990-PF

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.

OGDEN, UT

Department of the Treasury ► Go to www.irs.gov/Form990PF for Instructions and the latest information. 2005 Open to Public Inspection Internal Revenue Service For calendar year 2019 or tax year beginning JUNE 1 2019, and ending MAY 31 20 20 Name of foundation A Employer identification number THE MANITOWOC COMPANY FOUNDATION 23-7199469 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 11270 W PARK PL, STE 1000 414-760-4600 City or town, state or province, country, and ZiP or foreign postal code If exemption application is pending, check here. MILWAUKEE, WI 53224-3643 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here. Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation 04 E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: X Cash Accrual I Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > 2,317,356 (Part I, column (d), must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net for charitable (b) Net Investment total of amounts in columns (b), (c), and (d) expenses per purposes may not necessarily equal the amounts in income income books (cash basis only) column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 2 4,325 4,325 3 Interest on savings and temporary cash investments. 35,636 35,636 4 Dividends and interest from securities 5a Net rental income or (foss) (8,517)Revenue Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) . 0 Net short-term capital gain. Income modifications . Gross sales less returns and allowances . . . 10a b Less Cost of goods sold . Gross profit or (loss) (attach schedule) 7,717 7,717 11 Other income (attach schedule) 39,161 47,678 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc., Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) inistrative 5,112 5,112 c Other professional fees (attach schedule). . . 17 862 18 Taxes (attach schedule) (see instructions). . . 19 Depreciation (attach schedule) and depletion. Admi 20 21 Travel, conferences, and meetings E 21 Printing and publications Operating 52 1,006 1,006 Other expenses (attach schedule) Total operating and administrative expenses. 6,980 6,118 Add lines 13 through 23. 122,315 122,315 Contributions, gifts, grants paid 129,295 0 122,315 6,118 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: RECEIVED Excess of revenue over expenses and disbursements 41,560 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). . Form 9964FF (20)

JSA For Paperwork Reduction Act Notice, see instructions.

Ē	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	E	nd of y	vear
-	<u> </u>	Darance Unicolo	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bear	ing	21,377		82	37,682
			cash investments				
		Accounts receivable ▶	ı		the second		PM
		Less: allowance for dou	btful accounts ▶	•		0	
		Pledges receivable ▶		, ,	<u></u> .		
		_	btful accounts ▶			ō	•
	-		officers, directors, trustees, and other			\neg	
			tach schedule) (see instructions)				
	7	Other notes and loans	receivable (attach schedule)	- 1 1 1 X	, ,	_	· greater of
	•	Loss allowance for dou	btful accounts		ست د خدر بادینست ۱۹۰۱هم∣	0 -	entropies of the second of the
s							
ssets	8		se		 	-+	
Asi	!		eferred charges			-+	
			te government obligations (attach schedule)			-+	
			stock (attach schedule)			-+	
	11 C	Investments - corporate Investments - land, buildings	e bonds (attach schedule)		P ,	-+	N. 1
		and equipment basis				ام	
		Less accumulated deprecia (attach schedule)	<u> </u>			-4	
			loans			-	
	13 14	Investments - other (atta Land, buildings, and	ach schedule)	2,455,852	2,440,42	28	2,279,674
		enumment hasis	-	يلافه علاقا فللمستمد والأساع الإستدامة	بالبدوم للمرتبطين المرتبط لدرينا	· `	المحالمة مناسد تدريه استما
- }		Less accumulated depreca (attach schedule)	ation			0	
			►)				
			completed by all filers - see the			ļ	
_		instructions Also, see p	age 1, item I)	2,477,229	<u>2,478,11</u>	10	2,317,356
	17	Accounts payable and a	accrued expenses				
	18	Grants payable					·
es.	19	Deferred revenue	<i></i>				
Ħ	20	Loans from officers, directo	ors, trustees, and other disqualified persons			_	
Liabilities	21	Mortgages and other no	otes payable (attach schedule)				
	22	Other liabilities (describe	e▶)				<u>.</u>
	ļ		j		,],	2.5
_	23	Total liabilities (add line	es 17 through 22)	0		<u> </u>	<u> </u>
BS			w FASB ASC 958, check here 🕒 🔲				
Balances		and complete lines 24,	25, 29, and 30.				1 A .
H	24	Net assets without done	or restrictions		_		
_	25	Net assets with donor re	estrictions · · · · · · · · · · · · · · · · ·				
밀		Foundations that do not f	follow FASB ASC 958, check here 🕒 🔲 📗			ļ	
교		and complete lines 26 thr	ough 30.				
Net Assets or Fund	26	Capital stock, trust prin	cipal, or current funds	2,477,229	2,478,11	10	7.7
ş	27	Paid-in or capital surplus, o	r land, bldg , and equipment fund				- 1(
Se	28	Retained earnings, accum	ulated income, endowment, or other funds				
ĕ	29	Total net assets or fund	d balances (see instructions)	2,477,229	2,478,11	10	22 - 45 2
let	30	Total liabilities and	net assets/fund balances (see			j	-
z		instructions)	<u> </u>	2,477,229	2,478,11	LO .	e e de la California de
			nges in Net Assets or Fund Bala				
1	Tota	al net assets or fund b	palances at beginning of year - Part	II, column (a), line 29 (must agree with		
			ed on prior year's return)			1	2,477,229
2	Ente	er amount from Part I,	line 27a			2	0
3	Othe	er increases not inclu	ded in line 2 (itemize) ► MISC_BASI	IS ADJUSTMENTS		3	881
			· · · · · · · · · · · · · · · · · · ·			4	2,478,110
		reases not included in				5	
			palances at end of year (line 4 minus	line 5) - Part II, column (b), line 29	6	2,478,110

Par		s and I acces for Tay on Inve				
	Capital Gains	s and Losses for Tax on Inve	estment Income			
	• •	escribe the kind(s) of property sold (for e brick warehouse, or common stock, 200 s	· · ·	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	FIAM TOTAL ENDOW	MENT FUND - SHORT TERM		P	VARIOUS	10/14/19
b	FIAM TOTAL ENDOW	MENT FUND - LONG TERM		P	VARIOUS	5/7/20
c						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a			3,360			(3,360)
b			5,157			(5,157)
						0
d						0
e					· 	0
	Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less to Losses (from co	
a			0			(3,360)
b			0			(5,157)
С			0			0
<u>d</u>			0			0
<u>e</u>		<u> </u>	0			0
2	Capital gain net income	a or inat canital loss!	ain, also enter in Part I, line 7 pss), enter -0- in Part I, line 7	2		(8,517)
3	If gain, also enter in F	gain or (loss) as defined in sections Part I, line 8, column (c). See inst	tructions. If (loss), enter -0- in $\}$	3		
Pai		Under Section 4940(e) for Rec		ncome		`
Was	ection 4940(d)(2) applies s the foundation liable for	, leave this part blank.				
11 1	on " the foundation door	r the section 4942 tax on the distrib	• •	ase period	d?	Yes X No
		n't qualify under section 4940(e) D	o not complete this part.			Yes X No
1	Enter the appropriate a	n't qualify under section 4940(e) D amount in each column for each yea	o not complete this part. ar; see the instructions before make		tries.	Yes X No
1	Enter the appropriate a (a) Base period years	sn't qualify under section 4940(e) D amount in each column for each yea (b)	o not complete this part.	ng any en	tries. (d) Distribution ra	itio
1	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in)	on't qualify under section 4940(e) D amount in each column for each yea (b) Adjusted qualifying distributions	o not complete this part. ar; see the instructions before make (c) Net value of nonchantable-use assets	ng any en	tries.	itio col. (c))
1	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018	sn't qualify under section 4940(e) Damount in each column for each year (b) Adjusted qualifying distributions	on not complete this part. ar; see the instructions before making (c) Net value of nonchantable-use assets 2,392,400	ng any en	tries. (d) Distribution ra	otico col. (c))
1	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017	an't qualify under section 4940(e) Damount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260	on not complete this part. ar; see the instructions before make (c) Net value of nonchantable-use assets 2,392,400 2,485,864	ng any en	tries. (d) Distribution ra	ol. (c)) 0 . 0175 0 . 0950
1	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017 2016	an't qualify under section 4940(e) Damount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095	on not complete this part. ar; see the instructions before make (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081	ng any en	tries. (d) Distribution ra	0.0175 0.0950 0.0740
1	Enter the appropriate a (a) Base penod years ender year (or tax year beginning in) 2018 2017 2016 2015	an't qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435	on not complete this part. ar; see the instructions before make (c) Net value of nonchantable-use assets 2,392,400 2,485,864	ng any en	tries. (d) Distribution ra	0.0175 0.0950 0.0740 0.1329
1	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017 2016	an't qualify under section 4940(e) Damount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095	no not complete this part. ar; see the instructions before make (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132	ng any en	tries. (d) Distribution ra	otio col. (c)) 0 . 0175 0 . 0950 0 . 0740
1	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017 2016 2015 2014	sn't qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435 364,712	on not complete this part. ar; see the instructions before making (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132 2,286,453	ng any en	tries. (d) Distribution ra	0.0175 0.0950 0.0740 0.1329
Cale	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column	sn't qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435 364,712	on not complete this part. (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132 2,286,453	ng any en	tries. (d) Distribution ra	otto col. (c)) 0.0175 0.0950 0.0740 0.1329 0.1595
Cale	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column Average distribution rat	sn't qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435 364,712	no not complete this part. (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132 2,286,453 e the total on line 2 by 5 0, or by	ng any en	tries. (d) Distribution ra	otto col. (c)) 0.0175 0.0950 0.0740 0.1329 0.1595
Cale	Enter the appropriate a (a) Base period years endar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column Average distribution rat the number of years the	amount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435 364,712 (d) (d) (d) (d) (d) (d) (d) (d	no not complete this part. (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132 2,286,453 e the total on line 2 by 5 0, or by f less than 5 years	ng any en	tries. (d) Distribution ra (col (b) divided by	0.0175 0.0950 0.0740 0.1329 0.1595
2 3	Enter the appropriate a (a) Base period years endar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column Average distribution rai the number of years the	amount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435 364,712 (d) tio for the 5-year base period - divide e foundation has been in existence in	no not complete this part. (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132 2,286,453 e the total on line 2 by 5 0, or by f less than 5 years com Part X, line 5	ng any en	tries. (d) Distribution ra (col (b) divided by	0.0175 0.0950 0.0740 0.1329 0.1595 0.4789
2 3	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column Average distribution rat the number of years the Enter the net value of r Multiply line 4 by line 3	an't qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435 364,712 (d) tio for the 5-year base period - divide a foundation has been in existence in concharitable-use assets for 2019 from	no not complete this part. (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132 2,286,453 e the total on line 2 by 5 0, or by f less than 5 years com Part X, line 5	ng any en	tries. (d) Distribution ra (col (b) divided by	0.0175 0.0175 0.0950 0.0740 0.1329 0.1595 0.4789 0.0958
1 Cale 2 3 4 5	Enter the appropriate a (a) Base penod years endar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column Average distribution rat the number of years the Enter the net value of r Multiply line 4 by line 3 Enter 1% of net investor	an't qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 41,850 236,260 178,095 307,435 364,712 (d)	no not complete this part. (c) Net value of nonchantable-use assets 2,392,400 2,485,864 2,408,081 2,313,132 2,286,453 e the total on line 2 by 5 0, or by f less than 5 years com Part X, line 5	any en	tries. (d) Distribution ra (col (b) divided by	0.0175 0.0950 0.0740 0.1329 0.1595 0.4789 0.0958 2,492,513

	990-PF (2019)			age 4
Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	uction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here	٠,		
	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			831_
	here and enter 1% of Part I, line 27b	,		
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-)			
3	Add lines 1 and 2			831
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-			831
6	Credits/Payments:			~:
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1,500	• .	, au 13	
b	Exempt foreign organizations - tax withheld at source	•	+	
C	Tax paid with application for extension of time to file (Form 8868).	,		-
d	Backup withholding erroneously withheld	*		
7	Total credits and payments. Add lines 6a through 6d		1,	500
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			669
1	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11			669
Pai	rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Į.	Yes	No
	participate or intervene in any political campaign?	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
~	instructions for the definition	1ь		х
	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		. 3	1.
С	Did the foundation file Form 1120-POL for this year?	1c	,	х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		2	
•	(1) On the foundation ▶\$(2) On foundation managers. ▶\$	1		10
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	١.	, '	-
Ť	on foundation managers > \$		٠	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	' `	x
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	÷.	7 7	' '
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	' '	х
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5	If "Yes," attach the statement required by General Instruction T.			٠.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ĺ	١.	- '
U	By language in the governing instrument, or		-	٠, د ا
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1		٠.٠
	conflict with the state law remain in the governing instrument?	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
7 82	Enter the states to which the foundation reports or with which it is registered. See instructions	<u> </u>	1.5	
8a	MI			, -
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	١٠ ٠]	. .
D		86	x	,
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation			-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	}	-	١ .
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"	_		x
	complete Part XIV	9_	 	
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifier			
	person had advisory privileges? If "Yes," attach statement. See instructions	. 12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A			
14	The books are in care of ► THE FOUNDATION Telephone no ► 414 - 760	-4600)	
	Located at ▶ 11270 W PARK PL, STE 1000, MILWAUKEE, WI ZIP+4 ▶ 53224-3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authori	iy	Yes	No
	over a bank, securities, or other financial account in a foreign country?	. 16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name	of ,		: - '
	the foreign country ▶			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	L
	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)			7
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	;	2	1 30
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		,	
		1	-	إسرية
	(3) Furnish goods, services, or radinges to for accept them from a disquarried person.	4		-1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for	71	15	N 3 /
	the benefit or use of a disqualified person)?	. ,		4.4
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	٠.	1,- 1,-	\$ T
	foundation agreed to make a grant to or to employ the official for a period after	2 3	٠,	
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1.4	نئه ۱	·
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. 1b		
	Organizations relying on a current notice regarding disaster assistance, check here	2.7		₹.
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	'	٠	~r .`
	were not corrected before the first day of the tax year beginning in 2019?	. <u>1c</u>	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1 - 4	-	F (23)
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		•	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	,		
			. 3	"
	If "Yes," list the years	'	J., .	
D	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.)		` '	
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	.	,	- 4
·	the provisions of section 4-9-2(a)(z) are being applied to any of the years noted in 25, not the years noted.		\ , ·	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		`	
- u	at any time during the year?		-	
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation of		.	•••
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			ļ.
	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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	. 3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	24	[š * *	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	İ	Х

Par	t VII-B	Statements Regarding Activities	tor which form	4/20 May be Red	luirea (cont	inuea)			
5a	During the	e year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	Yes	No	,	1	
	(2) Influe	nce the outcome of any specific public ele	ection (see section	4955), or to carry or	າ.		- 1		
		ly or indirectly, any voter registration drive?	•	•	· —	No	,	}	1
		de a grant to an individual for travel, study, or o				No.			
	• •	le a grant to an individual for travel, study, or o	• • •				´		,
						□ No			1
		n 4945(d)(4)(A)? See instructions				140	'		
		• • •	•	•			ľ		ĺ
		ses, or for the prevention of cruelty to children swer is "Yes" to 5a(1)-(5), did any of the			- —	No			ŀ
b	•				•		Ĩ	-	ľ
		ns section 53.4945 or in a current notice regar					<u> _5b</u> _	├	├—
	_	ions relying on a current notice regarding disas					\square		l
С		swer is "Yes" to question 5a(4), does the			1	┌┐			1
		t maintained expenditure responsibility for the		• • • • • • • • • • •	. L Yes	No	'		}
		ittach the statement required by Regulations s							
6a		oundation, during the year, receive any fur	•			$\overline{}$	ŀ	}	}
		onal benefit contract?			. L Yes	No	'		
Ь	Did the fo	undation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ict ⁷		6b	 	<u> </u>
		6b, file Form 8870							
7a		e during the tax year, was the foundation a p				L No			'
b		lid the foundation receive any proceeds or ha	· ·		on?		7b	 	<u> </u>
8		ndation subject to the section 4960 tax on pay					l		٠.
		tion or excess parachute payment(s) during the				No.		<u> </u>	<u> </u>
Par	t VIII	Information About Officers, Directo and Contractors	rs, Trustees, Fol	inuation Managers	s, rignly Pa	iia Emp	pioyees,		
1		ficers, directors, trustees, and foundat	ion managers and	their compensation	. See instruc	ions.			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	ons to	(e) Expen	se acco	unt,
D 3 D 1			(b) Title, and average hours per week devoted to position	(c) Compensation		ons to	(e) Expen	se acco	unt, es
	RY L. P	ENNYPACKER	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0-)	employee bene	ons to fit plans opensation	(e) Expen other a	se acco llowance	<u></u>
1127	RY L. P	ENNYPACKER PL. STE 1000, MILWAUKEE, WI 53224	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid,	employee bene	ons to	(e) Expen other a	se acco	unt, es
11270 DAV	RY L. P W PARK ID J. A	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT	(c) Compensation (if not paid, enter -0-)	employee bene	ons to fit plans opensation	(e) Expen other a	se acco	0 0
11270 DAV	RY L. P O W PARK ID J. A O W PARK	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1	(c) Compensation (If not paid, enter -0-)	employee bene	ons to fit plans opensation	(e) Expen other a	se acco llowance	<u></u>
11270 DAV 11270 THO	RY L. POW PARK ID J. A OW PARK MAS L.	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR.	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR	(c) Compensation (if not paid, enter -0-) 0 EASURER	employee bene	ons to fit plans apensation	(e) Expenother a	se accor	0
11270 DAV 11270 THOI	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1	(c) Compensation (if not paid, enter -0-) 0 0 EASURER	employee bene	ons to fit plans opensation	(e) Expenother a	se accor	0 0
11270 DAV 11270 THOM 11270 STE	RY L. P W PARK D J. A W PARK MAS L. W PARK PHEN W.	ENNYPACKER PL. STE 1000, MILWAUKEE, WI 53224 NTONIUK PL. STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL. STE 1000, MILWAUKEE, WI 53224 HLAVACH	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER	(c) Compensation (if not paid, enter -0-) 0 EASURER	employee bene	ons to fit plans apensation	(e) Expenother a	se acco	0
11270 DAV 11270 THOM 11270 STE	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W.	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1	(c) Compensation (If not paid, enter -0-) O EASURER O	employee bene and deferred con	ons to fit plans npensation 0 0 0	other a	llowance	0 0 0
11270 DAV 11270 THOM 11270 STE	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W.	ENNYPACKER PL. STE 1000, MILWAUKEE, WI 53224 NTONIUK PL. STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL. STE 1000, MILWAUKEE, WI 53224 HLAVACH	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1	(c) Compensation (If not paid, enter -0-) O EASURER O	employee bene and deferred con	ons to fit plans npensation 0 0 0	other a	llowance	0 0 0
11270 DAV: 11270 THOM 11270 STE: 11270	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK Compens "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those	(c) Compensation (if not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i	ons to fift plans appensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ons). If n	ione,	0 0 0 0 enter
11270 DAV: 11270 THOM 11270 STE: 11270	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK Compens "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O	e 1 - see i (d) Contribut employee to	ons to fit plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STE: 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i	ons to fit plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV: 11270 THOM 11270 STE: 11270	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fit plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STEI 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fit plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STE: 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fit plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STE: 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fit plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STEI 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fift plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STEI 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fift plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STEI 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fift plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STEI 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fift plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV. 11270 THOI 11270 STEI 11270 2	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE."	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week	(c) Compensation (If not paid, enter -0-) O EASURER O o o o o o o o o o o o o	e 1 - see i (d) Contribut employee to	ons to fift plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter
11270 DAV: 11270 THOO 11270 STE: 11270 (a)	RY L. P O W PARK ID J. A O W PARK MAS L. O W PARK PHEN W. O W PARK "NONE." Name and a	ENNYPACKER PL, STE 1000, MILWAUKEE, WI 53224 NTONIUK PL, STE 1000, MILWAUKEE, WI 53224 DOERR, JR. PL, STE 1000, MILWAUKEE, WI 53224 HLAVACH PL, STE 1000, MILWAUKEE, WI 53224 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 VICE PRESIDENT 1 VP/SECRETARY TR 1 ASST TREASURER 1 (other than those hours per week devoted to position	(c) Compensation (If not paid, enter -0-) O EASURER O Se included on line (c) Compensation	e 1 - see i (d) Contribut employee b plans and de compens	ons to fift plans pensation 0 0 0 nstruction lions to enefiti	ons). If n	ione,	0 0 0 enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,			
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		<u> </u>			
Total numb	er of others receiving over \$50,000 for professional services	 			
Part IX-A		<u> </u>			
List the fou	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of its and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses			
1 N/A		 			
· 	<u></u>				
2					
3					
					
					
*		1			
Part IX-B	Summary of Program-Related Investments (see instructions)	- !			
Describe th	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount			
1 N/A					
		<u> </u>			
2					
All other or	ogram-related investments. See instructions.	 			
3					
-					
		l			
Total. Add	lines 1 through 3				

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,496,549
	Average of monthly cash balances	1b	33,921
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d :	2,530,470
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d,	3	2,530,470
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	37,957
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,492,513
6	Minimum investment return. Enter 5% of line 5	6	124,626
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
	and certain foreign organizations, check here ▶ and do not complete this part.)	····	
1	Minimum investment return from Part X, line 6	1	124,626
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 831		
	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b,	2c	831
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	123,795
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	123,795
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	123,795
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	122,315
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes,	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	122,315
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	122,315
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating whether t	the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Pa	rt XIII Undistributed Income (see instr	uctions)	· · · · · · · · · · · · · · · · · · ·		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years pnor to 2018	2018	2019
	line 7				123,795
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only				
b	Total for pnor years. 20,20,20				1
3	Excess distributions carryover, if any, to 2019:				•
а	From 2014				
	From 2015 194,816				
c	From 2016	•	-		
d	From 2017 113,182				
е	From 2018 0				
f	Total of lines 3a through e	619,309			
4	Qualifying distributions for 2019 from Part XII,				
	line 4· ▶ \$ 122,315				
а	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				-
	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election				
	required - see instructions)	<u> </u>			
d	Applied to 2019 distributable amount	<u> </u>			122,315
	Remaining amount distributed out of corpus	1,650		<u> </u>	
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:				•
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	620,959			
ь	Prior years' undistributed income Subtract	•			
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable		0		
	amount - see instructions				····
٠	4a from line 2a. Taxable amount - see	1		o	
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				1,480
	distributed in 2020				
7	Amounts treated as distributions out of corpus		Ť		
	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	252,577			
	applied on line 5 or line 7 (see instructions)	2027071			
y	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	368,382			
10	Analysis of line 9				
	Excess from 2015 194,816				
	Excess from 2016				
	Excess from 2017			- 1	-
	Excess from 2018				
	Excess from 2019 1,650		' • , <u>•</u>		• •
					

factors.

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

Recipient

Recipient

Name and address (home or business)

Recipient

Recipi Purpose of grant or contribution Amount a Paid during the year GENERAL SUPPORT SEE ATTACHED FOR DETAIL 122,315 122,315 b Approved for future payment 0 **≥** 3b Total

Part XVI-A			ated business income	Eveluded his	section 512, 513, or 514	(e)
-	mounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-	service revenue		Amount	EXCUSION CODE	Alloun	(See instructions.)
				 		
				+		
				1		
f						
g Fees ar	nd contracts from government agencies					
2 Membersl	nip dues and assessments			1.4	4 205	<u></u>
	savings and temporary cash investments -			14	4,325 35,636	
	and interest from securities			+	33,030	
	I income or (loss) from real estate			 		
	ebt-financed property			 		
	income or (loss) from personal property	_				
	estment income					
	ss) from sales of assets other than inventory					
9 Net incom	ne or (loss) from special events					
	fit or (loss) from sales of inventory			 		
_	enue a	<u> </u>		14	7,717	
				 		
				 		
e				 		
	Add columns (b), (d), and (e)		C		47,678	0
13 Total. Add	i line 12, columns (b), (d), and (e)				13	47,678
(See workshe	Relationship of Activitie					
Line No. ▼	Explain below how each activit accomplishment of the foundation	-				
						
						

orm 9	990-PF (2019)							Pa	ge 13
Part	XVII	Information Re Organizations	egarding Trans	fers to and Transactio	ns and F	Relationships W	ith Noncha	ritabl		
1	Did th	e organization direct	ly or indirectly er	ngage in any of the following	ng with an	y other organizati	ion described		Yes	No
	ın se	ction 501(c) (other	than section 5	01(c)(3) organizations) or	in section	on 527, relating	to political		·	
	organi	zations?								
а	Transf	ers from the reportin	g foundation to a	noncharitable exempt orga	nization of:				[•
	(1) Ca	sh	·					1a(1)		x
										х
		transactions:								
	(1) Sa	les of assets to a no	ncharitable exemp	ot organization				16(1)		x
				e exempt organization						Х
				ssets					_	х
	-									Х
	(5) Lo	ans or loan guarantee	es					1b(5)		X
	(6) Pe	rformance of service	s or membership	or fundraising solicitations.				1b(6)		Х
				other assets, or paid emplo						Х
		•	-	complete the following s					fair m	arke
	value	of the goods, other	assets, or service	s given by the reporting for	undation	If the foundation	received less	than	fair m	arke
	value	in any transaction or	r sharing arrange	ment, show in column (d)	the value of	of the goods, oth	er assets, or s	ervice	s rec	eived
(a) Li	ne no	(b) Amount involved	(c) Name of nor	charitable exempt organization	(d) Desc	inption of transfers, tra	nsactions, and sha	nng ama	ıngeme	nts
										
						<u> </u>				
								_		
							_			
	descri	•	(other than secti	ated with, or related to, or on 501(c)(3)) or in section 5				Y(es X] No
		(a) Name of organization	n	(b) Type of organization		(c) Des	cription of relations	hip		
								-		
	T			sale asked below	an adula	Internation and to the s	and of musting state to		alla¢ :	
	Unde	r penalties of perjury, I decla ct, and complete. Declaration of	are that I have examined topreparer (other than taxo	I this return, including accompanying a ayer) is based on all information of which	schedules and preparer has a	statements, and to the t ny knowledge	est of my knowledg	e and b	ellef, it	is true
Sign		At 1/10.	M W/01/81	611.00 mm			May the IRS			
Here	<u>، ا</u> لاً	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	11 xwy	11/2/1000		MANT TREASURER	with the pre	parer s	יייי ויייי	below?
1616	Sig	nature of officer or trustee		Date	Title		See Instruction	s	Yes	N
	Ш		· 							
aid		Print/Type preparer's na.	me	Preparer's signature		Date		NIT		
aiu	1						self-employed			

Form 990-PF (2019)

Firm's EIN

Phone no

Paid Preparer

Use Only

Firm's name

Firm's address

THE MANITOWOC COMPANY FOUNDATION EIN: 23-7199469

PART XV

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR APPROVED FOR FUTURE PAYMENT

NAME AND ADDRESS SUMMER SEARCH	RECIPIENT STATUS 501 (c)(3)	<u>PURPOSE OF GRANT</u> GENERAL SUPPORT	<u>AMOU</u> \$	1,000
1528 WALNUT ST, SUITE 1006	(-// -/		•	-,
PHILADELPHIA, PA 19102				
RACE FOR EDUCATION	501 (c)(3)	GENERAL SUPPORT	\$	500
500 E LEITERSBURG ROAD				
GREENCASTLE, PA 17225				
MAKE-A-WISH FOUNDATION OF PHILADELPHIA	501 (c)(3)	GENERAL SUPPORT	\$	11,600
5 VALLEY SQ. STE 210				
BLUE BELL, PA 19422				
JUNIOR ACHIEVEMENT OF WISCONSIN	501 (c)(3)	GENERAL SUPPORT	\$	5,000
11111 W LIBERTY DR				
MILWAUKEE, WI 53224				
HAGERSTOWN COMMUNITY COLLEGE FOUNDATION	501 (c)(3)	GENERAL SUPPORT	\$	1,000
100 LINCOLN WAY EAST, SUITE A CHAMBERSBURG, PA 17201				
CINIBELIADORO, FA 17202				
FAMILY CARE SERVICES	501 (c)(3)	GENERAL SUPPORT	\$	500
4385 EDENVILLE ROAD CHAMBERSBURG, PA 17202				
		65 2 1 2 2		
DOWNTOWN CHAMBERSBURG, INC 100 LINCOLN WAY EAST, SUITE A	501 (c)(3)	GENERAL SUPPORT	\$	1,650
CHAMBERSBURG, PA 17201				
AAANGTREET WAYNEEDORO	E01 (a)(3)	GENERAL SUPPORT	\$	500
MAINSTREET WAYNESBORO 13 WEST MAIN STREET	501 (c)(3)	GENERAL SOFFORT	3	300
WAYNESBORO, PA 17268				
CHAMBERSBURG AREA CAREER MAGNET	501 (c)(3)	GENERAL SUPPORT	\$	1,000
435 STANLEY AVENUE	202 (0)(-)		•	-,
CHAMBERSBURG, PA 17201				
SALVATION ARMY OF LANCASTER	501 (c)(3)	GENERAL SUPPORT	\$	200
131 S QUEEN ST				
LANCASTER, PA 17603				
THE HUNGER TASK FORCE	501 (c)(3)	GENERAL SUPPORT	\$	3,000
201 SOUTH HAWLEY COURT				
MILWAUKEE, WI 53214				
MD ANDERSON CANCER CENTER	501 (c)(3)	GENERAL SUPPORT	\$	1,000
1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030				
10031011, 17 77030				
TOGETHER WE RISE	501 (c)(3)	GENERAL SUPPORT	\$	2,500
580 WEST LAMBERT ROAD, SUITE A BREA, CA 92821				
		CENTER AL CURRORT		200
MANITOWOC POLICE ASSOCIATION 900 QUAY ST	501 (c)(3)	GENERAL SUPPORT	\$	365
MANITOWOC, WI 54220				
ALIDODA MEALTH CADE COLINDATION	501 (c)(3)	GENERAL SUPPORT	\$	7,500
AURORA HEALTH CARE FOUNDATION 620 EAST GREEN BAY AVE, SUITE 122	301 (c)(3)	SCHEINE SOFT ON	•	.,500
SAUKVILLE, WI 53080				
HOLY FAMILY MEMORIAL	501 (c)(3)	GENERAL SUPPORT	\$	7,500
2300 WESTERN AVENUE			•	•
MANITOWOC, WI 54221				

THE MANITOWOC COMPANY FOUNDATION
EIN: 23-7199469
PART XV
GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR APPROVED FOR FUTURE PAYMENT

NAME AND ADDRESS WAYNESBORO ADVANCED LIFE SUPPORT UNIT PO BOX 447 WAYNESBORO, PA 17268	RECIPIENT STATUS 501 (c)(3)	PURPOSE OF GRANT GENERAL SUPPORT	<u>AMOUNT</u> \$ 5,000
MERITUS HEALTHCARE FOUNDATION 11116 MEDICAL CAMPUS RD HAGERSTOWN, MD 21742	501 (c)(3}	GENERAL SUPPORT	\$ 5,000
SALINE COUNTY MEDICAL FOUNDATION 1 MEDICAL PARK DRIVE BENTON, AR 72015	501 (c)(3)	GENERAL SUPPORT	\$ 10,000
SUMMIT HEALTH FOUNDATION 785 STH AVE, SUITE 1 CHAMBERSBURG, PA 17201	501 (c)(3)	GENERAL SUPPORT	\$ 25,000
FROEDTERT HOSPITAL RAPID RESPONSE FUND 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	501 (c)(3)	GENERAL SUPPORT	\$ 5,000
COLUMBIA ST MARY'S FOUNDATION 2320 NORTH LAKE DRIVE MILWAUKEE, WI 53211	501 (c)(3)	GENERAL SUPPORT	\$ 5,000
GEISINGER EMS WEST SHORE ADVANCED LIFE SUPPORT 431 N 21 STREET CAMP HILL, PA 17011	501 (c)(3)	GENERAL SUPPORT	\$ 5,000
WAYNESBORO FIRE DEPARTMENT PO BOX 958 WAYNESBORO, PA 17268	501 (c)(3)	GENERAL SUPPORT	\$ 1,000
NEW FRANKLIN VOLUNTEER FIRE COMPANY 3444 WAYNE ROAD CHAMBERSBURG, PA 17202	501 (c)(3)	GENERAL SUPPORT	\$ 1,000
THE CITY OF MANITOWOC FIRE & RESCUE 900 QUAY STREET MANITOWOC, WI 54220	501 (c)(3)	GENERAL SUPPORT	\$ 2,500
MARION VOLUNTEER FIRE COMPANY PO BOX 68 MARION, PA 17235	501 (c)(3)	GENERAL SUPPORT	\$ 1,000
MONT ALTO AMBULANCE ASSOCIATION PO BOX 310 MONT ALTO, PA 17237	501 (c)(3)	GENERAL SUPPORT	\$ 1,000
WAYNESBORO AMBULANCE SQUAD 603 W MAIN STREET WAYNESBORO, PA 17268	501 (c)(3)	GENERAL SUPPORT	\$ 1,000
AMERICAN CANCER SOCIETY 790 MARVELLE LANE GREEN BAY, WI 54304	501 (c)(3)	GENERAL SUPPORT	\$ 10,000
TOTAL			\$ 122,315