b>7</b> Add lines 5 and 6	7	485,483
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	648,362

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

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 5,828.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. **5b**

Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  Yes  No  
If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?  Yes  No

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

**1** List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2** Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

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

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	13,050,592
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	454,465
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	13,505,057
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	13,505,057
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	202,576
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	13,302,481
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	665,124

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	665,124
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	4,572
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	4,572
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	660,552
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	660,552
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	660,552

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	648,362
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	648,362
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	4,572
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	643,790

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				660,552
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	517,750			
<b>b</b> From 2014. . . . .	411,400			
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	929,150			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>648,362</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				648,362
<b>e</b> Remaining amount distributed out of corpus				0
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	12,190			12,190
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	916,960			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	505,560			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	411,400			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	411,400			
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
KAREN KATZ  
P O BOX 441  
MILWAUKEE, WI 532010441  
(414) 333-1711

**b** The form in which applications should be submitted and information and materials they should include  
NO SPECIFIC FORM

**c** Any submission deadlines  
NO DEADLINES

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
NO RESTRICTIONS

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3b</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Membership dues, Interest on savings, Dividends, Net rental income, etc.

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [ ] Yes [x] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here [Signature] 2019-10-29 [Title]
May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [ ] No

Paid Preparer Use Only section containing fields for Print/Type preparer's name (ANDREW C KOMISAR), Preparer's Signature, Date (2019-10-29), Check if self-employed, PTIN (P00281897), Firm's name (CLIFTONLARSONALLEN LLP), Firm's EIN (41-0746749), and Firm's address (10401 WEST INNOVATION DRIVE SUITE 300 WAUWATOSA, WI 53226).

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
1 PUBLICLY TRADED SECURITIES	P		
1 PUBLICLY TRADED SECURITIES	P		
PUBLICLY TRADED SECURITIES	P		
PUBLICLY TRADED SECURITIES	P		
PUBLICLY TRADED SECURITIES	P		
PUBLICLY TRADED SECURITIES	P		
FROM K-1 - OAKTREE CAPITAL GROUP	P		
FROM K-1 - OAKTREE CAPITAL GROUP	P		
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
232,774		234,216	-1,442
1,471,116		1,438,164	32,952
57,473		70,512	-13,039
212,775		181,532	31,243
105,105		114,870	-9,765
573,782		419,658	154,124
153			153
899			899
27,472			27,472

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			-1,442
			32,952
			-13,039
			31,243
			-9,765
			154,124
			153
			899
			27,472

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
JODI PECK 8325 N RIVER ROAD MILWAUKEE, WI 53217	CO-PRESIDENT 1 00	0	0	0
MIRIAM PECK 8325 N RIVER ROAD MILWAUKEE, WI 53217	VICE PRESIDENT 1 00	0	0	0
KAREN KATZ 8325 N RIVER ROAD MILWAUKEE, WI 53217	CO-PRESIDENT 1 00	0	0	0
WILLIAM L KOMISAR 10401 W INNOVATION DR STE 300 WAUWATOSA, WI 53226	SECRETARY/TR 1 00	0	0	0
HARVEY ALLIGOOD 8325 N RIVER ROAD MILWAUKEE, WI 53217	DIRECTOR 1 00	0	0	0

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

JODI PECK

MIRIAM PECK

KAREN KATZ



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ABCD6737 W WASHINGTON ST WEST ALLIS, WI 53214	NONE	PC	OPERATING	1,000
ACTS HOUSING2414 VLIET ST MILWAUKEE, WI 53205	NONE	PC	OPERATING	5,000
ALVERNO COLLEGE3400 S 43RD ST MILWAUKEE, WI 53234	NONE	PC	OPERATING	2,000
<b>Total . . . . . ▶ 3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVE FT LAUDERDALE, FL 33312	NONE	PC	CAPITAL / OPERATING	100,000
CASA NY911 CENTRAL AVENUE 117 ALBANY, NY 12206	NONE	PC	PROGRAM	700
CHILDREN'S DIAGNOSTIC TREATMENT CENTER 1401 S FEDERAL HWY FORT LAUDERDALE, FL 33316	NONE	PC	OPERATING	1,000
<b>Total . . . . . ▶ 3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDRENS HOSPITAL OF WISCONSIN PO BOX 1997 MILWAUKEE, WI 53201	NONE	PC	OPERATING	10,000
FIRST STAGE MILWAUKEE 325 W WALNUT ST MILWAUKEE, WI 53212	NONE	PC	OPERATING	1,500
FOUNDATION FOR WILDLIFE CONSERVATION 10586 MANITOU PARK BLVD NE BAINBRIDGE IS, WA 98110	NONE	PC	OPERATING	500
<b>Total . . . . .</b> ▶ <b>3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF SCHLITZ AUDUBON CENTER 1111 E BROWN DEER RD MILWAUKEE, WI 53217	NONE	PC	OPERATING	2,000
FUNDING ARTS BROWARD 401 E LAS OLAS BLVD 2200 FT LAUDERDALE, FL 33301	NONE	PC	OPERATING	15,000
GREAT LAKES BAROQUE 1660 VALLEY FORGE CT BROOKFIELD, WI 53045	NONE	PC	OPERATING	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER MILWAUKEE FOUNDATION 101 W PLEASANT ST MILWAUKEE, WI 53212	NONE	PC	OPERATING	3,000
HABITAT FOR HUMANITY 420 S 1ST ST MILWAUKEE, WI 53204	NONE	PC	OPERATING	2,500
IMAGINE MKE 3150 E KENWOOD BLVD MILWAUKEE, WI 53211	NONE	PC	OPERATING	5,000
<b>Total . . . . . ▶ 3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INTERNATIONAL FOUNDATION FOR CDKL5 PO BOX 926 WADSWORTH, OH 44282		PC	OPERATING	500
JEWISH BEGINNINGS 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	NONE	PC	OPERATING	4,000
JEWISH COMMUNITY CENTER FOOD PANTRY 2900 W CENTER ST MILWAUKEE, WI 53210	NONE	PC	OPERATING	1,000
<b>Total . . . . . ▶ 3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEWISH COMMUNITY CENTER 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217	NONE	PC	OPERATING/PROGRAM	8,500
JEWISH HOME & CARE CTR FOUNDATION 1414 N PROSPECT AVE MILWAUKEE, WI 53202	NONE	PC	OPERATING/PROGRAM	11,150
JEWISH NATIONAL FUND 42 E 69TH ST NEW YORK, NY 10021	NONE	PC	OPERATING	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEUKEMIALYMPHOMA SOCIETY 200 S EXECUTIVE DR BROOKFIELD, WI 53005	NONE	PC	OPERATING	1,000
MAKE A DIFFERENCE 710 N PLANKINTON AVE MILWAUKEE, WI 53203	NONE	PC	OPERATING	1,000
MEDICAL COLLEGE OF WI 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	NONE	PC	OPERATING	100,000
<b>Total . . . . .</b> ▶ <b>3a</b>				631,300



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
META HOUSE 2625 N WEIL ST MILWAUKEE, WI 53212	NONE	PC	OPERATING	1,000
MILWAUKEE ART MUSEUM 750 N LINCOLN MEMORIAL DR MILWAUKEE, WI 53202	NONE	PC	OPERATING/CAPITAL	51,000
MILWAUKEE BALLET 504 W NATIONAL AVE MILWAUKEE, WI 53204	NONE	PC	CAPITAL/OPERATING	110,700
<b>Total . . . . .</b>				<b>631,300</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MILWAUKEE PUBLIC MUSEUM 800 W WELLS ST MILWAUKEE, WI 53233	NONE	PC	OPERATING	1,000
MILWAUKEE REPERTORY THEATER 108 E WELLS ST MILWAUKEE, WI 53202	NONE	PC	OPERATING	15,000
MILWAUKEE YOUTH SYMPHONY ORCHESTRA 325 W WALNUT ST MILWAUKEE, WI 53212	NONE	PC	OPERATING	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MUSEUM OF ART FORT LAUDERDALE ONE E OLAS BLVD FT LAUDERDALE, FL 33301	NONE	PC	OPERATING	5,000
NSU ART MUSEUM1 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	NONE	PC	OPERATING	2,500
OVATION SARAH CHUDNOW 10995 N MARKET ST MEQUON, WI 53092	NONE	PC	OPERATING	100
<b>Total . . . . .</b>				<b>631,300</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PELZ HOLOCAUST EDUCATIONAL RESOURCE CENTER 1360 N PROSPECT AVE MILWAUKEE, WI 53202	NONE	PC	OPERATING	2,500
PENFIELD CHILDREN'S CTR 833 N 26TH ST MILWAUKEE, WI 53233	NONE	PC	OPERATING	6,000
PLANNED PARENTHOOD OF WISCONSIN INC 302 N JACKSON ST MILWAUKEE, WI 53202	NONE	PC	OPERATING	11,600
<b>Total . . . . . ▶ 3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RED CROSS2600 W WISCONSIN AVE MILWAUKEE, WI 53233	NONE	PC	OPERATING	500
RUACH INC 6310 N PORT WASHINGTON RD MILWAUKEE, WI 53217	NONE	PC	OPERATING	2,000
SAFE AND SOUND801 W MICHIGAN ST MILWAUKEE, WI 53233	NONE	PC	OPERATING	1,000
<b>Total . . . . . ▶ 3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHARON LYNNE WILSON CENTER 19805 W CAPITOL DR BROOKFIELD, WI 53045	NONE	PC	OPERATING	900
ST ANN CENTER 2801 E MORGAN AVE MILWAUKEE, WI 53207	NONE	PC	OPERATING	2,000
TOLI 158TH EAST 79TH ST NEW YORK, NY 10075	NONE	PC	PROGRAM	2,500
<b>Total . . . . . ▶ 3a</b>				631,300

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED PERFORMING ARTS FUND 301 W WISCONSIN AVE 600 MILWAUKEE, WI 53203	NONE	PC	OPERATING	5,000
UWM GRADUATE SCHOOL 1440 EAST NORTH AVE MILWAUKEE, WI 53202	NONE	PC	OPERATING	6,000
VENETIAN ARTS SOCIETY PO BOX 2114 FORT LAUDERDALE, FL 33301	NONE	PC	OPERATING	1,500
<b>Total . . . . .</b>				<b>631,300</b>

▶ **3a**

<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY 10005 W BLUEMOUND RD MILWAUKEE, WI 53226	NONE	PC	OPERATING / PROGRAM	120,150
<b>Total</b> . . . . .			<b>▶ 3a</b>	631,300



**TY 2018 Accounting Fees Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	34,125	17,063	0	17,062

**TY 2018 Investments Corporate Bonds Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CORPORATE BONDS - NORTHERN TRUST	3,279,612	3,279,612

**TY 2018 Investments Corporate Stock Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

## Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CORPORATE STOCK	6,847,673	6,847,673

**TY 2018 Investments Government Obligations Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**US Government Securities - End  
of Year Book Value:**

1,454,376

**US Government Securities - End  
of Year Fair Market Value:**

1,454,376

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2018 Investments - Other Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
OTHER INVESTMENTS - NORTHERN TRUST	FMV	200,000	200,000

**TY 2018 Other Decreases Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

<b>Description</b>	<b>Amount</b>
UNREALIZED G/L ON SEC	1,298,248

**TY 2018 Other Expenses Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FROM K-1 - OAK TREE DEDUCTIONS	116	116	0	0
MISCELLANEOUS	627	0	0	0

**TY 2018 Other Income Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM K-1 - AMERIGAS	-1,628		0
FROM K-1 - OAKTREE CAPITAL	264	219	0
OTHER INCOME	233	233	0



**TY 2018 Other Professional Fees Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	71,524	71,524	0	0

**TY 2018 Taxes Schedule****Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES	8,500	8,500	0	0
EXCISE TAX PAID	11,414	0	0	0