(Rev January 2020) Department of the Treasury Internal Revenue Service

SCANNED JAN 0 3 2022

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning	and	ending	_				
В	heck if	C Name of organization			D Employer identification number				
Г	Addres	GREATER MILWAUKEE FOUNDATION, INC.							
\vdash	Name change				1 3	9-6036407			
F	Initial	Number and street (or P.O. box if mail is not delivered to street add	ress)	Room/suite	E Teler	hone number	r		
	Finat return/	101 W. PLEASANT	•	210	414-272-5805				
	termin- ated	City or town, state or province, country, and ZIP or foreign pos	stal code		G Gross	receipts \$		415,533	,098.
	Amend return				H(a) is t	his a group re	eturn		
	Application	IF Name and address of principal officer KEN KOBERTSON			for	subordinates	2	Yes X	□ No
	pendin	SAME AS C ABOVE			H(b) Are	all subordinates in	cluded?	Yes _	☐ No
<u></u>	<u>ax-exe</u>	mpt status	4947(a)(1)	or 5 2 7	ⅉℎℾ	No," attach a	list (se	e instruction	ıs)
<u>J V</u>	<u>Vebsit</u>	www.greatermilwaukeefoundation.org			H(c) Gro	oup exemptio	n numb	oer 🕨	
			ther ►	L Year	of formatio	n: 1989 N	1 State	of legal domic	ıle: WI
Pa	rt I	Summary		<u> </u>					
o)	1 1	Briefly describe the organization's mission or most significant activiti	es <u>INSPIR</u>	ING PHILA	NTHROPY	, SERVING			
Š	I I	OONORS, STRENGTHENING COMMUNITIES, NOW AND FOR FUT	URE GENERA	TIONS.					
Governance	2 (Check this box 🕨 🔛 if the organization discontinued its operat	ets						
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)				3			18
જ		Number of independent voting members of the governing body (Part	•			4			18
Activities &		otal number of individuals employed in calendar year 2019 (Part V,			٦	5			70
ivit		otal number of volunteers (estimate if necessary)	RECE	VED_		6		_	42
Act		otal unrelated business revenue from Part VIII, column (C), line 12	_	2	S	7a			0.
_	ы	Net unrelated business taxable income from Form 990-T, line 38	NOV # 3	2020 -	S Prior	7b			0.
					~			Current Year 65 , 980	
ne		Contributions and grants (Part VIII, line 1h)	OGDEN			0.		05,300	0.
Revenue		Program service revenue (Part VIII, line 2g)	CGULI	<u> </u>		,515,455.		56,241	
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				589,978.			,576.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			9.7	3,329,711.		122,702	
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column Grants and similar amounts paid (Part IX, column (A), lines 1-3)	(A), line 12)			5,546,527.		54,877	
		Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.		
	4- 6	Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10)			,243,837.	6,242,637.		
Expenses	16a 8	Professional fundraising fees (Part IX, column (A), line 11e)	,,			0.		<u> </u>	0.
per	b 7	otal fundraising expenses (Part IX, column (D), line 25)	2,514,	170.				-	
Ex	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5	,567,312.		5,853	,313.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line	25)		86	,357,676.	-	66,973	,746.
		Revenue less expenses Subtract line 18 from line 12	•		6	,972,035.	-	55,728	,656.
Net Assets or Fund Balances				Be	ginning of	Current Year		End of Year	
sets	20	otal assets (Part X, line 16)			742	,721,258.		890,452	,666.
t As	21	otal liabilities (Part X, line 26)				,027,087.		23,465	
칉	22 1	let assets or fund balances Subtract line 21 from line 20			723	,694,171.		866,987	,274.
_	rt II	Signature Block							
		ies of perjury, I declare that I have examined this return, including accompa					knowle	dge and belief	, it is
true,	correct	and complete. Declaration of preparer (other than officer) is based on all in	formation of wh	nich preparer	has any kn	owledge.	20		
	1	Signature of officer					20		
Sıgr		\mathcal{L}	-			Date			
Here	e	KEN ROBERTSON, SECRETARY Type or print name and title							
					ate	Check	<u> </u>	PTIN	
Dv: 4		Print/Type preparer's name	re],	- 4.0	(L	一/		
Paid Prep	-	Firm's name				self-employe	ea		
Use Use		Firm's name				Firm's EIN ▶			
-36	J.117	Firm's address >				Phone no.			
May	the IP	S discuss this return with the preparer shown above? (see instruction	ne)			i_none no.		Ves	No

Form	990	(2019)
FUILL	990	(2013)

GREATER MILWAUKEE FOUNDATION, INC.

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Page 3

|Partily | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ا		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		v	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate or consolidated inhancial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
Za	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		'	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part'IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
!1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes." complete Schedule I. Parts I and II	21	х	

Form 990 (2019) GREATER MILWAUKEE FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38	Α	
La				
	Check if Schedule O contains a response or note to any line in this Part V		V	N-
_	Enter the number reported in Box 3 of Form 1096. Enter :0: if not applicable		Yes	No
	Effect the Humber reported in Box 5 of Form 1050 Effect of Infort applicable			
b	Enter the number of Forms W-2d included in line 1a Enter-0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10	x	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 70 filed for the calendar year ending with or within the year covered by this return Х 2h b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a x financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). x a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c d If "Yes." indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e х х 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. х 9a a Did the sponsoring organization make any taxable distributions under section 4966? Х 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

if "Yes," complete Form 4720, Schedule O

Form 990 (2019) GREATER MILWAUKEE FOUNDATION, INC. 39-6036407 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions	,,,,	,0,00,1,0	_							
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing	1									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1									
_	officer, director, trustee, or key employee?	2		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5											
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	_8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		<u> </u>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>	v								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	x								
	in Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	14	х								
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	х								
	Other officers or key employees of the organization	15b	х								
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
100	taxable entity during the year?	16a		Х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
_	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble							
	for public inspection. Indicate how you made these available. Check all that apply	•									
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial								
-	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	GREATER MILWAUKEE FOUNDATION, INC 414-272-5805										
	101 W.PLEASANT STE.210 MILWAUKEE WI 53212										

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

Check this box if neither the organization ne	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)		_ (C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		Cer an	lu a u	recio	1 1		from	from related	other
	(list any	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	0.0	噩			sated		(W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	ndividual trustee or director	nstitutional trustee		e J	шреп		(** 2) 1000 ((1100)		and related
	below	dual	utrou		Key employee	est co	ᡖ			organizations
	line)	흏	Instit	Officer	Key	Highest compensated employee	Рогте			
(1) DAVE DRURY	0.00									
BOARD MEMBER		Х		<u> </u>				0.	0.	0.
(2) MARY ELLEN STANEK	0.00									
BOARD MEMBER		Х						0.	0.	0.
(3) PAUL JONES	0.00								,	
BOARD MEMBER		Х	L			L	<u></u>	0.	0.	0.
(4) GREGORY OBERLAND (APP'D 06/19)	0.00									
BOARD MEMBER		Х						0.	0.	0.
(5) WENDY BOSWORTH	0.00								_	_
BOARD MEMBER		X		$ldsymbol{ldsymbol{ldsymbol{eta}}}$				0.	0.	0.
(6) CECELIA GORE	0.00								_	_
BOARD MEMBER		Х	<u> </u>	_				0,	0.	0.
(7) DAVE KUNDERT	0.00			İ						
BOARD CHAIR		Х	ļ	х				0.	, O.	0.
(8) JACKIE HERD-BARBER	0.00									_
BOARD VICE CHAIR		Х		х				0.	0.	0.
(9) CORY NETTLES	0.00							_	_	_
BOARD MEMBER	ļ _ _	Х	<u> </u>	_		_		0.	0.	0.
(10) GREG MARCUS	0.00							_	_	_
BOARD MEMBER		Х	<u> </u>					0.	0.	0.
(11) MARIE O'BRIEN	0.00							_	3_	_
BOARD MEMBER	ļ	Х	_					0.	0.	0.
(12) SUSAN ELA	0.00								,	•
BOARD MEMBER		Х		<u> </u>	<u> </u>			0.	0.	0.
(13) DALE KENT	0.00									•
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(14) GREGORY WESLEY	0.00			ŀ					,	_
BOARD MEMBER	2 22	X			<u> </u>	<u> </u>		0.	0.	0.
(15) PEDRO COLON	0.00	l						_		0
BOARD MEMBER		Х	<u> </u>		-	<u> </u>	_	0.	0.	0.
(16) THOMAS FLORSHEIM	0.00							_	_	0
BOARD MEMBER		Х	\vdash	ļ	<u> </u>	\vdash	<u> </u>	0.	, 0.	
(17) DARRYL MORIN	0.00								_	0
BOARD MEMBER	<u> </u>	Х		<u> </u>	l		Ц	0.	0.	0.

	AUKEE FOUND	VII	ON,	TIA	٠.				39-603640		Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	1 Hig	ghes	t Co	mpensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not ci	heck i ss pei	rson I	than of the theorem of the theorem of the theorem of the than of the theorem of the the the the than of the theorem of the the	n an	Reportable compensation from	Reportable compensation from related	am	timate iount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization of the anization	e ion ed
18) DEREK TYUS (APP'D 06/19)	0.00											
SOARD MEMBER		х						0.	0.			0.
19) ELLEN GILLIGAN	40.00											
PRESIDENT	0.00			Х				339,047.	0.		47,	843.
20) KATHRYN DUNN	40.00											
P OF COMM. INVEST.	0.00			Х				177,483.	0.		37,	327.
21) KEN ROBERTSON	40.00											
ECRETARY/TREASURER	0.00			Х				187,420.	0.		25,	628.
22) LAURA GLAWE	40.00											
P OF MARKETING	0.00					Х		137,669.	0.		34,	596.
23) MARY KAY MARK	40.00								s			
DIRECTOR OF GIFT PLANNING	0.00					Х		136,408.	0.		29,	806.
24) JOSEPH BROOKS	40.00											
ENIOR DIRECTOR-DONOR SERVICES	0.00					Х		130,873.	0.		17,	031.
25) DANAE DAVIS	40.00							ļ				
XECUTIVE DIRECTOR-MKE SUC	0.00					х		185,520.	0.		28,	027.
26) KRISTEN MEKEMSON	40.00											
P. DEVELOPMENT&PHILANTHROPIC SERVICE	0.00					х	<u> </u>	158,514.	0.			301.
1b Subtotal							ightharpoons	1,452,934.	0.		243,	559.
c Total from continuation sheets to Part V	II, Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)								1,452,934.	` O.		243,	559.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization	<u>-</u>											15
											Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	еу е	mpl	loye	e, or	hıgl	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for s	such individual						-			3		X
· · · · · · · · · · · · · · · · · · ·	um of reportabl									T		

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NEW VENTURE FUND, 1201 CONNECTICUT AVE NW,	GRANTMAKING FDN INITIATIVE	
WASHINGTON, DC 20036	CONSULTING	436,920.
COLONIAL CONSULTING		
750 THIRD AVENUE, NEW YORK, NY 10017	INVESTMENT CONSULTING	353,730.
READING & MATH INC., 120 S. 6TH STREET STE		
2260, MINNEAPOLIS, MN 55402	TRANSFORMATIVE READING PROGRAM	148,750.
EASY LEARNING		-
1721 UNDERWOOD AVE, WAUWATOSA, WI 53213	TRANSFORMATIVE READING PROGRAM	103,166.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

GREATER MILWAUKEE FOUNDATION, INC. 39-6036407 Form 990 (2019) Part VIII Statement of Revenue

		Check if Schedule O	cont	ains a resp	onse o	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 9	1 2	Federated campaigns		1a						
ant and		Membership dues		1b		•				
ចឱ្		: Fundraising events		1c		•				
Εğ		Related organizations		1d		2,500.				
<u>ہ</u> ج		Government grants (contri	huti			•			′	
Sig	f									
효혈	•	similar amounts not included				65,977,662.				
끊얾	_				¢	18,179,330.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Total. Add lines 1a-1f	ines	14-11 [19	Ψ		65,980,162.			
- "	•	Total: Add lines Ta II				Business Code	, , , , , , , , , , , , , , , ,	-		
_	2 a	•								
š	Z t	_								
ž a										
E E										
Be										
Program Service Revenue	•	All other program service	reve	nue						
		Total. Add lines 2a-2f						<u> </u>		
	3	Investment income (includ	lina	dıvıdends.	ıntere					
-	_	other similar amounts)	J	·		, •	17,612,471.			17,612,471.
1	4	Income from investment o	cexempt b	ond p	roceeds					
	5	Royalties		•	•	•				
		•		(ı) Re	al	(II) Personal				
	6 a	Gross rents	6a						,	
	b	Less rental expenses	6b							
	c	: Rental income or (loss)	6с							
	c	Net rental income or (loss)				>				
	7 a	Gross amount from sales of		(ı) Secur	ities	(II) Other				
		assets other than inventory	7a	31,459,	889.					
	t	Less cost or other basis	1							
e		and sales expenses	7b	292,830,	696.					
Revenue	c	: Gain or (loss)	7c	38,629,	193.					
æ	c	Net gain or (loss)			_		38,629,193.		,	38,629,193.
Other	8 a	Gross income from fundraising	ng ev	rents (not						
ŏ		including \$		of						
1		contributions reported on	line	1c) See						
l		Part IV, line 18			8a					
ŀ	t	Less direct expenses			8b	<u> </u>				
-		: Net income or (loss) from		_		, _ .		<u> </u>		
- 1	9 a	Gross income from gamin	g ac	tivities Se	- 1					
ł	_	Part IV, line 19			<u>9a</u>					
ŀ		Less direct expenses			9b				,	
		Net income or (loss) from	_	_	ës	<u> </u>				
	10 a	 Gross sales of inventory, lead allowances 	622	returns	10a					
		Less cost of goods sold			10a					
		: Net income or (loss) from	ماده	s of invent						
\dashv	_	The modifie of global from	Juici	- 51 HIVOIIL	·· y	Business Code				
ž	11 a	ADMIN FEE REVENUE				900099	480,576.			480,576.
일	b	·					, , ,			
ela									,	
Miscellaneous Revenue		All other revenue								
Σ	E	Total. Add lines 11a-11d					480,576.			
	12	Total revenue. See instruction	ns) _	122,702,402.	0.	0.	56,722,240.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising expenses (A)
Total expenses Do not include amounts reported on lines 6b. Program service 7b. 8b. 9b. and 10b of Part VIII expenses Grants and other assistance to domestic organizations 54,859,359 54,859,359. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 18,437. 18,437. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 513,375. 51,008. trustees, and key employees 814,748, 250,365. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,132,730. 1,357,499. 1,737,125. 4,227,354. 7 Other salaries and wages Pension plan accruals and contributions (include 69,219. section 401(k) and 403(b) employer contributions) 246,552. 99,050. 78,283, 617,342. 200 514. 222,190, 194,638. Other employee benefits 98,084. 101,889 336,641. 136,668. Payroll taxes 10 Fees for services (nonemployees) a Management 15,730. 9.125. 3,068. 27,923. **b** Legal 75,358. 11,483. 102,787. 15,946. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 1,471,681. 1,578. 1,473,259. Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 48.634. 1,652,780. 489,216. column (A) amount, list line 11g expenses on Sch O.) 2,190,630. 61,742. 106,350. 17,287. 27,321. Advertising and promotion 12 341,339. 110,027. 129,925. 101,387. 13 Office expenses 42,497. 286,901. 39,861. 204,543. 14 Information technology Rovalties 15 144,243. 127,819. 449,571. 177,509. 16 Occupancy 496. 3,359, 3,855. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 117,581. 340,545 140,023. 82,941. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 30,325 26,872. 94,515. 37,318 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 122,532. 112,045. 201,061. SEE STATEMENT 3 435,638. b C d e All other expenses 66.973,746. 59,631,027. 4,828,549, 2,514,170. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here

If following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			30,110,119.	2	46,745,980.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,611,699.	4	6,629,018
	5	Loans and other receivables from any current or	forme	r officer, director,	,		
		trustee, key employee, creator or founder, subst	tantial d	contributor, or 35%			
		controlled entity or family member of any of thes	ons		5		
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ठ	7	Notes and loans receivable, net			220,974.	7	206,065
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges	125,744.	9	205,503		
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	1,208,341.	· · · · · · · · · · · · · · · · · · ·		
	b	Less accumulated depreciation	10b	930,718.	287,681.	10c	277,623
	11	Investments - publicly traded securities		703,988,399.	11	831,560,458	
	12	Investments - other securities See Part IV, line 1		3,120,825.	12	3,610,922	
	13	Investments - program-related. See Part IV, line	11		870,712.	13	813,002
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			385,105.	15	404,095
	16	Total assets. Add lines 1 through 15 (must equ	al line (33)	742,721,258.	16	890,452,666
	17	Accounts payable and accrued expenses			832,895.	17	1,048,700
	18	Grants payable			18,132,366.	18	22,331,347
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
ş	22	Loans and other payables to any current or form	ner offic	cer, director,			
≝		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa			,		
		parties, and other liabilities not included on lines	17-24	Complete Part X			
		of Schedule D		-	61,826.	25	85,345
	26	Total liabilities. Add lines 17 through 25		· (====	19,027,087.	26	23,465,392
"		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🗓			
ë		and complete lines 27, 28, 32, and 33.		Ļ	51 F 050 600		057 020 000
<u>a</u>	27	Net assets without donor restrictions		-	717,053,692.	27	857,232,900
B	28	Net assets with donor restrictions			6,640,479.	28	9,754,374
Ĕ		Organizations that do not follow FASB ASC 9	58, ch	eck here L			
Ä		and complete lines 29 through 33.		-			
ţ	29	Capital stock or trust principal, or current funds		<u> </u>		29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds	722 604 171	31	066 000 004
Š	32	Total net assets or fund balances		Ļ	723,694,171.	32	866,987,274
	33	Total liabilities and net assets/fund balances			742,721,258.	33	890,452,666

Form **990** (2019)

Form **990** (2019)

Form 9	n 990 (2019) GREATER MILWAUKEE FOUNDATION, INC. 39-603640								
Part	XII Reconciliation of Net Assets				ge 12				
	Check if Schedule O contains a response or note to any line in this Part XI				X				
	,								
1 7	otal revenue (must equal Part VIII, column (A), line 12)	1	:	702,					
2 7	otal expenses (must equal Part IX, column (A), line 25)	2		·	746.				
3 F	Revenue less expenses Subtract line 2 from line 1	3			656.				
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			171.				
5 1	Net unrealized gains (losses) on investments	5	83,	065,	202.				
6 [Donated services and use of facilities	6							
7	nvestment expenses	7							
8 F	Prior period adjustments	8							
9 (Other changes in net assets or fund balances (explain on Schedule O)	9	4,	499,	245.				
10 1	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,								
	······································	10	866,	987,	274.				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>				
				Yes	No				
	Accounting method used to prepare the Form 990 Cash Accrual Other								
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O								
	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		х				
	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n a							
S	eparate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis			Ţ					
	Vere the organization's financial statements audited by an independent accountant?		2b	Х					
	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asıs,			-				
C	consolidated basis, or both								
	Separate basis								
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,		v	1				
	eview, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	the organization changed either its oversight process or selection process during the tax year, explain on Sched								
	as a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit			x				
Α.	ct and OMB Circular A-133?		3a		Λ.				

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits_

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization 39-6036407 GREATER MILWAUKEE FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. _____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. ___ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN ng docume n your govern (described on lines 1.10) support (see instructions) support (see instructions) organization Yes No above (see instructions))

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						_
	membership fees received (Do not						
	include any "unusual grants ")	31,556,033.	39,319,169.	42,605,018.	42,224,278.	65,982,662.	221,687,160.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	,					
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3	31,556,033.	39,319,169.	42,605,018.	42,224,278.	65,982,662.	221,687,160.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					′	38,611,243.
6	Public support. Subtract line 5 from line 4				-	-	183,075,917.
	ction B. Total Support		<u></u>				
—— Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	31,556,033.	39,319,169.	42,605,018.	42,224,278.	65,982,662.	221,687,160.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,228,619.	10,798,611.	10,773,846.	12,808,624.	17,632,204.	62,241,904.
9	Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·				,	
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				<u>"-</u>		
	or loss from the sale of capital						
	assets (Explain in Part VI)	419,588.	505,613.	530,109.	589,978.	480,576.	2,525,864.
11	Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·		,			286,454,928.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	· · · ·
	First five years. If the Form 990 is for	•	•	I. fourth, or fifth tax	x vear as a section		
	organization, check this box and stop			.,	. ,	,	ightharpoonup
Sec	tion C. Computation of Public	Support Per	centage				· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 2019 (In			olumn (f))		14	63.91 %
	Public support percentage from 2018			•••		15	51.35 %
	33 1/3% support test - 2019. If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies a						▶ X
b	33 1/3% support test - 2018. If the o			ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali						ightharpoons
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						▶□
h	10% -facts-and-circumstances test					7a, and line 15 is	10% or
_	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						. ▶□
	THE POST OF THE STATE OF THE ST	onoon a l				dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019 GREATER MILWAUKEE FOUNDATION, INC.

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

			``	organization failed	to qualify under P	art II If the organiz	ation fails to
Section A. Public Supp	iesis listed be	elow, please comp	hete Part II)		· · · · · · · · · · · · · · · · · · ·		
	ī	(a) 2015	(b) 2016	(c) 2017	/ ₄) 2019	(e) 2019	(f) Total
Calendar year (or fiscal year beg 1 Gifts, grants, contribution	- · ·	(a) 2015	(6) 2016	(6) 2017	(d) 2018	(e) 2019	(I) IOIAI
membership fees receive			\				
include any "unusual gra	· I		\ \				
Gross receipts from adm merchandise sold or sen formed, or facilities furnis any activity that is related organization's tax-exempt	ilssions, vices per- shed in d to the						
3 Gross receipts from activ	rities that			\			
are not an unrelated trad	e or bus-			\			j
iness under section 513					<i>Y</i>		
4 Tax revenues levied for t	he organ-					,	
ization's benefit and eith	er paid to						
or expended on its behal	if [
5 The value of services or	facilities						
furnished by a governme	ntal unit to			/ \			
the organization without	charge						
6 Total. Add lines 1 through	jh 5 [\ \ <u>\</u>			
7a Amounts included on line	es 1, 2, and						
3 received from disqualif	ed persons			\			
b Amounts included on lines 2 and from other than disqualified person exceed the greater of \$5,000 or 10 amount on line 13 for the year	ons that					,	
c Add lines 7a and 7b	Ī						
8 Public support. (Subtract line	e 7c from line 6)		/				
Section B. Total Suppo		/			\		
Calendar year (or fiscal year beg	inning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 20 1,8	(e) 2019	(f) Total
9 Amounts from line 6					\		
10a Gross income from interedividends, payments recessecurities loans, rents, roand income from similar	eived on oyalties, sources					,	
b Unrelated business taxable i						\	
(less section 511 taxes) from	la la	/					
acquired after June 30, 1975	5 /					 \ 	
c Add lines 10a and 10b 11 Net income from unrelate activities not included in whether or not the busin regularly carried on 12 Other income. Do not incor loss from the sale of o	line 10b, ess is clude gain ápital					,	
assets (Explain in Part VI		-			l	\	
13 Total support (Add lines, 9, 10		the executive to	first sassed at :	d fourth or fifth to	L voor co o coche	501(0)(2) 0===	L
14 First five years. If the Fo		trie organization's	irst, second, thir	u, τουπη, or tiπn ta	x year as a section	1 30 1(c)(3) organiza	suon,
check this box and stop Section C. Computation		Support Per	centage				·····
				column (6)		15	0/
15 Public support percentag	-			column (1))		15	%
16 Public support percentage Section D. Computation				 		16	
				no 12 ookuma (6)		47	\
17 Investment income perce	-		**	rie 13, column (t))		18	<u>%</u> %
18 Invéstment income perce	•			on line 44 earline	15 in mara ther 0		
19a 33 1/3% support tests -							is not \
more than 33 1/3%, chec b 33 1/3% support tests - line 18 is not more than 3	2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd Z
20 Private foundation. If th							

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	NO
1		
2		
За		
3b		
3c		$\overline{}$
4a_		
41-		
4b		
40		
4c_		
5a		
5b 5c		
00		
6		
7_		
8		
9a		
9b		
9c		
10a		
405		
10b	M-F71	2019

	dule A (Form 990 of 990-EZ) 2019 GREATER MILMAGREE FOUNDATION, INC.	13-0030407	Pa	age 5
Pa	rt IV Supporting Organizations (continued)		T.,_	T
	U allo assessoration and the first of the second se		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110	 	
	below, the governing body of a supported organization?	11a 11b	<u> </u>	
	A family member of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. tion B. Type I Supporting Organizations	1110		Щ
	ton britypo reapporting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instructions)		
2	Activities Test Answer (a) and (b) below.	<u></u>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ŀ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		<u> </u>
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ <u>.</u>	
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Voc." describe in Part VI the role played by the organization in this regard	l 3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti			Tage
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instructions
other Type III non-functionally integrated supporting organizations must o	omplete Se	ctions A through E '	1
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		,	
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7_		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	,	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1
Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	anization (see
Check here if the current year is the organization's first as a non-functional	any integrate	ea Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

	Type III Non-Functionally Integrated 509(nizations (continued)	Page 7
Sect	on D - Distributions	<u> </u>	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		
	Amounts paid to perform activity that directly furthers exemp		···	
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amounts paid to acquire exempt-use assets			-
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		····	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the			
_	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii) ,	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
_a	From 2014	-		
b	From 2015			
С	From 2016		,	
d	From 2017 `			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 ⁻ \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		,	-
7	Excess distributions carryover to 2020. Add lines 3j	!	, i	
	and 4c			
8	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 GREATER MILWAUKEE FOUNDATION, INC.	39-6036407	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, I Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any ac (See instructions)	nes 1 and 2, Part IV, Section Part V, Section B, line 1e, Pa	n C,
<u> </u>			
		· · · · · · · · · · · · · · · · · · ·	
			
			 ,
		,	
			
···			
		,	
·			

39-6036407

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III			
Nan	ne of organization			E	Employer identification number
	GREATER MI	LWAUKEE FOUNDATION, INC.			39-6036407
Pa	irt I-A Complete if the org	janization is exempt under	r section 501(c) c	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	campaign activities in		▶ \$
Pa	rt I-B Complete if the org	janization is exempt under	r section 501(c)(3	3).	
1	Enter the amount of any excise tax				▶\$
	Enter the amount of any excise tax	• •			▶\$
	If the organization incurred a section	, ,			Yes No
4a	Was a correction made?	•	·		Yes No
	If "Yes," describe in Part IV				
Pa	irt I-C Complete if the org	janization is exempt under	r section 501(c),	except section 50)1(c)(3).
1	Enter the amount directly expended	by the filing organization for sect	ion 527 exempt functi	on activities	▶\$
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for se	ction 527	
	exempt function activities				> \$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here and	d on Form 1120-POL,		
	line 17b				▶ \$ Yes
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (EIN)	of all section 527 pol-	itical organizations to v	vhich the filing organization
	made payments For each organization				
	contributions received that were pro	• •		•	arate segregated fund or a
	political action committee (PAC) If	additional space is needed, provid	e information in Part I	V	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization	1 ' '
				funds If none, enter	
				·	delivered to a separate
					political organization If none, enter -0-
			 	 	
					,
	* - 1	·			

Schedule C (Form 990 or 990-EZ) 2019	GREATER	MILWAUKE	E FOUNDATION, INC	••	39-6	036407 Page 2	
Part II-A Complete if the org section 501(h)).					d Form 5768 (el		
		_	= ::	Part IV each affiliated	group member's nam	ne, address, EIN,	
expenses, and share			•		,		
Limi	ts on Lob	bying Expe	nd "limited control" pro nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
d - Tabillahaman ang adduna As add						 	
1a Total lobbying expenditures to influ				ŀ			
b Total lobbying expenditures to influ			iy (direct lobbying)			 	
c Total lobbying expenditures (add li	ŀ						
d Other exempt purpose expenditure	e Total exempt purpose expenditures (add lines 1c and 1d)						
, , , , ,							
f Lobbying nontaxable amount Ente	i i		-				
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
Not over \$500,000	2.000		the amount on line 1e	0.00 000			
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5	•		00 plus 15% of the exce	 :			
Over \$1,500,000 but not over \$17,500,000 but n		\$175,000 plus 10% of the excess over \$1,000,000					
Over \$17,000,000	000,000	\$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000					
Over \$17,000,000		Ψ1,000,	000				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)	 				
h Subtract line 1g from line 1a If zero		•				<u> </u>	
i Subtract line 1f from line 1c If zero					•		
j If there is an amount other than zei	•		ine 1i. did the organiza	ation file Form 4720			
reporting section 4911 tax for this						Yes No	
(Some organizations th	nat made	a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	f the five columns b	elow.	
	Lobi	oying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))						<u> </u>	
c Total lobbying expenditures							
d Grassroots nontaxable amount					,		
e Grassroots ceiling amount					:-		
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures		-					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990 EZ) 2019 GREATER MILWAUKEE FOUNDATION, INC. | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)		a)	(b)	
	e lobbying activity	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter			-	-
	or referendum, through the use of				
а	Volunteers?		х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?	<u> </u>	Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х	<u> </u>		9,750.
j	Total Add lines 1c through 1i				9,750.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
þ	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year	? 3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	"No" OR	(b) Part 1	II-A, III	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
_	expenses for which the section 527(f) tax was paid).		, 2a		
a	Current year		2b		
b	Carryover from last year		2c		
C	Total Agreement amount reported in section 6033(a)(1)(A) nations of pendeductible section 163(a) dues		3		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	000	-		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?	Ontical	4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
5 Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	liet): Part II.	 Δ lines 1 ai		
	ictions), and Part II-B, line 1. Also, complete this part for any additional information	1100,11 01111	, iii 100 i ai	2 (000	
	II-B, LINE 1, LOBBYING ACTIVITIES:				
JTIL	IZING A GOVERNMENT RELATIONSHIP FIRM FOR FEDERAL REPRESENTATION				
			,		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised		Accounts Complete if the
			Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) I dilus and other accounts
1	Total number at end of year	35,675,859.	
2	Aggregate value of contributions to (during year)	36,650,191.	
3	Aggregate value of grants from (during year)	258,571,979.	
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in wri	· · · · · · · · · · · · · · · · · · ·	funds
3	are the organization's property, subject to the organization's ex		X Yes No
6	Did the organization s property, subject to the organization's ex-		
6	•	· · · · · · · · · · · · · · · · · · ·	
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose con	X Yes No
Pai	impermissible private benefit? I Conservation Easements. Complete if the organ	nization answered "Ves" on Form 990. Par	1,00
1	Purpose(s) of conservation easements held by the organization	•	t iv, iiio i
•	Preservation of land for public use (for example, recreation	` `	nistorically important land area
	Protection of natural habitat	· ——	certified historic structure
	Preservation of open space	1 10361 Valion of a 6	, , and the control of the control o
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	conservation easement on the last
~	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	• •	
_	listed in the National Register	_{2d}	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the ord	ganization during the tax
	year ▶	•	,
4	Number of states where property subject to conservation easen	nent is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it has	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserv	ation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4	-)(B)(ı)
	and section 170(h)(4)(B)(ii)?		′ Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements	s that describes the
_	organization's accounting for conservation easements		0:1
Pai	t III Organizations Maintaining Collections of A		r Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		erance of public
	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958,	•	
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	ince of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasu		in, provide
	the following amounts required to be reported under FASB ASC	958 relating to these items	
	Revenue included on Form 990, Part VIII, line 1		S
h	Assets included in Form 990, Part Y		2

					,	
Sche	edule D (Form 990) 2019 GREATER MIL	WAUKEE FOUNDATI	ON INC.		39-603	36407 Page 2
	Companizations Maintaining Co			asures, or Othe	r Similar Asset	
3	Using the organization's acquisition, accession					
	collection items (check all that apply)	•	•	v		
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other	- ' -		
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	n how they further th	e organization's exe	mpt purpose in Part	XIII
5	During the year, did the organization solicit or					
	to be sold to raise funds rather than to be ma					Yes No
I <u>P</u> ai	tilVi Escrow and Custodial Arrang				n Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Part				<u> </u>	
1a	Is the organization an agent, trustee, custodia	in or other intermed	ary for contributions	or other assets not	ıncluded	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table [.]			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	e Distributions during the year					
f						
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	stodial account liabi	lity?	Yes No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been i	orovided on Part XIII		
Pai	TtV Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	694,608,334.	741,184,725.	640,738,778.	609,960,445.	726,722,791.
b	Contributions	65,851,124.	42,196,968.	42,586,848.	48,,901,249.	<59,044,893.>
С	Net investment earnings, gains, and losses	137,015,431.	<42,481,549.>	112,659,393.	47,683,235.	<8,634,397.>
d	Grants or scholarships	54,818,368.	37,114,829.	46,376,092.	56,756,117.	41,886,921.
е	Other expenditures for facilities					
	and programs	2,634,492.	2,381,564.	2,385,776.	2,101,495.	1,416,151.
f	Administrative expenses	6,495,480.	6,795,417.	6,038,426.	6,948,539.	5,779,984.
g	End of year balance	833,526,549.	694,608,334.	741,184,725.	640,738,778.	609,960,445.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as		
а	Board designated or quasi-endowment > _	1.60	_%			
b	Permanent endowment ▶ 97.30	%			,	
С	Term endowment ▶9	6				
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%				
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for t	ne organization	
	by.					Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					3a(iı) X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the		wment funds			
<u> Par</u>	tiVI Land, Buildings, and Equipme	ent.				
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a Se	ee Form 990, Part X	, line 10 [°]	
	Description of property	(a) Cost or of basis (investing		1 , ,	Accumulated epreciation	(d) Book value
	Lond	Dadio (investin	ioni, basis (J	,p. ooidtioi1	
	Land					· · · · · · · · · · · · · · · · · · ·

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				· · · · · ·
b Buildings				
c Leasehold improvements		122,979.	122,979.	0.
d Equipment		421,253.	338,124.	83,129.
e Other		664,109.	469,615.	194,494.
Total, Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X, colum	n (B) line 10c)	•	277,623.

Schedule D (Form 990) 2019

Fait VIII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
	al derivatives			
• •	held equity interests			"-
(3) Other	, , , , , , , , , , , , , , , , , , , ,	-		· · · · · · · · · · · · · · · · · · ·
(A)				<i>y</i>
(B)				
(C)				
(D)				
(E)				
(F)	********			
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.		-	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1)				
(2)			,	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d See Form 990, Part X, line 15	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			<u> </u>	
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990. Part X. col. (B) line	15.)		
Part X	Other Liabilities.			
<u> </u>	Complete if the organization answered "Yes" (on Form 990, Part IV, line 1	11e or 11f See Form 990, Part X, line 25	
<u>1</u>	(a) Description of liability			(b) Book value
	eral income taxes			05 345
\-/	BILITY FOR POOLED INCOME FUNDS			85,345.
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)				
(6)				
(7)				
(8)				ļ
(9)				
-	mn (b) must equal Form 990, Part X, col. (B) line			85,345.
-	for uncertain tax positions. In Part XIII, provide		_	
organiza	ation's liability for uncertain tax positions under	FASB ASC 740 Check he	re if the text of the footnote has been pr	ovided in Part XIII

chedule [O (Form 990) 2019 GREATER MILWAUKEE FOUNDATION, INC.		39-6036407	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a		
1 Tota	revenue, gains, and other support per audited financial statements		1	
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Netu	unrealized gains (losses) on investments	2a		
b Dona	ated services and use of facilities	2b		
c Reco	overies of prior year grants	2c		
d Othe	r (Describe in Part XIII)	_2d		
e Add	lines 2a through 2d		2e	
3 Subt	ract line 2e from line 1		3	
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	r (Describe in Part XIII)	4b		
c Add	lines 4a and 4b		4c	
5 Tota	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII	Reconciliation of Expenses per Audited Financial Staten	nents With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a		
	expenses and losses per audited financial statements		1	
2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Dona	ated services and use of facilities	2a		
b Prior	year adjustments	2b		
c Othe	rlosses	2c		
d Othe	r (Describe in Part XIII)	2d		
e Add	lines 2a through 2d		2e	
3 Subt	ract line 2e from line 1		' 3	
4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
a inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	r (Describe in Part XIII)	4b		
c Add	lines 4a and 4b		4c	
	expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	
	Supplemental Information.			
	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		t V, line 4, Part X, line 2, Pa	irt XI,
nes 2d an	d 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	Iditional information		
			t	
. D. 77	T TAND A		•	
ART V,	LINE 4:			
r PMDO	MATERIA ELINIO ADD INTEGRED DO GENEDADE A DEDMANENT COLLEGE	OF INCOME		
EL ENDO	WMENT FUNDS ARE INVESTED TO GENERATE A PERMANENT SOURCE	OF INCOME.		
			•	
				- .
		,		
				

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2019	Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service			Co to unantities	Attach to Form 990.	n 990.			Open to Public	plic
Name of the organization	uc			o occurs mosts	The fates of the		;	Employer identification number	i da
	GREATER MILWAUKEE FOUNDATION,	JKEE FOUNDATIO	N, INC.					39-6036407	, animer
Part I General Inf	General Information on Grants and Assistance	nd Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the amount of the	o substantiate the	amount of the grants	or assistance, the c	grantees' eligibility	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	tance?			·			X Yes	≗ □
Part II	Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant	of grant funds in the United States	States	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		M. I 04 K-11	
-,	register and other Assistance to Domestic Organizations and Domestic Governments. Complete it the organization answered trest of roun 350, Part IV, line 21, 101 any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Somesuc Organization	be duplicated if addition	covernments. Conal space is neede	onipiete ii tile otga sd.	IIIIzalion answered T	es on rom 990, Par	IV, line Z I, 10r any	
1 (a) Name and ado	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
SEE STATEMENT 1				0.	0.				
	ć			·		,			
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org	janizations listed in the table	line 1 table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)	(2019)

Schedule I (Form 990) (2019) GREATER MILWAUKEE FOUNDATION,	DATION, INC.		1		39-6036407 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	. Complete if the	organization answe	red "Yes" on Form 9	30, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SEE STATEMENT 1	0	o			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
SEE STATEMENT 2					
		•			•
932102 10-26-19					Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

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

Employer identification number

GREATER MILWAUKEE FOUNDATION, INC. 39-6036407 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a Х 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X 6a The organization? х Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 Х not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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

Regulations section 53 4958-6(c)?

initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2019

8

Х

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

•		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denefits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) ELLEN GILLIGAN	Ξ	339,047.	0.	0	0	47,843.	386,890.	0.
PRESIDENT	· 😑	0	0.	0	.0	0	0.	0.
(2) KATHRYN DUNN	Ξ	177,483.	0	0	0	37,327.	214,810.	0
VP OF COMM, INVEST.	[ii)	.0	0.	0	0.	0.	.0	0
(3) KEN ROBERTSON	Ξ	187,420.	0.	0	0	25,628.	213,048.	0
SECRETARY/TREASURER	[(ii)	0.	0	0	0	0	.0	0
(4) LAURA GLAWE	ε	137,669.	0.	0	0	34,596.	172,265.	0
VP OF MARKETING		0.	0.	0	0.	0.	0	0
(5) MARY KAY MARK	Ξ	136,408.	0.	0	0	29,806.	166,214.	0
DIRECTOR OF GIFT PLANNING	: <u>(</u>	0	0	0.	0	0.	0.	0
(6) DANAE DAVIS	Θ	185,520.	0	0.	0	28,027.	213,547.	0.
EXECUTIVE DIRECTOR-MKE SUC	Ξ	.0	0	0	.0	0	0	0
(7) KRISTEN MEKEMSON	Ξ	158,514.	0.	0	0.	23,301.	181,815.	0
VP. DEVELOPMENT&PHILANTHROPIC SERVIC (ii)	<u> </u>	0	0	0	0	0.	0	0.
	(i)							
	(ii)							
] (i)							
	(ii)							
	Θ							
	(ii)							
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	Ξ							
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							Schedu	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 GREATER MILWAUKEE FOUNDATION, INC.	39-6036407 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	art for any additional information
PART I, LINE 3:	
SEE STATEMENT 4 FOR DETAILS	
	Schedule J (Form 990) 2019

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

			JKEE FOUNDAT							36407			
Part I Excess Bene	efit Trans	actio	ons (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) orga	nızatıc	ns on	ıly)			
Complete if the	organization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, I	ıne 40	b			
1			Relationship bety			ified					(d)	Corre	cted?
(a) Name of disqualified p	person	,	person and or			(0	c) Description of tran	sactio	n			es	No
· · · · · · · · · · · · · · · · · · ·													
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											1		
2 Enter the amount of tax	incurred by t	he or	ganization man	agers	or disa	ualified persons duri	ing the year under						
section 4958			9	- 5			3 - 7		▶ \$				
3 Enter the amount of tax,	if any, on lin	e 2. a	above, reimburs	ed by	the ord	anization			▶ \$				
,	,,	_, -		,		,							
Part II Loans to and	d/or From	Inte	erested Pers	ons.									
Complete if the	organization	answ	vered "Yes" on f	orm 9	90-EZ.	Part V, line 38a or F	orm 990, Part IV. lin	e 26, d	or if th	e orga	nızatıc	n	
reported an amo	Ü					•	, ,	•		J			
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	(g)) In	(h) Ap	proved	(i) W	/rıtten
interested person	with organiz		of loan		n the zation?	principal amount	(,		ault?	by bo	ard or littee?		ment?
		İ		То	From			Yes	No	Yes	No	Yes	No
	1												
	† 												
	1	i											
	†												
rotal .					<u> </u>	▶ \$			•	<u> </u>			
Part III Grants or As	sistance	Ben	efiting Inter	estec	Per	sons.							
Complete if the o	organization	answ	ered "Yes" on F	orm 9	90, Pa	rt IV, line 27							
(a) Name of interested p	-	_	b) Relationship			(c) Amount of	(d) Type	of		(e)) Purp	ose of	f
. ,		Ι,	interested pers			assistance	assistan			` 8	assista	ance	
			the organiza	tion									
			-										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Page 2

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes_ No SEE PART V ٥. х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART IV DAVID LUBAR, WHO SERVED AS THE BOARD MEMBER OF THE GREATER MILWAUKEE FOUNDATION THROUGH 06/30/16, SERVES AS A DIRECTOR OF BMO HARRIS BANK. BMO HARRIS BANK IS ONE OF THE INVESTMENT MANAGERS OF THE GREATER MILWAUKEE FOUNDATION. IN ADDITION, THE GREATER MILWAUKEE FOUNDATION HAS AN OPERATING CHECKING ACCOUNT AT BMO HARRIS

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number

Name of the organization 39-6036407 GREATER MILWAUKEE FOUNDATION, INC. Part I Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 2 Art - Historical treasures Art - Fractional interests 3 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 72 15,325,237, MARKET VALUE Х 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 2,847,029. MARKET VALUE 25 Other > Х 1 IN-KIND CONTR Х 5 7 064 FAIR VALUE 26 Other > 27 Other 28 Other > 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х 30a exempt purposes for the entire holding period? b if "Yes," describe the arrangement in Part II Х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2019

describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	<u>e 2</u>
CHEDULE M, PART I, COLUMN (B):	
THE GREATER MILWAUKEE FOUNDATION IS REPORTING A NUMBER OF CONTRIBUTIONS	
NATHER THAN A NUMBER OF ITEMS RECEIVED.	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GREATER MILWAUKEE FOUNDATION, INC.

Employer identification number 39-6036407

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION M	ussion:		
FOR DETAILS, SEE STATEMENT 2.			
FORM 990, PART VI, SECTION B, LINE 11B:			
FORM 990 IS REVIEWED BY THE BOARD MEMBERS OF THE GREATE	R MILWAUKEE		•••
FOUNDATION, INC. BEFORE IT IS FILED.			
FORM 990, PART VI, SECTION B, LINE 12C:			
THE CONFLICT OF INTEREST QUESTIONNAIRES COMPLETED BY AL	L OFFICERS,		
DIRECTORS AND KEY EMPLOYEES ARE REVIEWED BY THE CHIEF F	INANCIAL OFFICER OF		
THE GREATER MILWAUKEE FOUNDATION, INC. ANNUALLY.			
FORM 990, PART VI, SECTION B, LINE 15:		· 	· · · · · · · · · · · · · · · · · · ·
SEE STATEMENT 4			
FORM 990, PART VI, SECTION C, LINE 19:			
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND F	INANCIAL STATEMENTS		·····
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.			
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
CHANGE IN ACTUARIAL VALUATION OF DEFERRED ASSETS	495,799.		
GRANTS PAYABLE NET PRESENT VALUE ADJUSTMENT	75,586.	•	
DISTRIBUTIONS FROM KPG CHARITABLE FOUNDATION	4,044,030.		· · · · · · · · · · · · · · · · · · ·
TRANSFER TO GREATER CEDARBURG FOUNDATION (SUPPORTING			 .
ORGANIZATION)	-116,170.		
TOTAL TO FORM 990, PART XI, LINE 9	4,499,245.		

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2019

OMB No 1545-0047

Name of the organization Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part I∎

GREATER MILWAUKEE FOUNDATION, INC.

Open to Public Inspection

Employer Identification number

39-6036407

Direct controlling entity End-of-year assets <u>e</u> Total income 0 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity

ated tax-exempt
34, because it had one or more rel
/, line
." on Form 990, Part IV
tion answered "Yes
Complete if the organiza
npt Organizations. (
of Related Tax-Exen
Identification o
Part II

(a)	(q)	(၁)	(p)	(e)	()	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	2(b)(13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	ę
HONKAMP FAMILY FOUNDATION - 39-1948390							
101 W.PLEASANT, STE.210	ISSUING GRANTS TO OTHER			SUPPORTING			
MILWAUKEE, WI 53212	NONPROFIT ORGANIZATIONS	WISCONSIN	501(C)(3)	ORG.			×
KPG CHARITABLE FOUNDATION, INC 47-3305602							
101 W.PLEASANT, STE.210	FUNDING DEVELOPMENT OF NEW			SUPPORTING			
MILWAUKEE, WI 53212	PUBLIC ARENA IN MILWAUKEE	WISCONSIN .	501(C)(3)	DRG.	,	_	×
STRATTEC FOUNDATION, INC 39-1890894							
101 W.PLEASANT, STE.210	ISSUING GRANTS TO OTHER			SUPPORTING			
MILWAUKEE, WI 53212	NONPROFIT ORGANIZATIONS	WISCONSIN	501(C)(3)	ORG.			×
WEST BEND COMMUNITY FOUNDATION, INC							
39-1971548, 101 W.PLEASANT, STE.210,	ISSUING GRANTS TO OTHER			SUPPORTING			
MILWAUKEE, WI 53212	NONPROFIT ORGANIZATIONS	WISCONSIN	501(C)(3)	org.			×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

GREATER MILWAUKEE FOUNDATION, INC.

39-6036407

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(2)	(p)	(e)	(J)	(g) Section 512(b)(13)	3)
name, address, and Eliv of related organization	Frimary activity	Legal domicile (state or foreign country)	exempt Code section	Public chanty status (if section	Urect controlling entity	controlled	controlled organization?
				501(c)(3))		Yes	2
OTSTRAP" FOUNDAT							
101	ISSUING GRANTS TO OTHER			SUPPORTING			
	NONPROFIT ORGANIZATIONS	WISCONSIN	501(c)(3)	DRG.			×
UKEE FOUNDATION HOLDINGS, INC.	ADMINISTRATION OF REAL						
- 20-0423761, 101 W.PLEASANT, STE.210,	PROPERTY FOR THE BENEFIT			SUPPORTING			
ı	OF GREATER MILWAUKEE FDN.	WISCONSIN	501(c)(3)	ORG.			×
OCONOMOWOC AREA FOUNDATION, INC							
75-3266194, 101 W.PLEASANT, STE.210,	ISSUING GRANTS TO OTHER			SUPPORTING			
MILWAUKEE, WI 53212	NONPROFIT ORGANIZATIONS	WISCONSIN	501(C)(3)	ORG.			×
GREATER CEDARBURG FOUNDATION, INC							
39-2008146, 101 W.PLEASANT, STE.210,	ISSUING GRANTS TO OTHER			SUPPORTING			
MILWAUKEE, WI 53212	NONPROFIT ORGANIZATIONS	WISCONSIN	501(C)(3)	ORG.			×
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952226 04-01-19							

Page 2

39-6036407

GREATER MILWAUKEE FOUNDATION, INC.

Schedule R (Form 990) 2019

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Yes Percentage ownership 9 Ξ Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total Share of end-of-year assets **6** Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) છ (d)
(Direct controlling entity Primary activity (c)
Legal
domicite
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV

39-6036407

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art IV, lın
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on Forn
"Yes"
Complete if the organization answered
Vith Related Organizations.
Transactions W
Part

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	 2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	elated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tıty			1a		×
 b Gift, grant, or capital contribution to related organization(s) 				1b	×	
c Gift, grant, or capital contribution from related organization(s)				5	×	
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				÷		×
				= ;	T	: <u>></u>
g care of assets to reface organization(s) b Purchase of assets from related organization(s)				P 4		« ×
				¥	T	: ×
j Lease of facilities, equipment, or other assets to related organization(s)				= =		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=	х	
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			112		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			£		×
 Sharing of paid employees with related organization(s) 				9		×
p Reimbursement paid to related organization(s) for expenses				5		×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				1-		×
s Other transfer of cash or property from related organization(s)				1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	is line, including covered i	mation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(2)		,				
(3)						
(4)						
(5)						
932163 09-10-19			Schedule R (Form 990) 2019	3 (Form	066	2019

39-6036407

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership			
(J) General or managing partner?			
Disproportion (1) (1) (1) (K) Disproportion (2) Code V-UBI Ceneral or Percentage amount in box 20 managing ownership ves No (Form 1065) yes No			,
(h) Disproportionate allocations?			
Pie Die N	2		
(g) Share of end-of-year assets			
(f) Share of total			
(e) Are all Are all Are all Suffic)(3) For Yes No			,
(d) Predominant income par (related, unrelated, sections 512-514)			
(c) Legal domicile (state or foreign country)			
(a) (b) (c) (d) (related, unrelated, excluded from fax under country) (a) (c) (related, unrelated, excluded from fax under the sections 512-514)			
(a) Name, address, and EIN of entity			

Schedule F	R (Form 990) 2019	GREATER MILWAUKEE FOUNDATION, INC.	39-6036407	Page 5
Part VII	R (Form 990) 2019 Supplemental Inf	formation	<u></u>	
	Provide additional info	ermation for responses to questions on Schedule R. See instructions	•	
	Trovide additional into	initiation for responses to questions on Schedule in See instructions		
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