

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 for instructions and the latest information.

OMB No 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation PECK FOUNDATION MILWAUKEE LTD		A Employer identification number 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 Telephone number (see instructions) (414) 333-1711
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53217		C If exemption application is pending, check here <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>13,366,506</u>	J 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)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5	5		
	4 Dividends and interest from securities	373,241	373,241		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	185,999			
	b Gross sales price for all assets on line 6a	3,986,113			
	7 Capital gain net income (from Part IV, line 2)		185,999		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	374	374	0		
12 Total. Add lines 1 through 11	559,619	559,619	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	34,000	17,000	0	17,000
	c Other professional fees (attach schedule)	43,834	43,834	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	7,740	7,740	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	475	0	0	475
	24 Total operating and administrative expenses. Add lines 13 through 23	86,049	68,574	0	17,475
	25 Contributions, gifts, grants paid	596,050			596,050
26 Total expenses and disbursements. Add lines 24 and 25	682,099	68,574	0	613,525	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-122,480				
b Net investment income (if negative, enter -0-)		491,045			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets 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
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	410,768	542,547	542,547
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	1,454,376	1,392,824	1,392,824
	b Investments—corporate stock (attach schedule)	6,847,673	7,974,019	7,974,019
	c Investments—corporate bonds (attach schedule)	3,279,612	3,254,969	3,254,969
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	200,000	202,147	202,147
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	12,192,429	13,366,506	13,366,506	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	12,192,429	13,366,506	
29 Total net assets or fund balances (see instructions)	12,192,429	13,366,506		
30 Total liabilities and net assets/fund balances (see instructions) .	12,192,429	13,366,506		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	12,192,429
2 Enter amount from Part I, line 27a	2	-122,480
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,296,557
4 Add lines 1, 2, and 3	4	13,366,506
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	13,366,506

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.)	
1a See Additional Data Table					
b					
c					
d					
e					
(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)		
a See Additional Data Table					
b					
c					
d					
e					
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a See Additional Data Table					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7					185,999
3 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					-49,501

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))
2018	643,790	13,302,481	0.048396
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
2 Total of line 1, column (d)			0.190341
3 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			0.038068
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			12,982,427
5 Multiply line 4 by line 3			494,215
6 Enter 1% of net investment income (1% of Part I, line 27b)			4,910
7 Add lines 5 and 6			499,125
8 Enter qualifying distributions from Part XII, line 4			613,525

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 918.

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, distribution to donor advised funds, public inspection requirements, and books in care of.

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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 or authority over a bank, securities, or other financial account in a foreign country.

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)

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propoganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<table border="1"> <tr><td></td><td style="text-align:center">Yes</td><td style="text-align:center">No</td></tr> </table>		Yes	No
	Yes	No		
<p>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 <input type="checkbox"/></p> <p>Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/></p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53 4945–5(d)</i></p>	<table border="1"> <tr><td style="text-align:center">5b</td><td></td><td></td></tr> </table>	5b		
5b				
<p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	<table border="1"> <tr><td style="text-align:center">6b</td><td></td><td style="text-align:center">No</td></tr> </table>	6b		No
6b		No		
<p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<table border="1"> <tr><td style="text-align:center">7b</td><td></td><td></td></tr> </table>	7b		
7b				
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>			

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

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

Part IX-A Summary of Direct Charitable Activities

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

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
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	12,576,946
b	Average of monthly cash balances.	1b	603,183
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	13,180,129
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	13,180,129
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	197,702
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	12,982,427
6	Minimum investment return. Enter 5% of line 5.	6	649,121

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.)

1	Minimum investment return from Part X, line 6.	1	649,121
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	4,910
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,910
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	644,211
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	644,211
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	644,211

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	613,525
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	613,525
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	4,910
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	608,615

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				644,211
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014. 411,400				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	411,400			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 613,525				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				613,525
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	30,686			30,686
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	380,714			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	380,714			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary 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

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
8325 RIVER ROAD
MILWAUKEE, WI 53217
(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)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				596,050
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				1,450,000

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

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. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

(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 No

b If "Yes," complete the following schedule

(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 ▶ _____ 2020-05-17 _____
 Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below
 (see instr) Yes No

Paid Preparer Use Only	Print/Type preparer's name ANDREW C KOMISAR	Preparer's Signature	Date 2020-05-15	Check if self-employed <input type="checkbox"/>	PTIN P00281897
	Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶ 41-0746749
	Firm's address ▶ 10401 W INNOVATION DR STE 300 WAUWATOSA, WI 53226				Phone no (414) 476-1880

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, (a) 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.)
PUBLICLY TRADED SECURITIES			
PUBLICLY TRADED SECURITIES			
PUBLICLY TRADED SECURITIES			
PUBLICLY TRADED SECURITIES			
PUBLICLY TRADED SECURITIES			
CAPITAL GAINS DIVIDENDS	P		

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

(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)
524,457		502,920	21,537
2,591,912		2,407,249	184,663
318,246		301,159	17,087
168,473		239,511	-71,038
349,937		349,275	662
33,088			33,088

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			(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	
			21,537
			184,663
			17,087
			-71,038
			662
			33,088

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
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)				
a <i>Paid during the year</i>				
ABCD6737 W WASHINGTON ST WEST ALLIS, WI 53214	NONE	PC	OPERATING	1,000
ABOVE THE CLOUDSPO BOX 16122 MILWAUKEE, WI 53216	NONE	PC	OPERATING	1,000
ACTS HOUSING2414 VLIET ST MILWAUKEE, WI 53205	NONE	PC	OPERATING	1,000
Total ▶ 3a				596,050

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)				
a <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	250
CHILDRENS HOSPITAL OF WISCONSIN PO BOX 1997 MILWAUKEE, WI 53201	NONE	PC	OPERATING	10,000
Total				596,050



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)				
a <i>Paid during the year</i>				
COA YOUTH & FAMILY CENTERS 909 E NORTH AVE MILWAUKEE, WI 53212	NONE	PC	OPERATING	3,000
CONGREGATION SHALOM 7630 N SANTA MONICA BLVD MILWAUKEE, WI 53217	NONE	PC	OPERATING	1,800
FIRST STAGE MILWAUKEE 325 W WALNUT ST MILWAUKEE, WI 53212	NONE	PC	OPERATING	2,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
FOX POINT BAYSIDE EDUCATION FOUNDATION 7300 N LOMBARDY RD FOX POINT, WI 53217	NONE	PC	OPERATING	1,000
FRIENDS OF ARAVA INSTITUTE 1320 CENTRE ST STE 206 NEWTON CENTRE, MA 02459	NONE	PC	OPERATING	200
FUNDING ARTS BROWARD 401 E LAS OLAS BLVD 2200 FT LAUDERDALE, FL 33301	NONE	PC	OPERATING	30,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
GREAT LAKES BAROQUE 1776 LAKE SHORE DR GRAFTON, WI 53024	NONE	PC	OPERATING	1,500
HABITAT FOR HUMANITY 420 S 1ST ST MILWAUKEE, WI 53204	NONE	PC	OPERATING	3,000
HILLEL MILWAUKEE CHAPTER 3053 N STOWELL AVE MILWAUKEE, WI 53211	NONE	PC	OPERATING	1,000
Total				596,050

▶ **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)				
a <i>Paid during the year</i>				
IMAGINE MKE 1037 WEST MCKINLEY AVE STE 302 MILWAUKEE, WI 53205	NONE	PC	OPERATING	5,000
JEWISH BEGINNINGS 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217	NONE	PC	OPERATING	5,000
JEWISH COMMUNITY CENTER 6255 N SANTA MONICA BLVD MILWAUKEE, WI 53217	NONE	PC	OPERATING/PROGRAM	29,800
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
JEWISH HOME & CARE CTR FOUNDATION 1414 N PROSPECT AVE MILWAUKEE, WI 53202	NONE	PC	OPERATING/PROGRAM	11,500
JEWISH NATIONAL FUND 42 E 69TH ST NEW YORK, NY 10021	NONE	PC	OPERATING	3,000
JOURNEY HOUSE 2110 W SCOTT ST MILWAUKEE, WI 53204	NONE	PC	OPERATING	10,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
LEUKEMIALYMPHOMA SOCIETY 200 S EXECUTIVE DR BROOKFIELD, WI 53005	NONE	PC	OPERATING	1,000
LIGHTHOUSE OF BROWARD COUNTY 650 N ANDREWS AVE FORT LAUDERDALE, FL 33311	NONE	PC	OPERATING	1,000
MAKE A DIFFERENCE 710 N PLANKINTON AVE MILWAUKEE, WI 53203	NONE	PC	OPERATING	1,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
MEDICAL COLLEGE OF WI 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	NONE	PC	OPERATING	100,000
META HOUSE2625 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
Total				596,050

▶ **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)				
a <i>Paid during the year</i>				
MILWAUKEE BALLET 504 W NATIONAL AVE MILWAUKEE, WI 53204	NONE	PC	CAPITAL/OPERATING	110,000
MILWAUKEE FILM 399 E WISCONSIN AVE 200 MILWAUKEE, WI 53202	NONE	PC	CAPITAL/OPERATING	2,000
MILWAUKEE INSTITUTE OF ART & DESIGN 273 E ERIE ST MILWAUKEE, WI 53202	NONE	PC	CAPITAL/OPERATING	3,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
MILWAUKEE JEWISH FEDERATION 1360 N PROSPECT AVE STE 1 MILWAUKEE, WI 53202	NONE	PC	CAPITAL/OPERATING	5,000
MILWAUKEE PUBLIC MUSEUM 800 W WELLS ST MILWAUKEE, WI 53233	NONE	PC	OPERATING	3,500
MILWAUKEE REPERTORY THEATER 108 E WELLS ST MILWAUKEE, WI 53202	NONE	PC	OPERATING	18,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
MILWAUKEE YOUTH SYMPHONY ORCHESTRA 325 W WALNUT ST MILWAUKEE, WI 53212	NONE	PC	OPERATING	2,000
MUSEUM OF ART FORT LAUDERDALE ONE E OLAS BLVD FT LAUDERDALE, FL 33301	NONE	PC	OPERATING	10,000
PELZ HOLOCAUST EDUCATIONAL RESOURCE CENTER 1360 N PROSPECT AVE MILWAUKEE, WI 53202	NONE	PC	OPERATING	3,500
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
PENFIELD CHILDREN'S CENTER 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	10,000
RUACH INC 6310 N PORT WASHINGTON RD MILWAUKEE, WI 53217	NONE	PC	OPERATING	1,500
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
SAFE AND SOUND801 W MICHIGAN ST MILWAUKEE, WI 53233	NONE	PC	OPERATING	1,000
SCHLITZ AUDUBON CENTER 1111 E BROWN DEER RD MILWAUKEE, WI 53217	NONE	PC	OPERATING	3,000
ST ANN CENTER2801 E MORGAN AVE MILWAUKEE, WI 53207	NONE	PC	OPERATING	2,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
TOLI58TH EAST 79TH ST NEW YORK, NY 10075	NONE	PC	PROGRAM	2,500
UNITED PERFORMING ARTS FUND 929 N WATER ST MILWAUKEE, WI 53203	NONE	PC	OPERATING	5,000
UNIVERSITY OF WISCONSIN MILWAUKEE - LUBAR SCHOOL OF BUSINESS 3202 N MARYLAND AVE MILWAUKEE, WI 53202	NONE	PC	OPERATING	1,500
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
URBAN ECOLOGY CENTER 1500 E PARK PLACE MILWAUKEE, WI 53211	NONE	PC	OPERATING	3,000
UWM GRADUATE SCHOOL MITCHELL HALL RM 261 PO BOX 340 MILWAUKEE, WI 532010340	NONE	PC	OPERATING	2,000
VENETIAN ARTS SOCIETYPO BOX 2114 FORT LAUDERDALE, FL 33301	NONE	PC	OPERATING	2,000
Total ▶ 3a				596,050

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)				
a <i>Paid during the year</i>				
WISCONSIN MUSEUM OF ART 205 VETERANS AVE WEST BEND, WI 53095	NONE	PC	OPERATING	2,000
ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY 10005 W BLUEMOUND RD MILWAUKEE, WI 53226	NONE	PC	OPERATING / PROGRAM	21,500
Total ▶ 3a				596,050

TY 2019 Accounting Fees Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	34,000	17,000	0	17,000

TY 2019 Investments Corporate Bonds Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS - NORTHERN TRUST	3,254,969	3,254,969

TY 2019 Investments Corporate Stock Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	7,974,019	7,974,019

TY 2019 Investments Government Obligations Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**US Government Securities - End
of Year Book Value:**

1,392,824

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

1,392,824

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

0

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

0

TY 2019 Investments - Other Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS - NORTHERN TRUST	FMV	202,147	202,147

TY 2019 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
MISCELLANEOUS	475	0	0	475

TY 2019 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
OTHER INCOME	374	374	0

TY 2019 Other Increases Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

Description	Amount
UNREALIZED G/L ON SEC	1,296,557

TY 2019 Other Professional Fees Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	43,834	43,834	0	0

TY 2019 Taxes Schedule**Name:** PECK FOUNDATION MILWAUKEE LTD**EIN:** 39-1519687

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	7,740	7,740	0	0