Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A F</u>	or the	2018 calendar year, or tax year beginning		and ending			<u>) 1 ′</u>					
	Check if ipplicabl	C Name of organization			D Emp	cation numb	er					
	Addre	oconomowoc area foundation, inc.										
Ē	Name	Doing business as					75-33	266194				
	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/su	ite E Telep	ohone	numbe	r				
	Final return	101 W. PLEASANT		210		414-272-5805						
	termir ated		ZIP or foreign postal code		G Gross	receipts	\$		2,539,035.			
	Amen return				H(a) is t	this a	group re	eturn				
	Application	F Name and address of principal officer NEW 1	OBERTSON		for	subo	rdinates	s? □Y	'es 🗓 No			
	pendi	SAME AS C ABOVE			Afto) Are	all subo	rdinates ir	rcluded? Y	es No			
_				i)(1) or6				list (see inst				
J Website: ► N/A LH(c) Group exemption number ►												
K Form of organization: X Corporation												
	1 Briefly describe the organization's mission or most significant activities SEE STATEMENT 1											
Governance	2	Check this box If the organization discor	ntinued its operations or di	sposed of mo	ore than 25%	of its	net ass	sets				
Ver	3	Number of voting members of the governing body (3		12			
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1	b)			4		12			
Activities &	5	Total number of individuals employed in calendar y	ear 2018 (Part V, line 2a)				5		0			
/ite	6	Total number of volunteers (estimate if necessary)		_			6		0			
Ç	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12	-\			7a		0.			
	b	Net unrelated business taxable income from Form 5	990-T, line 38	-4:3/			7b		0.			
			CCENTE		Prior	Year		Curre	nt Year			
ō	8	Contributions and grants (Part VIII, line 1h)	BEOT 2019	1		634	,776.		293,098.			
Bun	9	Program service revenue (Part VIII, line 2g)	Sept 701/101 10 201.	/ <u>je</u> //			0,		0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	100 i	-15T		739	,830.		545,552.			
u.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	959 (0c, and 11e)				0.		0.			
		Total revenue - add lines 8 through 11 (must equal		25-			,606.		838,650.			
		Grants and similar amounts paid (Part IX, column (A	-	431,50				807,702.				
	ı	Benefits paid to or for members (Part IX, column (A				0.			0.			
es	15	Salaries, other compensation, employee benefits (F		¹⁰⁾		0.			0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			_		υ,		0.			
×	_b	Total fundraising expenses (Part IX, column (D), line		8,839.		167	470		180,649.			
	l ''	Other expenses (Part IX, column (A), lines 11a-11d,		-			,479.		988,351.			
		Total expenses Add lines 13-17 (must equal Part I)		-								
		Revenue less expenses Subtract line 18 from line	12		Daniana 46				<149,701.>			
ts or		Takal as a ta (David V. Iva a 40)		-	Beginning of		,644.		f Year 9,967,952.			
SSE	20	Total assets (Part X, line 16)		}			732.		133,108.			
et v	1	Total liabilities (Part X, line 26)	line 20	-	1.0		912	-	9,834,844.			
Pa	rt II	Net assets or fund balances Subtract line 21 from Signature Block	iine zu			, 03.	,,,,,,,	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Ities of perjury, I declare that I have examined this return,	including accompanying sche	dules and state	ments, and to	the be	est of my	knowledge an	d belief it is			
		t, and continuous Declaration of preparer (other than office							3 50, 11 15			
1100,	001100	21	17 13 Baood on an intermedian	or minon propu	101 1140 41119 1111	77	111	19				
Sıgı	n	Signature of officer				Date/	''/'					
Her		KEN ROBERTSON, ASSISTANT TREASURE	R			•	•					
	-	Type or print name and title	·						_			
		Print/Type preparer's name	Preparer's signature		Date		Check	PTIN				
Paid	l	Abs brokens a minis	i				of self-employ	red				
Prep		Firm's name										
	Only	Firm's address										
	•	200				Phone	n <u>o</u>					
May	the II	S escuss this return with the preparer shown above	/e? (see instructions)					Ye	s No			
9222		18 LHA For Panarwork Paduation Act Notice		Lotions					n 990 (2018)			

Form 990 (2018)

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75-3266194

Form 990 (2018) OCONOMOWOC AREA FOR Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X.	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		,
	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5		X
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,	_		х
_	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	8		х
_	Schedule D, Part III			
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?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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.			
ŭ	Part VI	11a		х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	11c		х
d	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			
	Part X, line 16? If "Yes, " complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
þ	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	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	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	446		х
4.5	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV 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		x
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		x
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		
21	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 12 /f "Yes," complete Schedule I, Parts I and II	21	х	

Form	990 (2018) OCONOMOWOC AREA FOUNDATION, INC. 75-32661	94	P	age '
Par	rt 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 27 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		١,,	
	Schedule J	23	X	├—
24 a	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			x
	Schedule K If "No," go to line 25a	24a	-	 ^
	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	-	-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		 -
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 ^
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	25b		x
	Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ł
		26		x
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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		-	
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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	1		
	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	1		
	Part V, line 1	34	Х	ļ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this Part V

1a Ente	r the number	reported in	Box 3	of Form	1096	Enter -	·U- if not	applicable
---------	--------------	-------------	-------	---------	------	---------	------------	------------

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamir	ηg
	(gambling) winnings to prize winners?	

0

Yes No

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
2.0	filed for the calendar year ending with or within the year covered by this return 2a 0			ĺ					
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country								
ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x					
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
oa		6a		x					
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa							
D		6b		ĺ					
_	were not tax deductible?	00							
7	Organizations that may receive deductible contributions under section 170(c). 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?	7a		_ X					
а		7b							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x					
	to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year 7d			<u> </u>					
d	The poor, walloute the pulled of the poor	70		x					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g							
9									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
_	sponsoring organization have excess business holdings at any time during the year?	8		X					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90							
10	Section 501(c)(7) organizations. Enter								
	Initiation fees and capital contributions included on Part VIII, line 12			l					
				ĺ					
11	Section 501(c)(12) organizations. Enter								
a	Gross income from members or shareholders 11a			ĺ					
ь	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)	100							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		<u> </u>					
а	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			l					
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ					
	organization is licensed to issue qualified health plans			l					
	Enter the amount of reserves on hand	44-		х					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- -					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	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	-		- X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_ ^_					

Form 990 (2018)

If "Yes," complete Form 4720, Schedule O

Form-990 (2018) OCONOMOWOC AREA FOUNDATION, INC. 75-3266194 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response OCONOMOWOC AREA FOUNDATION, INC. 75-3266194

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions								
	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 12	ļ							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	_2_		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х					
	of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X					
6	Did the organization have members or stockholders?	_6_		X					
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?	7 <u>a</u>		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			u.					
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	l _	v						
а	The governing body?	8a 8b	x						
b									
9									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No					
40-	Did the amount on have lead showton brombon on office 2	10a	162	X					
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	the state of the s	11a	х						
b									
12a									
b	And the second s								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b							
·	in Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
b	Other officers or key employees of the organization	15b	Х						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ł							
	taxable entity during the year?	16a		х					
b	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)	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal						
	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								

Form 990 (2018)

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 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization		orga T	iniza			nper	sate	(D)	F	(F)	
(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours per	(do	not c	heck	more	than o	one	compensation	compensation	amount of	
	week		cer ar					from	from related	other	
	(list any	cto				Ì		the	organizations	compensation	
	hours for	rdire	l		ł	eq.	l	organization	(W-2/1099-MISC)	from the	
	related	stee o	rustee			Busal	1	(W-2/1099-MISC)		organization	
	organizations	al tru	onal t	ļ	le ye	E S				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) BOB JOHNSON	line) 0.00	Ĕ	Ĕ	5	ş	ž 5	೭			· · · · · ·	
DIRECTOR	0.00	\x		1				0.	0.	0.	
(2) PAUL MUELLER (ENDED 12/2018)	0,00	<u> </u>	╁	 	\vdash		├─	<u> </u>			
DIRECTOR		x						0.	0.	0.	
(3) ROBERT W. SNYDER	0.00	 -	╁	\vdash		_	-				
DIRECTOR		x	ł					0.	0.	. 0.	
(4) LOU MORGAN	0.00	-	\vdash	-			_				
DIRECTOR		x						0.	0.	0.	
(5) TERRANCE HOLAHAN	0.00	i	\vdash								
DIRECTOR		x						0.	0.	0.	
(6) KEITH FARLEY	0.00	t							·		
VICE CHAIR		x		х				0.	0.	0.	
(7) JOHN EIMON	0,00										
TREASURER		1 x		х				_ 0.	0.	0.	
(8) RANDY BOURDO	0.00										
DIRECTOR		x	l					0.	0.	0.	
(9) JOHN HOGAN	0.00										
DIRECTOR		x						0.	0.	0.	
(10) BRIAN EWALD	0.00										
DIRECTOR		x						0.	0.	0.	
(11) PATRICIA NEUDECKER	0,00										
DIRECTOR		Х	<u>L</u>			<u> </u>		0.	0.	0.	
(12) SUE BICKLER	0,00										
DIRECTOR		Х	┞					0.	0.	0.	
(13) SUSAN KAY	0.00	4	1						_	_	
SECRETARY		Х		х			<u> </u>	0.	0.	0.	
(14) ELLEN GILLIGAN	1.00							_			
ASSISTANT SECRETARY	40.00	ļ	<u> </u>	х		_		0.	310,729.	51,374.	
(15) KEN ROBERTSON	1.00	Į		١., ا					405 646	04 565	
ASSISTANT TREASURER	40.00		_	X				0.	185,616.	24,565.	
		1									
		\vdash		<u> </u>	<u> </u>	-	<u> </u>				
		1									
					L			<u> </u>			

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	compensated Employed	es (continued)		,		
	(A)	(B)	` ' _ ` ' .'				(D) (E)				(F)			
	Name and title	Average	(do	not c	Pos		than	one	Reportable	е	E:	stimate	ed	
		hours per	box	, unle	ss pe	rson	is both or/trus	h an	compensation	on	ar	nount		
		week (list any	⊢		T	I	1	T .	from	from relate			other	
		hours for	or director	ļ	ļ	ļ	_	ļ	the organization	organization (W-2/1099-Mi			pensarom th	
		related	50	ig E			Safe		(W-2/1099-MISC)	(***-27 1055-1411	30)	ı	anızat	
		organizations		Institutional trustee		8	ě		(** = * * * * * * * * * * * * * * * * *				d relat	
		below	Individual	i dig	1 15	Хеу етріоуве	est co	ية ا				org	anızatı	ons
		line)	ğ	hstri	Officer	Хеу е	Highest compensated employee	Former				<u> </u>		
					1									
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							L							
	~~			$ldsymbol{ld}}}}}}$	ļ			_						
			l					l						
			<u> </u>		_	_	<u> </u>	<u> </u>	<u> </u>			<u></u>		
						<u> </u>	<u> </u>	┡				<u> </u>		
			<u> </u>	<u> </u>		-	<u> </u>	┢	 			 -		
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				<u> </u>			 	-	 					
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			_	\vdash	\vdash		├	\vdash						
		_												
1h	Sub total	L		<u> </u>		<u> </u>	1		0.	496	345.	_	75	939.
	1b Sub-total C Total from continuation sheets to Part VII, Section A 0. 496,345. 75,									0.				
	Total (add lines 1b and 1c)	i, Section A							0.	496	345.		75	939.
2	Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100					
_	compensation from the organization	o					,		•	, от торональ				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or l	highest compensated ei	nployee on				
	line 1a? If "Yes," complete Schedule J for s				•							3		х
4	For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a									dual for services				
	rendered to the organization? If "Yes." corn	plete Schedule	J fo	or su	ıch ı	oers	on					5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ar e	ndır	ng w	ith c	or wi	thın	the organization's tax y	ear				
	(A)								(B)			((
	Name and business	address	NO	NE				_	Description of s	services	L - C	ompe	nsatio	n .
								-			1			
—														
									•		-			
					•									
	Total number of independent contractors (ii	ncluding but so	at lin	niter	l to t	thos	e lie	l	above) who received m	ore than	 			
	\$100,000 of compensation from the organization	7.			_	_ (0							
						-								

Form 990 (2018) OCONOMOWOC

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line				
	,				(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 a	Federated campaigns	1a			-		
E a		Membership dues	1b					
اق ق		Fundraising events	1c					
₽₽		Related organizations	1d	1,448.				
S 경		Government grants (contributi	ions) 1e					
80		All other contributions, gifts, gran						
in in it		similar amounts not included above	ve 1f	291,650.				
풀ם	g	Noncash contributions included in lines	1a-1f \$	126,329.				
Contributions, Gifts, Grants and Other Similar Amounts.	h	Total, Add lines 1a-1f		>	293,098.			
				Business Code				
, e	2 a	l						
اھِ	b							<u> </u>
Program Service Bevenue	c	÷						<u> </u>
eXe	d	l <u></u>						
<u>6</u> 9	е	·						
ا ته	f	All other program service reve	nue			ļ		
	9	Total. Add lines 2a-2f						<u> </u>
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	159,455.	ļ		159,455.
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨	<u> </u>		·	
	5	Royalties		, >				
			(ı) Real	(ii) Personal				1
	6 a	Gross rents						
	ь	Less rental expenses		 				
	C	Rental income or (loss)	L	1			-	
		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	2,086,482.					
	b	Less cost or other basis						
		and sales expenses	1,700,385.					
		: Gain or (loss)	386,097.		206 007			396 007
		Net gain or (loss)	_	>	386,097.			386,097.
ايو	8 a	Gross income from fundraising						
Sevenue		including \$		1				ľ
<u></u>		contributions reported on line	-					
ē		Part IV, line 18	a					
Other		Less direct expenses	b		-			-
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac		1				
		Part IV, line 19 Less direct expenses	a b					
		 Less direct expenses Net income or (loss) from gam 			-	-		
		Gross sales of inventory, less						
	10 a	and allowances						
		Less cost of goods sold	a b					
		: Net income or (loss) from sale				-		
ŀ		Miscellaneous Revenu		Business Code	·		*	
ŀ	11 a	2		Duamesa Code			~	
	ii a							
								1
						<u> </u>		1
		Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions		•	838,650.	0.	0	. 545,552.
								000

Part IX Statement of Functional Expenses

ect	ion 501(c)(3) and 501(c)(4) organizations must comp			ipietė column (A)	
	Check if Schedule O contains a respon	se or note to any line in to (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	807,702.	807,702.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		v.		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	28,325.		28,325.	
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				<u> </u>
12	Advertising and promotion	230.		230.	
13	Office expenses	354.		354.	
14	Information technology	1,800.		1,800.	
15	Royalties				
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses			}	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,678.		8,839.	8,839.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	-7			
_	amount, list line 24e expenses on Schedule O.) ADMINISTRATIVE FEES TO	102,130.		102,130.	
a	CONSULTING	27,000.		27,000.	
b	CUSTODIAL PEES	1,837.		1,837,	
c	PRINTING	1,295.		1,295.	<u> </u>
ď		1,273.		1,233.	
e		988,351.	807,702.	171,810.	8,839.
25 26	Total functional expenses Add lines 1 through 24e	300,331.	007,702.	1,1,020.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation. Check here				
	11 IONOWING SOF 90-2 (MSC 930-720)				

		Check if Schedule O contains a response or note	to any 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		512,790.	2	339,269.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		136,182.	4	147,232.
	5	Loans and other receivables from current and for	mer officers, directors,			
		trustees, key employees, and highest compensat			l	
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	1958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
y)		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	1	,		
		basis Complete Part VI of Schedule D	10a	l. <u>.</u>	l	
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	•	10,346,672.	11	9,481,451.
	12	Investments other securities See Part IV, line 1			12	
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	10,995,644.	16	9,967,952.
	17	Accounts payable and accrued expenses		4,832.	17	2,108.
	18	Grants payable		92,900.	18	131,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
ω,	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employees	, and disqualified persons			
lide		Complete Part II of Schedule L	•		22	
Ľ	23	Secured mortgages and notes payable to unrelat	ed third parties		23	•
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		97,732.	26	133,108.
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
o 1		complete lines 27 through 29, and lines 33 and	34.			
JCe	27	Unrestricted net assets		10,761,730.	27	9,687,612.
alar	28	Temporarily restricted net assets		136,182.	28	147,232.
60	29	Permanently restricted net assets			29	
Š	1	Organizations that do not follow SFAS 117 (AS	C 958), check here ▶	•	1	•
7	[and complete lines 30 through 34.			1	
ts (30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ipment fund		3 1	
Y.	32	Retained earnings, endowment, accumulated inc			32	¥
Net Assets or Fund Balances	33	Total net assets or fund balances	10,897,912.	3 3	9,834,844.	
$\lambda \lambda$	34	Total liabilities and net assets/fund balances		10,995,644.	34	9,967,952.
	1				1	Form 990 (2018)

Form	1990 (2018) OCONOMOWOC AREA FOUNDATION, INC.	/5-326619	4	<u>Pa</u>	ge 12
	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		838,	650.
2	Total expenses (must equal Part IX, column (A), line 25)	2		988,	351.
3	Revenue less expenses Subtract line 2 from line 1	3	<	149,7	01.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	,897,	912.
5	Net unrealized gains (losses) on investments	5	<	924,4	17.>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		11,	050.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	,834,	844.
Pa	rt 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
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			:	i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			}
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				_
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support (Form 990 or 990-EZ) 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

Inspection

Name of the organization

OCONOMOWOC AREA FOUNDATION, INC.

Employer identification number 75-3266194

Part I	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part) Se	ee instructions						
The organ	ization is not a private found	lation because it is (I	For lines 1 through 12, c	heck only	one box)							
1 🗂	A church, convention of ch					1)(A)(ı).						
2	A school described in sect	•					.')					
3 🗀	A hospital or a cooperative		•			ii).	$\setminus \mathcal{V}$					
4	A medical research organiz						the hospital's name,					
٠ ـ	city, and state		, ,				•					
5		or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit describe	ed in					
• 🗀	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)											
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🗂												
'	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)											
. \square		·	(1)(A)(yı) (Complete Par	+ 11 \								
8 📙	A community trust describe An agricultural research org				ad in conii	inction with a land-grant	college					
9 🔲				_								
	or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	<i>,</i> 01					
40	university		Al 00 1/00/ of do o			no mambarahin taga ar	d grass resounts from					
10	An organization that norma											
	activities related to its exen											
	income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	arter June 30, 1975					
$ egin{array}{c} $	See section 509(a)(2). (Co	•				201. 1/41						
11 🖳	An organization organized											
12 X	An organization organized											
	more publicly supported or						Sneck the box in					
TV.	lines 12a through 12d that	•										
a X	,,,,	•		-	_							
	the supported organization			majority c	it the direc	ctors or trustees of the st	apporting					
	organization You must o	•										
b		•				= :						
	control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported					
_	organization(s) You mus	•										
c	☐ Type III functionally interest. ☐ Type III						ed with,					
	its supported organizatio											
d L	☐ Type III non-functionally											
	that is not functionally inf	tegrated The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness					
	requirement (see instruct	•	•									
e X	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
	functionally integrated, o	r Type III non-function	nally integrated supporti	ng organız	ation							
f Ente	er the number of supported o	organizations					1					
g Pro	vide the following information	n about the supporte		1 Walle the ere	initian listed	 	T () A . A . C . W .					
((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1.10	tu Aont dosetu	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
GREATER	MILWAUKEE											
FOUNDAT	ION, INC.	39-6036407	8	Х		260,000.	0,					
				L								
_												
					L							
	· 1			Ĭ ·	1	260 000	1 0					

Page 3

Schedule A (Form 990 or 990-EZ) 2018 OCONOMOWOC AREA FOUNDATION, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

_	qualify under the tests listed be	elow, please comp	lete Part II)		/		
Se	ction A. Public Support					,	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	\			/		
	membership fees received (Do not	\			/		
	include any "unusual grants ")	\			/		
2	Gross receipts from admissions,						
_	merchandise sold or services per-	\			/		
	formed, or facilities furnished in	1			Y		
	any activity that is related to the		\	! /	1	l	
	organization's tax-exempt purpose		<u> </u>	/			
3	Gross receipts from activities that		\	/			
	are not an unrelated trade or bus-		\				
	iness under section 513		\	/			
4	Tax revenues levied for the organ-		1	/			
7	ization's benefit and either paid to		\ \	/			
	'		\ \	/			
	or expended on its behalf			 			
5	The value of services or facilities		\ \	/			
	furnished by a governmental unit to		\ \	/			
	the organization without charge		\ <u>\</u>	1		l	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		7	\			
	3 received from disqualified persons		/	\			
	Amounts included on lines 2 and 3 received		/	- \ 			
•	from other than disqualified persons that		/	\			
	exceed the greater of \$5,000 or 1% of the		/	\			
	amount on line 13 for the year			<u> </u>			
•	Add lines 7a and 7b		/	<u> </u>			
	Public support. (Subtract line 7c from line 6)		./	<u> </u>		<u> </u>	
Se	ction B. Total Support		/ .				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	/		\			
	Gross income from interest,	/		1	(
	dividends, payments received on	/			\		
	securities loans, rents, royalties,	/			\		,
	and income from similar sources				 \ 		
k	Unrelated business taxable income	/			\	,	
	(less section 511 taxes) from businesses				\	, i	
	acquired after June 30, 1975	/		<u> </u>			
(Add lines 10a and 10b	/			\		
11	Net income from unrelated business	/			T		
	activities not included in line 10b,	/					
	whether or not the business is	/		j			
12	regularly carried on Other income Do not include gain	/			 	 	
٠.	or loss from the sale of capital	<i>!</i>			·	į l	
	assets (Explain in Part VI)			<u> </u>	 	 	
	Total support. (Add lines 9, 10c, 11, and 12)			1	L		
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 50 \((c)(3) organiza	tion,
	check this box and stop here						
Se	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2018 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2017		•	.,,		16	%
	ction D. Computation/of Inves					1	
				no 12 notime /^\		17	3.0
	Investment income percentage for 20			ne 13, column (t))		17	%
	Investment income pergentage from 2					18	<u>%</u>
19a	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1ኽ	is not
	more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	upported organiza	tion	\ ▶□
t	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, ar	nd 🔪
	line 18 is not more than 33 1/3%, chec						\ ▶□
20	Private foundation. If the organization						\ •
	23 10-11-18	Cla Hot billock a	25.5 5.1 11.10 13, 10			edule A (Form 990	or 990-EZ\ 2018

Page 4

(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)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1]
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		١,	_
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	ļ
2	Did the organization have any supported organization that does not have an IRS determination of status		İ	ļ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			1
	organization was described in section 509(a)(1) or (2)	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	İ
	(b) and (c) below	3a	Ļ	х
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	3b	<u> </u>	ļ
С	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	3c	ļ	ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")?			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<u> </u>	х
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	4b	ļ	
С	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	4c	<u> </u>	
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	1		
	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)	5a_	ļ	Х
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?	5b	ļ	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
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.	6	ļ	Х
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)	7		X
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)	8	<u> </u>	X
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	1.		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	X
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.	9b	<u> </u>	Х
С	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.	9с	<u> </u>	Х
l0a	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	10a		Х

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.)

10b

Sche	dule A (Form 990 or 990-EZ) 2018 OCONOMOWOC AREA FOUNDATION, INC.	75-3266194	P	age 5
	rt IV Supporting Organizations (continued)			
•			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)			{
	below, the governing body of a supported organization?	11a		х
ь	A family member of a person described in (a) above?	11b		Х
С	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.	11c		х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			}
	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			للشاء ا
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Х	
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			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		х
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		١.	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11	į .	<u> </u>
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	***		!!
	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		.	نـــــ
	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	سلامصسد	سس	:_i
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	
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			1
	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		<u> </u>
<u>Sec</u>	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 instr	uctions).		
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	(see instructions		
2	Activities Test Answer (a) and (b) below.		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,			
	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>		ئـــا
	activities but for the organization's involvement	2b	<u> </u>	
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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	 ;
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		```	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 OCONOMOWOC AREA FOUNDATION, INC.	75-3266194	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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, lines 1 a 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, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	and 2, Part IV, Sectior Section B, line 1e, Pa	n C,
			
			-
			
	<u> </u>		
 			
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		,	1

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

OCONOMOWOC AREA FOUNDATION INC

Employer identification number 75-3266194

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	23	
2	Aggregate value of contributions to (during year)	216,329.	
3	Aggregate value of grants from (during year)	277,550.	
4	Aggregate value at end of year	2,342,386.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o	5 5	•
	impermissible private benefit?		X Yes No
Pa		ganization answered "Yes" on Form 990, Par	
_	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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 stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	* *	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the ord	
	year ▶		, g
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ration easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶\$		-
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	i)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	libition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial ga	= '
	the following amounts required to be reported under SFAS 1	_	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part Y		<u> </u>

Sche	22.0 2 (Calif. 000) 10.10	AREA FOUNDATION				75-326		Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simil	ar Assets	S (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	following that are a s	ignificant	use of its o	collection if	tems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ie organization's exe	mpt purp	ose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" or	n Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	ıncluded			
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				_1 <u>f</u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liabi	lity?		Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided on Part XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four y	years back
1a	Beginning of year balance	10,874,594.	9,269,927.	8,487,234.	8,	835,947.	8,5	30,426.
b	Contributions	265,898.	604,276.	782,735.		455,036.	3	329,588.
С	Net investment earnings, gains, and losses	<398,207.>	1,546,925.	688,948.	<1	.77,100.>	9	508,772.
d	Grants or scholarships	807,702.	456,415.	602,666.		538,994.	4	149,576.
е	Other expenditures for facilities				1		1	
	and programs							
f	Administrative expenses	101,837.	90,119.	86,324.		87,655.		83,263.
g	End of year balance	9,832,746.	10,874,594.	9,269,927.	8,	487,234.	8,8	335,947.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment > 99.00	%						
c	Temporarily restricted endowment ▶	1.00 %						
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%	•					
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	nd administered for t	he organ	zation		
	by						للـــــــــــــــــــــــــــــــــــــ	Yes No
	(i) unrelated organizations						3a(ı)	X
	(ii) related organizations						3a(iı)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Par	t Ⅵ	ent.						
	Complete if the organization answered			ee Form 990, Part X	line 10			
	Description of property	(a) Cost or of		1 ' '	Accumula	ited	(d) Book	value
		basis (investm	nent) basis	(other) de	preciation	on	****	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							

Schedule D (Form 990) 2018

Total. Add lines 1a through 1e (Column (d) must equal Form 990. Part X. column (B), line 10c.)

	Complete if the organization answere	T	(h) Book v	مبياد		of valuation	n Costoren	d-of-year market	value
	on of security or category (including name of	f security)	(b) Book v	aiue	(c) Method	or valuation	- Cost or en	u-or-year market	value
	derivatives	ŀ							
-	eld equity interests	-						•	
Other _									
(A)									
(B)	· · · · · · · · · · · · · · · · · · ·		···········						
(C)			····						
(D)			<u> </u>						
(E)									
<u>(F)</u>									
(G)			<u> </u>				·		
(H)									
	must equal Form 990, Part X, col. (B) lini							_	
	Investments - Program Rela								
(Complete if the organization answere	ed "Yes" c							
	(a) Description of investment		(b) Book v	alue	(c) Method	of valuation	1 Cost or en	d-of-year market	valu
(1)									
(2)								-	
(3)									
(4)									
(5)									
(6)									
107									
					~				
(7)									
(7) (8) (9) al. (Col (b)	must equal Form 990, Part X, col. (B) line Other Assets.	e 13.) ▶						•	
(7) (8) (9) al. (Col (b) art IX	must equal Form 990, Part X, col. (B) line Other Assets. Complete if the organization answere	ed "Yes" c	n Form 990, Pa Description	art IV, line 1	11d See Form 9	990, Part X,	line 15	(b) Book	value
(7) (8) (9) al. (Col (b) art IX	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form S	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (1)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (1) (2) (3) (4)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (1) (2) (3) (4) (5)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	ed "Yes" c		art IV, line 1	11d See Form 9	990, Part X,	line 15		value
(7) (8) (9) (al. (Col (b)) (art IX (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X (c)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities.	ed "Yes" o (a) [Description					(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1				(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Columnart X (1) (1) Feder	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X (1) Feder (2)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Columnart X (1) (1) Feder (2) (3)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X (1) (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X (1) (1) Feder (2) (3)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(1) (2) (3) (4) (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) (al. (Col (b)) (art IX (col (d)) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) (at. (Col (b)) (art IX (col (col)) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value
(7) (8) (9) al. (Col (b) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere on (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answere (a) Description of liabilities.	ed "Yes" o	Description	art IV, line 1	I1e or 11f See			(b) Book	value

Sche	dule D (Form 990) 2018 OCONOMOWOC AREA FOUNDATION, INC.		75-3266194	Page 4
Pai		nents With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a '		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	•	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	<u></u>	
e	Add lines 2a through 2d		2e	•
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			•
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	<u></u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expens		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:			
_	Total expenses and losses per audited financial statements		1	
1	·			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a	- L	
a	Donated services and use of facilities			
b	Prior year adjustments	2b	 , .	
c	Other losses	2c	 ,*,-	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		art V, line 4, Part X, line 2,	Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information		
				•
PART	V, LINE 4:		···.	
	1			
ALL	ENDOWMENT FUNDS ARE INVESTED TO GENERATE A PERMANENT SOURCE	OF INCOME.		
			_	
			· · · · · · · · · · · · · · · · · · ·	
			•	
			. <u> </u>	
-				
			 	
				-

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

2018 Open to Public	faction
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i.

Inspection

Employer identification number 75-3266194 OCONOMOMOC AREA POLINDATION INC Name of the organization

	CONCLOSION OF THE	EA FOUNDALION,	TIME.					\$6T0076-61
Part I	General Information on Grants and Assistance	nd Assistance						
٠ ٢	Does the organization maintain records to substantiate the amou	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	int of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	stance?	,	:	!			X Yes No
ă ~	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	cring the use of grant	funds in the United	States			
Part	_	Domestic Organiz	zations and Domestic	Governments.	complete if the orga	ınızatıon answered "Y	es" on Form 990, Part I	V, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if addition	onal space is need	pa			
1 (a	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 ST	SEE STATEMENT 3			.0	0			
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				A .
e E	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table				:	A
HA :	LHA 'For Paperwork Reduction Act Notice, see the instructions for Form 990.	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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. (d) Amount of non-cash assistance (c) Amount of cash grant IN ADDITION, THE STAFF OF THE GREATER MILWAUKEE WITH THE GRANTEES AND PREDETERMINE THAT THE GRANTEE AGENCIES ARE QUALIFIED FOUNDATION VERIFY THE 501(C)(3) STATUS OF THE AGENCIES AND VERIFY THAT THE THE DIRECTORS OF THE OCONOMOMOC AREA FOUNDATION, INC. ARE VERY FAMILIAR 7 AGENCIES FURTHER THE CHARITABLE PURPOSES OF THE GREATER MILWAUKEE (b) Number of recipients (a) Type of grant or assistance TO RECEIVE GRANT PAYMENTS. PART I, LINE 2 FOUNDATION 832102 11-02-18 Part III

1

Page 2

75-3266194

OCONOMOWOC AREA FOUNDATION, INC.

Schedule I (Form 990) (2018)

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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.

► 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

OCONOMOWOC AREA FOUNDATION, INC.

Employer identification number 75-3266194

Pa	art I Questions Regarding Compensation			
_			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,		١.	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			l '
	First-class or charter travel Housing allowance or residence for personal use			١,
	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)			l '
				1 :
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	ļ	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	<u> </u>
				;
3	Indicate which, if any, of the following the filing 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			. 1
	Compensation committee Written employment contract			ľ :
	Independent compensation consultant Compensation survey or study			Ι.
	Form 990 of other organizations Approval by the board or compensation committee			,
				ļ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			۱ '
	organization or a related organization	+ ~-	~~	
а	Receive a severance payment or change-of-control payment?	4a_		X
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		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
		1		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1		}
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
٠	contingent on the revenues of		~ - —	/
	The organization?	5a		x
b	Any related organization?	5h		<u> </u>
	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		_	•
	The organization?	6a		X
þ	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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-	لـــي- ا
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_	 -	X,
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			!
	Regulations section 53 4958-6(c)?	9	i	l

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

Schedule J (Form 990) 2018

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OCONOMOWOC AREA FOUNDATION, INC. Schedule J (Form 990) 2018 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

	1	(B) Breakdown of V	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
(1) ELLEN GILLIGAN	E	0	0	0.	0	0	0	0.0
ASSISTANT SECRETARY	Ξ	310,72	0	0.	1	51,374.	362,10	0
(2) KEN ROBERTSON	Ξ	0	0.	0		0		0
ASSISTANT TREASURER	(E)	185,616.	0	0.	0	24,565.	210,18	0.
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832112 10-26-18							Schedu	Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 OCONOMOWOC AREA FOUNDATION, INC.	75-3266194	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	bart for any additional information	
PART I, LINE 3.		
SEE STATEMENT 2 FOR DETAILS		
	:	
		_
	Schedule J (Form 990) 2018	90) 2018

SCHEDULE M (Form 990)

Noncash Contributions

2018

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Inspection
Employer identification number

	OCONOMOWOC AREA FO	UNDATION	INC.		75-	326619	4	
Pa	rt I Types of Property							
L		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib		-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes				· · ·			
8	Intellectual property							
9	Securities - Publicly traded	х	2	126,329.	MARKET VALUE			
10	Securities - Closely held stock		 	<u>-</u>				
11	Securities - Partnership, LLC, or				· · · · · · · · · · · · · · · · · · ·			
•	trust interests							
12	Securities - Miscellaneous		-		******			
13	Qualified conservation contribution -			· · · · · · · · · · · · · · · · · · ·				
	Historic structures]]			
14	Qualified conservation contribution - Other			***			_	-
15	Real estate · Residential				·		_	-
16	Real estate · Commercial				~			
17	Real estate - Other	··						
18	Collectibles		-					
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts			· · · · · ·				
23	Scientific specimens	· · · · ·						
24	Archeological artifacts					-		
25								
26	Other							
20 27								
28	· · · · · · · · · · · · · · · · · · ·							
29	Other () Number of Forms 8283 received by the organization	L	the tay year for or	antributions .	L			
25		_	· ·	1 1				
	for which the organization completed Form 82	oo, ranin, i	Jones Acknowledg	ement			Yes	No
200	Diving the year did the assessment on receive him			artad in Bart I. linas 1 throug	h 20 that it		res	NO
Sua	During the year, did the organization receive by							
	must hold for at least three years from the date		i contribution, and	which isn't required to be us	sed for	20-	1	x
	exempt purposes for the entire holding period?	,				30a		- ^-
	If "Yes," describe the arrangement in Part II		4 b	of any annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual		04	- x	
31	Does the organization have a gift acceptance p	-		•	IOHS (31	 " 	
32a	Does the organization hire or use third parties	or related or	ganizations to solic	cit, process, or sell noncash				х
	contributions?					32a		
	If "Yes," describe in Part II			for the bank and the state of t				
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is ched	cked,	1		
	describe in Part II					1	l	i .

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 OCONOMOWOC AREA FOUNDATION, INC.	75-3266194	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a combining part for any additional information	3, and whether the organi ibination of both. Also co	zation
SCHEDULE M, PART I, COLUMN (B).		
OCONOMOWOC AREA FOUNDATION IS REPORTING NUMBER OF CONTRIBUTIONS RATHER		
THAN NUMBER OF INDIVIDUAL ITEMS CONTRIBUTED ON SCHEDULE M.		
	· <u>·</u>	
	· · · · · · · · · · · · · · · · · · ·	
		- ** <u></u> -
	 	
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SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

OCONOMOWOC AREA FOUNDATION, INC.	75-3266194
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE BOARD MEMBERS OF THE SUPPORTED	
ORGANIZATION-GREATER MILWAUKEE FOUNDATION, INC. BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C.	
THE CONFLICT OF INTEREST QUESTIONARIES COMPLETED BY ALL OFFICERS, DIRECTORS	
AND KEY EMPLOYEES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE	
GREATER MILWAUKEE FOUNDATION, INCTHE SUPPORTED ORGANIZATION ANNUALLY.	
	
FORM 990, PART VI, SECTION B, LINE 15	
SINCE THE FILING ORGANIZATION DOES NOT PAY COMPENSATION, THE FOLLOWING	
INFORMATION APPLIES TO HOW THE SUPPORTED ORGANIZATION (THE GREATER	·
MILWAUKEE FOUNDATION)OF THE FILING ORGANIZATION DETERMINES COMPENSATION FOR	
THE PERSONS SERVING AS DIRECTORS AND OFFICERS OF THE FILING ORGANIZATION.	
SEE STATEMENT 2 FOR DETAILS	
FORM 990, PART VI, SECTION C, LINE 19.	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS	
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
	····
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN DEFERRED ASSET VALUE	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2018

OMB No 1545-0047

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Open to Public

Employer identification number Inspection 75-3266194 ► Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 OCONOMOWOC AREA FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service Part 1

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income ₤ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) controlled Š × entity Yes Direct controlling status (if section Public charity 501(c)(3)) .70(B)(1) (A)(VI) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) WISCONSIN NONPROFIT ORGANIZATIONS SSUING GRANTS TO OTHER Primary activity 39-6036407, 101 W.PLEASANT, STE.210, GREATER MILWAUKEE FOUNDATION, INC. Name, address, and EIN of related organization MILWAUKEE, WI 53212

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

Schedule R (Form 990) 2018

Page 2

75-3266194

3

Schedule R (Form 990) 2018 OCONOMOWOC AREA FOUNDATION, INC.

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

organizations treated as a parameter of the tay year	and Summa dimensional	y year									
(a)	(q)	(0)	(P)	(e)		E	(b)	ε	Ξ	3	(K)
Name, address, and EIN of related organization	Primary activity	Legal dcmicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections, 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
		crema)						2 2 2 2 3 1	-	$\overline{}$	
					._						
									<u>.</u>		
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Partiv' 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	ganizations Taxable a reporation or trust durin	as a Corpo	oration or Trust. Cyear	omplete if the	e organization a	answered "Yes"	on Form 990,	Part IV, line 34	4, because it had	one or mo	re related
(a)			(q)	(၁)	(p)	(e)		(J)	(6)	(h)	()
Mama saddrage and FIN		ď	Primary activity	obermon loss	Direct controlling	Type of entity	_	Share of total	•	Dercentage	Section

				l			•	٠		1	ı
	(!)	512(b)(13) controlled entity?	Yes No		١	_					
		″w ŭ	ځا								ļ-
	(h)	Percentage ownership									
	(6)	Share of end-of-year	dosers						-		
	(J)	Share of total income									
	(e)	Type of entity (C corp, S corp,	OI tided								
	(p)	Direct controlling Type of entity (C corp, S corp,									
g the tax year	(c)	Legal domicile C	country)								
	(p)	Primary activity									
organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN of related organization									

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ž
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?	is with one or more rel	ated organizations listed II	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	>-			1a		×
b Gift, grant, or capital contribution to related organization(s)				9	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan quarantees to or for related organization(s)				14		×
				9		×
				:		
f Dividends from related organization(s)				14	'	×
g Sale of assets to related organization(s)				19	•	×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				1		×
k Lease of facilities, equipment, or other assets from related organization(s)				į≠	ì	×
l Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n		×
 Sharing of paid employees with related organization(s) 		,		10		×
			,	1	1	1
 Reimbursement paid to related organization(s) for expenses 				đ		×
q Reimbursement paid by related organization(s) for expenses				5		×
r Other transfer of cash or property to related organization(s)				<u></u> +	i	¹ ×
				18		×
ايت ا	vho must complete the	s line, including covered r	or information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	paxio		
	type (a-s)			200		
(1)						
(3)						
(4)			,			
(S)					,	
(9)						
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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 partnership masternal partnerships.

Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	Share of total	of Share of end-of-year		Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner?	General or managing partner?	Percentage ownership
			Sections 3 (2-3 14) Yes No			Yes	(1001)	Ves No	
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Schedule f	R (Form 990) 2018 OCONOMOWOC AREA FOUNDATION, INC.	/5-3266194	Page 5
Part VII	Supplemental Information.		_
·	Provide additional information for responses to questions on Schedule R. See instructions		,
			
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