

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation CHARLES D JACOBUS FAMILY FOUNDATION		A Employer identification number 39-1559892	
Number and street (or P.O. box number if mail is not delivered to street address) 11815 W BRADLEY ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53224		B Telephone number (see instructions) (414) 577-0252	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
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	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 7,658,692		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
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.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(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)	362,001			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	82	82		
	4 Dividends and interest from securities . . .	79,059	79,059		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	912,195			
	b Gross sales price for all assets on line 6a 1,146,727				
	7 Capital gain net income (from Part IV, line 2) . . .		912,195		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	3,966	3,966		
	12 Total. Add lines 1 through 11	1,357,303	995,302		
	13 Compensation of officers, directors, trustees, etc.	54,890	0		54,890
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	13,800	0		13,800
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,500	1,250		1,250
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	12,517	1,674		4,395
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	34,788	30,013		4,775
	24 Total operating and administrative expenses. Add lines 13 through 23	118,495	32,937		79,110
	25 Contributions, gifts, grants paid	346,750			346,750
	26 Total expenses and disbursements. Add lines 24 and 25	465,245	32,937		425,860
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	892,058			
	b Net investment income (if negative, enter -0-)		962,365		
c Adjusted net income (if negative, enter -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	72,079	113,614	113,614
	2 Savings and temporary cash investments	866,276	1,631,577	1,631,577
	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)			
	b Investments—corporate stock (attach schedule)	1,561,686	1,791,996	5,913,501
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	154,477	0	0	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,654,518	3,537,187	7,658,692	
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	2,654,518	3,537,187	
	29 Total net assets or fund balances (see instructions)	2,654,518	3,537,187	
30 Total liabilities and net assets/fund balances (see instructions) .	2,654,518	3,537,187		

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	2,654,518
2 Enter amount from Part I, line 27a	2	892,058
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	3,546,576
5 Decreases not included in line 2 (itemize) ▶ _____	5	9,389
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	3,537,187

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	
a See Additional Data Table			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;">If gain, also enter in Part I, line 7</div> <div style="display: inline-block; vertical-align: middle;">If (loss), enter -0- in Part I, line 7</div> </div> </div>	2	912,195
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		3	

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved		2	
3 Reserved.		3	
4 Reserved		4	
5 Reserved		5	
6 Reserved		6	
7 Reserved		7	
8 Reserved ,		8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	13,377
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	13,377
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	13,377
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	8,000
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	5,250
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	13,250
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	127
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="text"/> \$ <u>0</u> (2) On foundation managers. <input type="text"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/> WI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.CDJFF.ORG</u>	13	Yes	
14	The books are in care of ► <u>ERIN LEWIS</u> Telephone no. ► <u>(414) 359-0700</u>			

Located at ► 11815 W BRADLEY ROAD MILWAUKEE WIZIP+4 ► 53224

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the 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.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	No
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	No

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:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(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		
(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		
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	No
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
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		
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
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		

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
KARIM MACLEOD 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	PRESIDENT 40.00	54,890	13,800	0
EUGENIA JACOBUS 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	VICE PRESIDENT 1.00	0	0	0
EUGENE T JACOBUS 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	TREASURER/SECRETARY 1.00	0	0	0
CHARLES D JACOBUS JR 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	DIRECTOR 1.00	0	0	0
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)
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	4,707,181
b	Average of monthly cash balances.	1b	1,591,160
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	6,298,341
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	6,298,341
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	94,475
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,203,866
6	Minimum investment return. Enter 5% of line 5.	6	310,193

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	310,193
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	13,377
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	13,377
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	296,816
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	296,816
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	296,816

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	425,860
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	425,860
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	425,860

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				296,816
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	140,477			
b From 2016.	117,071			
c From 2017.	113,742			
d From 2018.	78,408			
e From 2019.	203,176			
f Total of lines 3a through e.	652,874			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 425,860				
a Applied to 2019, 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 2020 distributable amount.				296,816
e Remaining amount distributed out of corpus	129,044			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	781,918			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions).	140,477			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	641,441			
10 Analysis of line 9:				
a Excess from 2016.	117,071			
b Excess from 2017.	113,742			
c Excess from 2018.	78,408			
d Excess from 2019.	203,176			
e Excess from 2020.	129,044			

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 2020, enter the date of the ruling. ☐ 4942(j)(3) or ☐ 4942(j)(5)

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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					

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

Part XV

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).)

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:

KARIM MACLEOD
11815 W BRADLEY ROAD
MILWAUKEE, WI 53224
(414) 359-0564

b The form in which applications should be submitted and information and materials they should include:

GRANT APPLICATIONS SHOULD BE SUBMITTED ONLINE AND SHOULD INCLUDE THE FOLLOWING INFORMATION: PURPOSE, OFFICERS, DIRECTORS, AND EVIDENCE OF TAX STATUS

c Any submission deadlines:

SPECIAL PROGRAMS-APRIL, CAPITAL/GENERAL OPERATING-NOVEMBER, SCHOLARSHIPS-DESIGNATED BY COMMITTEE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

GRANTS AND CONTRIBUTIONS-LIMITED GENERALLY TO SOUTHEASTERN WISCONSIN SCHOLARSHIPS-TO CHILDREN OF EMPLOYEES OF JACOBUS INVESTMENTS AND SUBS.

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				346,750
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Enter gross amounts unless otherwise indicated.

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

Form **990-PF** (2020)

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

		Yes	No
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--	--	--

1a(1)		No
1a(2)		No

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1b(1)	No
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1b(2)		No
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1b(3)	No
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1b(4)	No
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1b(5)		No
--------------	--	-----------

1b(6)	No
--------------	-----------

1c		No
-----------	--	-----------

value
ue

[illegible]

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**

2021-09-07

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 LAWRENCE H MOHR CPA	Preparer's Signature	Date 2021-09-07	Check if self-employed <input type="checkbox"/>	PTIN P00447603
Firm's name ► BAKER TILLY US LLP				Firm's EIN ► 39-0859910
Firm's address ► 777 E WISCONSIN AVENUE 32ND FLOOR MILWAUKEE, WI 53202				Phone no. (414) 777-5500

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.)
350 SHS OF TJX COMPANIES INC.			2020-01-27
180 SHS OF TJX COMPANIES INC.			2020-01-28
500 SHS OF TJX COMPANIES INC.			2020-01-28
610 SHS OF TJX COMPANIES INC.			2020-01-29
580 SHS OF TJX COMPANIES INC.			2020-01-30
650 SHS OF TJX COMPANIES INC.			2020-01-31
960 SHS OF TJX COMPANIES INC.			2020-02-03
370 SHS OF TJX COMPANIES INC.			2020-02-04
620 SHS OF TJX COMPANIES INC.			2020-02-06
565 SHS OF TJX COMPANIES INC.			2020-02-07

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)
21,768		11,838	9,930
11,050		6,088	4,962
30,693		3,743	26,950
37,139		4,566	32,573
35,528		4,342	31,186
39,797		4,866	34,931
57,860		7,187	50,673
22,101		2,770	19,331
38,006		4,641	33,365
35,135		4,230	30,905

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	
			9,930
			4,962
			26,950
			32,573
			31,186
			34,931
			50,673
			19,331
			33,365
			30,905

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.)
610 SHS OF TJX COMPANIES INC.			2020-02-10
440 SHS OF TJX COMPANIES INC.			2020-02-11
575 SHS OF TJX COMPANIES INC.			2020-02-12
280 SHS OF SOUTHWEST AIRLINES CO			2020-03-27
800 SHS OF SOUTHWEST AIRLINES CO			2020-03-27
105 SHS OF SOUTHWEST AIRLINES CO			2020-03-27
430 SHS OF SOUTHWEST AIRLINES CO			2020-03-27
220 SHS OF SOUTHWEST AIRLINES CO			2020-03-27
80 SHS OF SOUTHWEST AIRLINES CO			2020-03-30
170 SHS OF VISA INC CLASS A			2020-04-24

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)
37,877		4,566	33,311
26,943		3,294	23,649
35,302		4,304	30,998
11,319		16,199	-4,880
32,340		40,319	-7,979
4,245		1,809	2,436
17,054		7,409	9,645
8,725		3,764	4,961
3,357		1,369	1,988
28,029		2,785	25,244

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	
			33,311
			23,649
			30,998
			-4,880
			-7,979
			2,436
			9,645
			4,961
			1,988
			25,244

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.)
485 SHS OF VISA INC CLASS A			2020-04-24
275 SHS OF VISA INC CLASS A			2020-04-29
735 SHS OF VISA INC CLASS A			2020-04-29
1045 SHS OF SOUTHWEST AIRLINES CO			2020-07-22
280 SHS OF SOUTHWEST AIRLINES CO			2020-07-22
540 SHS OF SOUTHWEST AIRLINES CO			2020-07-22
1725 SHS OF SOUTHWEST AIRLINES CO			2020-07-23
595 SHS OF SOUTHWEST AIRLINES CO			2020-07-24
FROM JACO III COMPANY K-1 CAPITAL GAINS	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)
79,965		7,486	72,479
46,792		4,245	42,547
124,536		11,346	113,190
34,467		17,878	16,589
9,230		4,790	4,440
17,800		9,194	8,606
58,030		29,373	28,657
19,822		10,131	9,691
221,817			221,817

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	
			72,479
			42,547
			113,190
			16,589
			4,440
			8,606
			28,657
			9,691
			221,817

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>				
ACTS COMMUNITY DEVELOPMENT CORPORATION 2414 W VLIET ST MILWAUKEE, WI 53205	NONE	PC	SUPPORT FOR HOUSING FOR LOW INCOME FAMILIES	10,000
ALEX C MENZIA 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	NONE	I	SCHOLARSHIP	2,000
AMERICA SCORES MILWAUKEE 7101 W GOOD HOPE RD MILWAUKEE, WI 53223	NONE	PC	SUPPORT FOR URBAN YOUTH EDUCATION AND PHYSICAL ACTIVITY	7,500
Total ▶ 3a				346,750

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>				
ARTS LARGE908 S 5TH STREET MILWAUKEE, WI 53204	NONE	PC	SUPPORT FOR EDUCATION AND THE ARTS	10,000
ARYEL J SIROVINA 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	NONE	I	SCHOLARSHIP	2,000
CHARLES BOESEL FDNPO BOX 170405 MILWAUKEE, WI 53217	NONE	PC	SUPPORT OF SCHOLARSHIPS TO RED ARROW CAMP	5,000
Total ▶ 3a				346,750

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>				
CHILDREN'S HOSPITAL FOUNDATION PO BOX 1997 MILWAUKEE, WI 53201	NONE	PC	SUPPORT OF THE COMMUNITY HEALTH NAVIGATOR PROGRAM	15,000
COLLEGE POSSIBLE 1555 N RIVERCENTER DRIVE SUITE 211 MILWAUKEE, WI 53212	NONE	PC	SUPPORT TO HELP PROMISING LOW-INCOME YOUTH PREPARE FOR COLLEGE	7,500
DONORS FORUM OF WISCONSIN 15850 W BLUEMOUND RD 204 BROOKFIELD, WI 53005	NONE	PC	SUPPORT TO PROMOTE EFFECTIVE PHILANTHROPY IN WI.	5,000
Total ▶ 3a				346,750

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>				
HABITAT FOR HUMANITY3726 N BOOTH MILWAUKEE, WI 53212	NONE	PC	SUPPORT FOR AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	7,500
JUNIOR ACHIEVEMENT 11111 W LIBERTY DRIVE MILWAUKEE, WI 53224	NONE	PC	SUPPORT OF PROGRAMS TO EDUCATE YOUTH IN BUSINESS	3,500
KID'S FORWARD 555 W WASHINGTON AVENUE MADISON, WI 53703	NONE	PC	SUPPORT TO PROMOTE CHILD PROGRAMS AND PROVIDE OPPORTUNITY FOR EVERY FAMILY IN WISCONSIN	17,000
Total ▶ 3a				346,750

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>				
LOCAL INITIATIVES SUPPORT ORGANIZATION 501 SEVENTH AVENUE 7TH FLOOR NEW YORK, NY 10018	NONE	PC	SUPPORT OF PROGRAMS TO BUILD COMMUNITIES IN STRUGGLING MILWAUKEE NEIGHBORHOOD	5,000
MALCOLM A JONES 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	NONE	I	SCHOLARSHIP	2,000
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	NONE	PC	SUPPORT OF THE DEPARTMENT OF NEUROLOGY	15,000
Total ► 3a				346,750

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 RESCUE MISSION 830 N 19TH STREET MILWAUKEE, WI 53233	NONE	PC	SUPPORT OF PROGRAMS TO HELP THE HOMELESS	15,000
MILWAUKEE TENNIS & EDUCATION FOUNDATION 3000 N SHERMAN COULEVARD MILWAUKEE, WI 53210	NONE	PC	SUPPORT FOR YOUTH DEVELOPMENT IN TENNIS	7,500
NEXT DOOR FOUNDATION 2545 N 29TH ST MILWAUKEE, WI 53210	NONE	PC	SUPPORT FOR EDUCATIONAL, PHYSICAL, SPIRITAL AND EMOTIONAL DEVELOPMENT OF CHILDREN	7,500
Total ▶ 3a				346,750

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>				
NIA IMANI FAMILY INC 1353 N 25TH STREET MILWAUKEE, WI 53205	NONE	PC	SUPPORT FOR PROVIDING HOMELESS, YOUNG, PREGNANT, OR FIRST TIME MOTHERS WITH SAFE HOUSING.	7,500
OUTREACH COMMUNITY HEALTH CENTERS INC 711 WEST CAPITOL DR MILWAUKEE, WI 53206	NONE	PC	SUPPORT FOR HEALTH CARE IN THE COMMUNITY	15,000
PENFIELD CHILDREN'S CENTER 833 NORTH 26TH STREET MILWAUKEE, WI 53233	NONE	PC	SUPPORT OF MENTAL HEALTH CARE SERVICES OF CHILDREN	25,000
Total ▶ 3a				346,750

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>				
RED ARROW FOUNDATION 780 N WATER STREET MILWAUKEE, WI 53202	NONE	PC	SUPPORT PRESERVATION OF RED ARROW CAMP	50,000
ROBERT CONNOR DAWES FOUNDATION 1135 LONE TREE ROAD ELM GROVE, WI 53122	NONE	PC	SUPPORT FOR BRAIN CANCER RESEARCH AND DEVELOPEMENT	5,000
SAFE & SOUND INC 801 W MICHIGAN ST MILWAUKEE, WI 53233	NONE	PC	SUPPORT FOR COMMUNITY AND UNITING RESIDENCE AND LAW ENFORCEMENT	7,500
Total ▶ 3a				346,750


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>				
SIXTEENTH STREET COMMUNITY HEALTH CENTERS 1032 S CESAR CHAVEZ DR MILWAUKEE, WI 53204	NONE	PC	SUPPORT FOR IMPROVING THE WELL-BEING OF MILWAUKEE AND ITS COMMUNITIES.	7,500
TEN CHIMNEY'S FOUNDATION PO BOX 225 GENESEE DEPOT, WI 53127	NONE	PC	SUPPORT OF THEATRE AND ARTS-RELATED PROGRAMS	15,000
TRUE SKOOL 161 W WISCONSIN AVE SUITE 1000 MILWAUKEE, WI 53203	NONE	PC	SUPPORT FOR EDUCATING YOUTH AND COMMUNITIES THROUGH THE CREATIVE ARTS AND HIP HOP CULTURE	7,500
Total ▶ 3a				346,750

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>				
UNITED PERFORMING ARTS FUND 301 W WISCONSIN AVENUE MILWAUKEE, WI 53203	NONE	PC	SUPPORT OF THE ARTS	4,000
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE STREET MILWAUKEE, WI 53212	NONE	PC	SUPPORT OF PROGRAMS TO HELP THE DISADVANTAGED	25,000
VICTORY GARDEN INITIATIVE 1845 N FARWELL AVENUE SUITE 100 MILWAUKEE, WI 53202	NONE	PC	SUPPORT OF COMMUNITIES TO GROW THEIR OWN FOOD	7,500
Total ▶ 3a				346,750

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 PRESERVATION FUND 1000 N WATER STREET 17TH FL MILWAUKEE, WI 53202	NONE	PC	SUPPORT FOR THE PRESERVATION OF HISTORIC STRUCTURES AND THE REVITALIZATION OF URBAN AREAS	10,000
WWBIC1533 N RIVERCENTER DRIVE MILWAUKEE, WI 53212	NONE	PC	SUPPORT TO TRAIN AND FUND ENTREPEURS IN MILWAUKEE	10,000
ZOOLOGICAL SOCIETY 10005 WEST BLUE MOUND ROAD MILWAUKEE, WI 53226	NONE	PC	SUPPORT TO FUND ANIMAL AMBASSADOR PROGRAM	4,250
Total ▶ 3a				346,750

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>				
JENNIFER J AUSTIN 11815 WEST BRADLEY ROAD MILWAUKEE, WI 53224	NONE	I	SCHOLARSHIP	2,000
Total  3a				346,750

TY 2020 Accounting Fees Schedule**Name:** CHARLES D JACOBUS FAMILY FOUNDATION**EIN:** 39-1559892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	2,500	1,250		1,250

TY 2020 Investments Corporate Stock Schedule**Name:** CHARLES D JACOBUS FAMILY FOUNDATION**EIN:** 39-1559892**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PROVIDENT TRUST COMPANY - PUBLICLY TRADED STOCKS	1,791,996	5,913,501

TY 2020 Other Assets Schedule

Name: CHARLES D JACOBUS FAMILY FOUNDATION

EIN: 39-1559892

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
JACO III LIMITED PARTNERSHIP	154,477	0	0

TY 2020 Other Decreases Schedule

Name: CHARLES D JACOBUS FAMILY FOUNDATION

EIN: 39-1559892

Description	Amount
PRIOR PERIOD ADJUSTMENT	9,389

TY 2020 Other Expenses Schedule**Name:** CHARLES D JACOBUS FAMILY FOUNDATION**EIN:** 39-1559892**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ASSET MANAGEMENT FEES	30,013	30,013		0
DUES & SUBSCRIPTIONS	765	0		765
ADMIN EXPENSES	12	0		12
SCHOLARSHIP COMMITTEE	400	0		400
INSURANCE	1,395	0		1,395
MISCELLANEOUS	2,203	0		2,203

TY 2020 Other Income Schedule

Name: CHARLES D JACOBUS FAMILY FOUNDATION

EIN: 39-1559892

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
JACO COMPANY III	3,966	3,966	3,966

**TY 2020 Substantial Contributors
Schedule****Name:** CHARLES D JACOBUS FAMILY FOUNDATION**EIN:** 39-1559892**Name****Address**

ESTATE OF EUGENIA JACOBUS

10802 LAKEVIEW ROAD
MEQUON, WI 53092

TY 2020 Taxes Schedule**Name:** CHARLES D JACOBUS FAMILY FOUNDATION**EIN:** 39-1559892**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	1,674	1,674		0
PAYROLL TAXES	4,395	0		4,395
EXCISE TAXES	6,448	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
Name of the organization CHARLES D JACOBUS FAMILY FOUNDATION		Employer identification number 39-1559892

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CHARLES D JACOBUS FAMILY FOUNDATION

Employer identification number
39-1559892

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF EUGENIA JACOBUS 10802 LAKEVIEW RD MEQUON, WI 53092	\$ 362,001	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization CHARLES D JACOBUS FAMILY FOUNDATION	Employer identification number 39-1559892
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization CHARLES D JACOBUS FAMILY FOUNDATION	Employer identification number 39-1559892
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	