•	For ca	ellendar year 2018 or other tax year beginning		, and ending			<b>ZU 18</b>
Department of the Treasury Internal Revenue Service	l ▶	► Go to www irs gov/Form990T for i Do not enter SSN numbers on this form as it ma				ı	Open to Public Inspection fo 501(c)(3) Organizations Only
A Check box if address changed				d and see instructions.)		(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	PECK FOUNDATION MILWAU	KEE	LTD.		39-1519687	
<b>X</b> 501( <b>c</b> )(3)	_ or	Number, street, and room or suite no. If a P.O. bo	E Unrelated business activity code (See instructions)				
408(e) 220(e)	Туре	P O BOX 441		, 			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
408A530(a)		City or town, state or province, country, and ZIP	or foreig	n postal code	<del></del>		
529(a)		MILWAUKEE, WI 53201-0	441			900	099
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<b></b>				···
12,192,4	<u> 29.</u>	G Check organization type ► X 501(c) co	rporatio	n 501(c) trust	401(a)	trust	Other trust
	•	ition's unrelated trades or businesses. 🕨	1	Describe	the only (or first) un	related	I
trade or business here	► PAS	SSTHROUGH K-1S WITH UBT	'I	If only one,	$complete\ Parts\ I-V.$	If more	e than one,
, describe the first in the bl	lank spa	ice at the end of the previous sentence, complete P	arts I ar	id II, complete a Schedule	M for each additions	al trade	e or
business, then complete							
	-	poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	<b>▶</b> L	Y	es 🗓 No
		tifying number of the parent corporation.			· · · · · · · · · · · · · · · · · · ·		156 1000
J The books are in care of		WILLIAM L KOMISAR		<del>,</del>	one number > 4		<del></del>
		de or Business Income		(A) Income	(B) Expenses	127-9970°1. //	(C) Net
1a Gross receipts or sale				5 7040			A STATE OF THE STA
b Loss returns and allow		c Balance	1c		776388888888888888888888888888888888888		
2 Cost of goods sold (S		•	2			988 888 988 888	
3 Gross profit. Subtract			3			8888480 8888880	
4a Capital gain net incom	•	•	4a			22°02	
0 411 1 1		art II, line 17) (attach Form 4797)	4b				
•		ship or an S corporation (attach statement)	4c 5	-1,583.	STMT:1	<b>A</b> 363	-1,583.
5 Income (loss) from a   6 Rent income (Schedul		ship of an 3 corporation (attach statement)	6	1,303.	6.86% 27 H 18% 1	- X= 13538	1,303.
7 Unrelated debt-finance	-	ne (Schedule E)	7				
		nd rents from a controlled organization (Schedule F)	$\vdash$				
		on 501(c)(7), (9), or (17) organization (Schedule G)					,
10 Exploited exempt activ			10				
11 Advertising income (S			11				
12 Other income (See ins			12		XX:XX:3470		
13 Total. Combine lines	3 through	gh 12	13	<del>1,583.</del>			-1,583
		t Taken Elsewhere (See instructions f					71
(Except for c	ontribu	utions, deductions must be directly connected	101	he unrelated business	income)		
14 Compensation of offi	cers, dır	rectors, and trustees (Schedule K)	22	NOV <b>0 4</b> 2019	191	14	
15 Salaries and wages			ပြ		IRS-0	15	
16 Repairs and maintena	ance			OGDEN, UT		16	<i>*</i>
17 Bad debts			<u></u>	OODLIA, OI		17	
18 Interest (attach sched	dule) (se	ee instructions)				18	
19 Taxes and licenses						19	, , , , , , , , , , , , , , , , , , ,
		e instructions for limitation rules)				20	
21 Depreciation (attach l		•	•	21			_
·	imed on	Schedule A and elsewhere on return		22a		22b	<u> </u>
23 Depletion						23	
24 Contributions to defe		npensation plans				24	
<ul><li>25 Employee benefit pro</li><li>26 Excess exempt exper</li></ul>	•	Phodule IV				25 26	<del></del>
27 Excess readership co						27	
28 Other deductions (att						28	
29 Total deductions. Ac						29	, 0.
		ncome before net operating loss deduction. Subtrac	et line 20	9 from line 13	-	30	-1,583.
		oss arising in tax years beginning on or after Janua				31_	
		ncome. Subtract line 31 from line 30	, ,,			32	-1,583.

EXTENDED TO NOVEMBER 15, 2019

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

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

Part I	Total Unrelated Business Taxable Income									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  33									
34	Amounts paid for disallowed fringes	34								
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 15	35 0.								
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
	lines 33 and 34	36 -1,583.								
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.								
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	91 = 7000								
	enter the smaller of zero or line 36	38   -1,583.								
Part I		<u> </u>								
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39 0.								
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:									
70	Tax rate schedule or Schedule D (Form 1041)	40								
44	Proxy tax See instructions	40								
41		41								
42	Alternative minimum tax (trusts only)	42								
43	Tax on Noncompliant Facility Income See instructions	43								
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments	0.								
		T								
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	-  :								
b	Other credits (see instructions)  45b	<b>⊣</b> ૂં. ₌								
C	General business credit. Attach Form 3800 45c	<b>⊣</b> ' · ]								
	Credit for prior year minimum tax (attach Form 8801 or 8827)	<del> </del>								
	Total credits. Add lines 45a through 45d	45e								
46	Subtract line 45e from line 44	46 0.								
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47								
48	Total tax Add lines 46 and 47 (see instructions)	48 0.								
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49 0.								
	Payments: A 2017 overpayment credited to 2018	4								
b	2018 estimated tax payments 50b	4								
C	Tax deposited with Form 8868	<u>.</u>								
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	<u> </u>								
е	Backup withholding (see instructions) 50e	]								
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	.bx								
g	Other credits, adjustments, and payments: Form 2439	₩ * I								
	Form 4136 Other Total ▶	// <b>*</b> /4								
51	Total payments. Add lines 50a through 50g	51								
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52								
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53								
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54								
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55								
Part V	I Statements Regarding Certain Activities and Other Information (see instructions)									
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes No								
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file									
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	, , , , , , , , , , , , , , , , , , ,								
	here >	X								
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X								
	If "Yes," see instructions for other forms the organization may have to file.	2 , 1								
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$									
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is true,								
Sign		lay the IRS discuss this return with								
Here		ne preparer shown below (see								
	Signature of officer Date Title	structions)? X Yes No								
	Print/Type preparer's name Preparer's signature Date Check	if PTIN								
Paid	self- employed									
Prepa	ANDDER O FORTGAD ANDDER O FORTGAD 10/29/10	P00281897								
Use O	CI TEMONIA DICONALI EN LI D									
200 0	10401 WEST INNOVATION DRIVE, SUITE 30									
	Firm's address ► WAUWATOSA, WI 53226 Phone no. 4	114-476-1880								
823711 01-		Form 990-T (2018)								
	2	(= - · <del>-</del> )								

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation   N	I/A			
1 Inventory at beginning of year	1		6 Inventory at end	of year		6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		from line 5. Enter	here and in	Part I,	, 5 <sup>2</sup> ~	
4a Additional section 263A costs		·	line 2			7	
(attach schedule)	4a		8 Do the rules of se	ction 263A (	with respect to	Yes No	
b Other costs (attach schedule)	4b		property produce	d or acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (	From Real	Property and	Personal Proper	ty Lease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)					<del></del>		
(3)				-			
(4)	•				<del></del>	· · · · · · · · · · · · · · · · · · ·	
		ed or accrued			3(a) Deductions directly c	onnected with the income in	
(a) From personal property (if the percent for personal property is more 10% but not more than 50%)	than	of rent for	and personal property (if the pe personal property exceeds 50% nt is based on profit or income)	or it	columns 2(a) and	t 2(b) (attach schedule)	
(1)							
(2)							
(3)							
(4)			<del></del>			· · · · · · · · · · · · · · · · · · ·	
Total	0.	Total		0.	<b>.</b>		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
			2. Gross income from		<ol> <li>Deductions directly connected to debt-finance</li> </ol>		
1 0			or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
1 Description of debt-fir	tanced property		financed property	``	(attach schedule)	(attach schedule)	
						<u></u>	
(1)	-						
(2)							
(3)		<del></del>		<del></del>			
(4)	,			_			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
	T			%			
(1)	I			%			
<u>(1)</u> (2)				70		<u> </u>	
(2)			<del> </del>	%			
(3)							
(2)				% %	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
(2) (3) (4)				% %	Part I, line 7, column (A)	Part I, line 7, column (B)	
(2)	ncluded in columi	18		% %			

Schedule J - Advertising Income (see instructions) Rart Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(3)						
(4)		<u> </u>				
Totals (carry to Part II, line (5))	0.	0.				0.

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0.

Totals

			_,			
Pärtill	Income From	Periodicals I	Reported on a	Separate Basis	(For each periodical li	sted in Part II, fill in
	columns 2 through	h 7 on a line-by-lii	ne basis.)			

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					·	
(2)				- <del> </del>		···
(3)						1
(4)		<u></u>				
Totals from Part I	0.	0.				0 .
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		1.85		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

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FORM 990-T INCOME (LOSS) FROM PARTNERSH	IPS STATEMENT 14
DESCRIPTION	NET INCOME OR (LOSS)
FROM K-1 - AMERIGAS - ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - OAKTREE CAPITAL - ORDINARY BUSINESS INCOME	E
(LOSS) TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,583.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	2,808.	0.	2,808.	2,808.
12/31/17	5,348.	0.	5,348.	5,348.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	8,156.	8,156.