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Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

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

Name of foundation

RICHARD G JACOBUS FAMILY FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

10361 W INNOVATION DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MILWAUKEE, WI 53226

A Employer identification number

39-1555500

B Telephone number (see instructions)

(414) 203-8040

C If exemption application is pending, check here

☐

D 1. Foreign organizations, check here.....

☐

2. Foreign organizations meeting the 85% test, check here and attach computation ...

☐

E If private foundation status was terminated under section 507(b)(1)(A), check here

☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

☐

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☒ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 3,311,098

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify) _____

(Part I, column (d) must be on cash basis.)

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	100,804		
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments	130	130	130
	4 Dividends and interest from securities . . .	55,250	55,250	55,250
	5a Gross rents			
	b Net rental income or (loss) _____			
	6a Net gain or (loss) from sale of assets not on line 10	69,280		
	b Gross sales price for all assets on line 6a _____ 92,993			
	7 Capital gain net income (from Part IV, line 2) . . .		69,280	
	8 Net short-term capital gain			913
	9 Income modifications			
	10a Gross sales less returns and allowances _____			
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	225,464	124,660	56,293	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.			
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	2,200		2,200
	c Other professional fees (attach schedule)	33,340	15,747	17,593
	17 Interest			
	18 Taxes (attach schedule) (see instructions) . . .	6,167	1,145	
	19 Depreciation (attach schedule) and depletion . . .			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications	525		525
	23 Other expenses (attach schedule)	35		35
	24 Total operating and administrative expenses. Add lines 13 through 23	42,267	16,892	20,353
	25 Contributions, gifts, grants paid	122,500		122,500
	26 Total expenses and disbursements. Add lines 24 and 25	164,767	16,892	142,853
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	60,697		
	b Net investment income (if negative, enter -0-)		107,768	
c Adjusted net income (if negative, enter -0-) . . .			56,293	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	12,636	18,346	18,346
	2 Savings and temporary cash investments	806	5,719	5,719
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 8,775 Less: allowance for doubtful accounts ▶ _____	4,395	8,775	8,775
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	634,456	848,555	848,555
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	1,957,029	2,429,703	2,429,703	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,609,322	3,311,098	3,311,098	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	2,609,322		
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	2,609,322	3,311,098	
30 Total liabilities and net assets/fund balances (see instructions) .	2,609,322	3,311,098		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	2,609,322
2 Enter amount from Part I, line 27a	2	60,697
3 Other increases not included in line 2 (itemize) ▶ _____	3	647,132
4 Add lines 1, 2, and 3	4	3,317,151
5 Decreases not included in line 2 (itemize) ▶ _____	5	6,053
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	3,311,098

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a CHARLES SCHWAB	P	2014-04-14	2019-05-30
b THE JACO COMPANY III	P	2019-01-01	2019-12-31
c THE JACO COMPANY III	P	2000-01-01	2019-12-31
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 32,061		23,713	8,348
b 913			913
c 60,019			60,019
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			8,348
b			913
c			60,019
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	69,280
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3	913

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	125,914	2,842,964	0.04429
2017	123,760	2,555,644	0.04843
2016	83,254	2,214,469	0.03760
2015	113,007	2,313,160	0.04885
2014	130,418	2,295,514	0.05681

2 Total of line 1, column (d)	2	0.235979
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.047196
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,915,051
5 Multiply line 4 by line 3	5	137,579
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,078
7 Add lines 5 and 6	7	138,657
8 Enter qualifying distributions from Part XII, line 4	8	142,853

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,078
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	1,078
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,078
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	3,200
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	3,200
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	2,122
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 2,122 Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ WI _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>		No
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>RMB CAPITAL MANAGEMENT LLC</u> Telephone no. ▶ <u>(414) 203-8040</u>			

Located at ▶ 10361 W INNOVATION DRIVE SUITE 350 MILWAUKEE WIZIP+4 ▶ 53226

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	No
	Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RICHARD G JACOBUS 10361 W INNOVATION DRIVE 350 MILWAUKEE, WI 53226	Chairman 0.00	0		
CAROLYN R JACOBUS 10361 W INNOVATION DRIVE 350 MILWAUKEE, WI 53226	President 0.00	0		
NANCY J BACH 10361 W INNOVATION DRIVE 350 MILWAUKEE, WI 53226	Treasurer 0.00	0		
BARBARA J WELLS 10361 W INNOVATION DRIVE 350 MILWAUKEE, WI 53226	Secretary 0.00	0		
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	2,933,696
b	Average of monthly cash balances.	1b	25,747
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,959,443
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,959,443
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	44,392
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,915,051
6	Minimum investment return. Enter 5% of line 5.	6	145,753

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	145,753
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	1,078
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	1,078
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	144,675
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	144,675
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	144,675

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	142,853
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	142,853
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	1,078
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	141,775

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				144,675
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			7,305	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>142,853</u>				
a Applied to 2018, but not more than line 2a			7,305	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				135,548
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				9,127
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

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

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
BARBARA J WELLS
10361 W INNOVATION DRIVE 350
MILWAUKEE, WI 53226
(414) 203-8040

b The form in which applications should be submitted and information and materials they should include:
GRANT APPLICATIONS SHOULD BE IN LETTER FORM AND INCLUDE PURPOSE OF REQUEST, NAMES OF OFFICERS AND DIRECTORS OF APPLICANT, AND EVIDENCE OF TAX EXEMPT STATUS.

c Any submission deadlines:
NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
GRANTS AND CONTRIBUTIONS GENERALLY SUPPORTING, BUT NOT LIMITED TO, SOUTHEASTERN WISCONSIN.

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	122,500
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	130	
4 Dividends and interest from securities. . . .			14	55,250	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	69,280	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). . .				124,660	
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		124,660

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

[illegible]

Part XVII

- | | | | |
|--|--|-----|----|
| | | Yes | No |
|--|--|-----|----|

- | | | |
|--|--|--|
| | | |
|--|--|--|

- | | | |
|-------|--|----|
| 1a(1) | | No |
| 1a(2) | | No |

- | | | |
|--|--|--|
| | | |
|--|--|--|

- | | |
|--------------|-----------|
| 1b(1) | No |
|--------------|-----------|

- | | | |
|--------------|--|-----------|
| 1b(2) | | No |
|--------------|--|-----------|

- | | | |
|--------------|--|-----------|
| 1b(3) | | No |
|--------------|--|-----------|

- | | | |
|--------------|--|-----------|
| 1b(4) | | No |
|--------------|--|-----------|

- | | |
|--------------|-----------|
| 1b(5) | No |
|--------------|-----------|

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

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

- value
ue

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<p>Sign Here</p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2020-05-21</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Brian Janecke				
	Firm's name ► RMB Capital Management LLC				Firm's EIN ► 59-3792751
	Firm's address ► 115 S LaSalle Street Chicago, IL 60603				Phone no. (414) 203-8040

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

RICHARD G JACOBUS
CAROLYN R JACOBUS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMBRIDGE CAMPING ASSOCIATION 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	NONE	PUBLIC	OPERATING	1,000
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	PUBLIC	CAPITAL	500
DARDEN SCHOOL OF BUSINESS PO BOX 400894 CHARLOTTESVILLE, VA 22907	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELLIOT MUSEUM 825 NE OCEAN DR HUTCHINSON ISLAND STUART, FL 34996	NONE	PUBLIC	OPERATING	500
HABITAT FOR HUMANITY OF MARTIN COUN 2090 NORTHWEST FEDERAL HIGHWAY STUART, FL 34994	NONE	PUBLIC	OPERATING	250
HARVARD SCHOOL OF PUBLIC HEALTH 90 SMITH STREET 4TH FLOOR BOSTON, MA 02120	NONE	PUBLIC	OPERATING	3,000
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INREACH4530 PARK ROAD SUITE 300 CHARLOTTE, NC 28209	NONE	PUBLIC	OPERATING	500
MAYO CLINIC200 FIRST STREET SW ROCHESTER, MN 55905	NONE	PUBLIC	CAPITAL	1,000
MILWAUKEE ART MUSEUM 700 N ART MUSEUM DRIVE MILWAUKEE, WI 53202	NONE	PUBLIC	OPERATING	1,500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MILWAUKEE SYMPHONY ORCHESTRA 1101 N MARKET STREET SUITE 100 MILWAUKEE, WI 53202	NONE	PUBLIC	OPERATING	2,500
MINNENTONKA PUBLIC SCHOOLS FOUNDATI 5621 COUNTY ROAD 101 MINNENTONKA, MN 55345	NONE	PUBLIC	CAPITAL	500
OUR SISTER'S SCHOOL 145 BROWNELL AVENUE NEW BEDFORD, MA 02740	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED PERFORMING ARTS FUND 301 W WISCONSIN AVE SUITE 600 MILWAUKEE, WI 53202	NONE	PUBLIC	OPERATING	7,500
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 736 COLUMBIA, SC 29208	NONE	PUBLIC	CAPITAL	1,750
VOLUNTEERS IN MEDICINE 417 SE BALBOA AVENUE STUART, FL 34994	NONE	PUBLIC	OPERATING	1,500
Total ► 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAYZATA COMMUNITY CHURCH 125 WAYZATA BLVD E WAYZATA, MN 55391	NONE	PUBLIC	CAPITAL	500
AUTISM SOCIETY OF SE WI 3720 N 124TH STREET SUITE O WAUWATOSA, WI 53222	NONE	PUBLIC	CAPITAL	1,000
THE LIBRARY FOUNDATION OF MARTIN CO 2351 SE MONTEREY ROAD STUART, FL 34996	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
OPEN HANDS FOUNDATION 3121 WESTWOOD DRIVE EXCELSIOR, MN 55331	NONE	PUBLIC	CAPITAL	1,250
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	PUBLIC	OPERATING	500
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RIDGEVIEW FOUNDATION 490 SOUTH MAPLE STREET SUITE 110 WACONIA, MN 55387	NONE	PUBLIC	CAPITAL	1,000
SECU FAMILY HOUSE 123 OLD MASON FARM ROAD CHAPEL HILL, NC 27517	NONE	PUBLIC	OPERATING	500
SPECIAL OLYMPICS MINNESOTA 100 WASHINGTON AVE SOUTH SUITE 550 MINNEAPOLIS, MN 55401	NONE	PUBLIC	CAPITAL	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN HUMANE SOCIETY 1400 16TH STREET NW SUITE 360 WASHINGTON, DC 20036	NONE	PUBLIC	OPERATING	500
AMERICARES88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	PUBLIC	OPERATING	500
ARNOLD ARBORETUM OF HARVARD UNIVERS 125 ARBORWAY BOSTON, MA 02130	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON CHILDREN'S MUSEUM 308 CONGRESS STREET BOSTON, MA 02210	NONE	PUBLIC	OPERATING	500
CENTER FOR ENVIRONMENTAL HEALTH 2201 BROADWAY SUITE 302 OAKLAND, CA 94612	NONE	PUBLIC	OPERATING	500
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALING HANDS OF JOY PO BOX 200 RADIO CITY STATION NEW YORK, NY 10101	NONE	PUBLIC	OPERATING	1,000
MAKE A WISH FOUNDATION MA RI ONE BULFINCH PLACE 2ND FLOOR BOSTON, MA 02114	NONE	PUBLIC	OPERATING	500
MUSEUM OF SCIENCE1 SCIENCE PARK BOSTON, MA 02114	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW ENGLAND AQUARIUM CENTRAL WHARF BOSTON, MA 02110	NONE	PUBLIC	OPERATING	500
PROJECT 351 50 CONGRESS STREET SUITE 744 BOSTON, MA 02109	NONE	PUBLIC	OPERATING	500
SECOND WIND DREAMS 11115 HOUZE ROAD SUITE 150 ROSWELL, GA 30076	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104	NONE	PUBLIC	OPERATING	500
THE UNIVERSITY SCHOOL OF MILWAUKEE 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	PUBLIC	OPERATING	750
MILWAUKEE SYMPHONY ORCHESTRA 1101 NORTH MARKET STREET SUITE 100 MILWAUKEE, WI 53202	NONE	PUBLIC	CAPITAL	5,000
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WISCONSIN HISTORICAL FOUNDATION 816 STATE STREET MADISON, WI 53726	NONE	PUBLIC	CAPITAL	3,000
ISLANDS OF BRILLIANCE 415 E MENOMONEE MILWAUKEE, WI 53202	NONE	PUBLIC	OPERATING	2,000
MAYO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	NONE	PUBLIC	OPERATING	3,500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	PUBLIC	OPERATING	500
AURORA HEALTH CARE FOUNDATION 950 N 12TH STREET MILWAUKEE, WI 53233	NONE	PUBLIC	OPERATING	1,500
CONGREGATIONAL HOME 3150 LILLY ROAD BROOKFIELD, WI 53005	NONE	PUBLIC	CAPITAL	1,500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF FROEDERT 9200 WEST WISCONSIN AVE MILWAUKEE, WI 53226	NONE	PUBLIC	CAPITAL	2,000
FRIENDS OF HORICON MARSH N7725 HIGHWAY 28 HORICON, WI 53032	NONE	PUBLIC	OPERATING	1,000
MEDICAL COLLEGE OF WISCONSIN 8701 W WATERTOWN PLANK RD MILWAUKEE, WI 53226	NONE	PUBLIC	CAPITAL	3,000
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MILWAUKEE PUBLIC MUSEUM 800 W WELLS STREET MILWAUKEE, WI 53233	NONE	PUBLIC	OPERATING	2,000
UNITED WAY OF MILWAUKEE WAUKESHA 225 WEST VINE STREET MILWAUKEE, WI 53212	NONE	PUBLIC	CAPITAL	7,000
UNITED WAY OF MARTIN COUNTY 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34995	NONE	PUBLIC	OPERATING	3,000
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMANE SOCIETY OF TREASURE COAST 4100 SW LEIGHTON FARM AVE PALM CITY, FL 34990	NONE	PUBLIC	OPERATING	750
REGIS UNIVERSITY 3333 REGIS BLVD B-16 DENVER, CO 80221	NONE	PUBLIC	CAPITAL	750
ICA FOOD SHELF 12990 SAINT DAVIDS ROAD MINNETONKA, MN 55305	NONE	PUBLIC	OPERATING	750
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UW FOUNDATION SCHOOL OF BUSINESS 1848 UNIVERSITY AVE MADISON, WI 53726	NONE	PUBLIC	SCHOLARSHIP	7,000
ALZHEIMER'S ASSOCIATION 620 SOUTH 76TH STREET SUITE 160 MILWAUKEE, WI 53214	NONE	PUBLIC	MEMORIAL	1,000
UWM FOUNDATION1440 E NORTH AVE MILWAUKEE, WI 53726	NONE	PUBLIC	CAPITAL	6,250
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ENROOT 99 BISHOP RICHARD ALLEN DRIVE 1 CAMBRIDGE, MA 02139	NONE	PUBLIC	OPERATING	500
THE CITY SCHOOL614 COLUMBIA ROAD DORCHESTER, MA 02125	NONE	PUBLIC	OPERATING	500
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LLOYD CENTER FOR THE ENVIRONMENT 430 POTOMSKA ROAD DARTMOUTH, MA 02748	NONE	PUBLIC	OPERATING	1,000
TENACITY38 EVERETT STREET BOSTON, MA 02134	NONE	PUBLIC	OPERATING	500
BEST BUDDIES OF NORTH CAROLINA 10020 MONROE ROAD SUITE 210 MATTHEWS, NC 28105	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WING HAVEN260 RIDGEWOOD AVE CHARLOTTE, NC 28209	NONE	PUBLIC	OPERATING	500
MILWAUKEE CENTER FOR INDEPENDENCE 2020 W WELLS STREET MILWAUKEE, WI 53233	NONE	PUBLIC	CAPITAL	500
WAUWATOSA SPECIAL OLYMPICS N96 W20015 COUNTY LINE RD MENOMONEE FALLS, WI 53051	NONE	PUBLIC	CAPITAL	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAROLINA BREAST FRIENDS 1607 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	PUBLIC	CAPITAL	1,000
OSPREY VILLAGEPO BOX 3155 BLUFFTON, SC 29910	NONE	PUBLIC	CAPITAL	1,500
PINK UMBRELLA THEATER 1660 N PROSPECT AVE UNIT 501 MILWAUKEE, WI 53202	NONE	PUBLIC	CAPITAL	2,000
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PROJECT SUCCESS 1 GROVELAND TERRACE 300 MINNEAPOLIS, MN 55403	NONE	PUBLIC	CAPITAL	500
FIRST CONGREGATIONAL CHURCH 1511 CHURCH ST MILWAUKEE, WI 53213	NONE	PUBLIC	CAPITAL	5,000
GARDEN CLUB OF AMERICA 14 EAST 60TH ST 3RD FLOOR NEW YORK, NY 10022	NONE	PUBLIC	CAPITAL	5,000
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARTIN HEALTH FOUNDATION 200 SE HOSPITAL AVE STUART, FL 34995	NONE	PUBLIC	CAPITAL	1,500
UNIVERSITY OF FLORIDA/A GAINESVILLE, FL 32611	NONE	PUBLIC	CAPITAL	1,500
DESIGN ART TECHNOLOGY MASSACHUSETTS 336 ACUSHNET AVE SUITE C NEW BEFORD, MA 02740	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRIDGING201 W 87TH ST BLOOMINGTON, MN 55420	NONE	PUBLIC	OPERATING	500
DOWN SYNDROME ASSOCIATION OF WI 11709 W CLEVELAND AVE 2 WEST ALLIS, WI 53227	NONE	PUBLIC	OPERATING	500
FOLDS OF HONOR 8551 N 125TH E AVE STE 100 OWASSO, OK 74055	NONE	PUBLIC	OPERATING	500
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LYNN UNIVERSITY 3601 N MILITARY TRAIL BOCA RATON, FL 33431	NONE	PUBLIC	OPERATING	2,500
PERSPECTIVES3381 GORHAM AVE MINNEAPOLIS, MN 55426	NONE	PUBLIC	OPERATING	500
THE RELATIVES1100 EAST BOULEVARD CHARLOTTE, NC 28203	NONE	PUBLIC	OPERATING	1,000
Total ▶ 3a				122,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTON MUSEUM OF ART 1450 S DIXIE HWY WEST PALM BEACH, FL 33401	NONE	PUBLIC	OPERATING	3,000
TREASURE COAST YOUTH SYMPHONY 1320 SE FEDERAL HWY STUART, FL 34994	NONE	PUBLIC	OPERATING	1,000
TYKES AND TEENS 3577 SW CORPORATE PKWY PALM CITY, FL 34990	NONE	PUBLIC	OPERATING	1,000
Total ▶ 3a				122,500

TY 2019 Accounting Fees Schedule**Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RMB CAPITAL	2,200	0	0	2,200

TY 2019 Explanation of Non-Filing with Attorney General Statement

Name: RICHARD G JACOBUS FAMILY FOUNDATION

EIN: 39-1555500

Software ID: 19009920

Software Version: 2019v5.0

Statement:

EXEMPT UNDER WIS. STATS. 202.11 AS A PRIVATE FOUNDATION THAT DOES NOT SOLICIT CONTRIBUTIONS

TY 2019 Other Assets Schedule**Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 19009920**Software Version:** 2019v5.0**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
JACO III	1,957,029	2,429,703	2,429,703

TY 2019 Other Decreases Schedule**Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 19009920**Software Version:** 2019v5.0

Description	Amount
BOOK TO TAX DIFFERENCE	6,053

TY 2019 Other Expenses Schedule**Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 19009920**Software Version:** 2019v5.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	35			35

TY 2019 Other Increases Schedule**Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 19009920**Software Version:** 2019v5.0

Description	Amount
UNREALIZED GAIN	647,132

TY 2019 Other Professional Fees Schedule**Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FROM JACO III	25,468	12,734	0	12,734
RMB CAPITAL	7,872	3,013	0	4,859

TY 2019 Taxes Schedule**Name:** RICHARD G JACOBUS FAMILY FOUNDATION**EIN:** 39-1555500**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	5,022			
FOREIGN TAX PAID	317	317		
FOREIGN TAX PAID - JACO III	828	828		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2019
Name of the organization RICHARD G JACOBUS FAMILY FOUNDATION		Employer identification number 39-1555500

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

Name of organization
RICHARD G JACOBUS FAMILY FOUNDATION

Employer identification number
39-1555500

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD G JACOBUS 6867 SE MOURNING DOVE WAY HOBE SOUND, FL 33455	\$ 100,804	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization RICHARD G JACOBUS FAMILY FOUNDATION	Employer identification number 39-1555500
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
1	732 SH FIS	\$ 100,804	2019-12-19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

39-1555500

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)