TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

August 31, 2021

Prepared For:

JEROME J. AND DOROTHY H. HOLZ FAMILY FOUNDATION C/O DONALD TUSHAUS 10400 INNOVATION DRIVE No. 110 MILWAUKEE, WI 53226

Prepared By:

TUSHAUS & ASSOCIATES, LLC 10400 W INNOVATION DR STE 110 MILWAUKEE, WI 53226 (414) 774-1031

Amount Due or Refund:

Balance due of \$16,912

Make Check Payable To:

Payments should be made using the Electronic Federal Tax Payment System (EFTPS).

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by January 18, 2022.

Please note that there is \$749,085 of undistributed income for 2020 on Form 990-PF. The organization must distribute this amount by the end of its 2021 tax year to avoid the excise tax on undistributed income.

2021 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

August 31, 2022

Prepared For:

JEROME J. AND DOROTHY H. HOLZ FAMILY FOUNDATION C/O DONALD TUSHAUS 10400 INNOVATION DRIVE No. 110 MILWAUKEE, WI 53226

Prepared By:

TUSHAUS & ASSOCIATES, LLC 10400 W INNOVATION DR STE 110 MILWAUKEE, WI 53226 (414) 774-1031

| Amount of Tax: | | | |
|--|------------------|------------------------------|--|
| Total Estimated Tax | | \$ 22,160 | |
| Less credit from prior year | | \$ 0 | |
| Less amount already paid o | on 2021 Estimate | \$ 0 | |
| Balance Due | | \$ 22,160 | |
| Payable in full or in ins Voucher No 1 No 2 No 3 No 4 | Amount | Due Date January 18, 2022 | |

Make Check Payable To:

Payments should be made using the Electronic Federal Tax Payment System (EFTPS).

Mail Voucher and Check (if applicable) To:

Not applicable

Special Instructions:

| Form 8879-EO | IRS e-file Signature Authorization for an Exempt Organization | | OMB No. 1545-0047 |
|---|--|---|--|
| | For calendar year 2020, or fiscal year beginning SEP 1 , 2020, and ending AUG 31 , 2 | ··· 21 | |
| | ► Do not send to the IRS. Keep for your records. | 20 <u>2 1</u> | 2020 |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form8879EO for the latest information. | | |
| Name of exempt organization | | Taxpayer | identification number |
| JEROME J. AND | DOROTHY H. HOLZ FAMILY | | |
| FOUNDATION C/ | D DONALD TUSHAUS | **_* | **8506 |
| Name and title of officer or pe | rson subject to tax | | |
| JEROME J WEIS | | | |
| PRESIDENT | | | |
| | Return and Return Information (Whole Dollars Only) | | |
| check the box on line 1a, 2 blank, then leave line 1b, 2 | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fror 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I. | this form v | vas |
| 1a Form 990 check here | | | |
| 2a Form 990-EZ check h | | | |
| 3a Form 1120-POL chec | | 3b | |
| 4a Form 990-PF check h | | | |
| 5a Form 8868 check here | | | |
| 6a Form 990-T check he | | | |
| 7a Form 4720 check here Part II Declarat | b Total tax (Form 4720, Part III, line 1) | 70 | |
| | I declare that I am an officer of the above organization or I am a person subj | | with respect to |
| | | | - |
| processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne | an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its de nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to thorize the financial institutions involved in the processing of the electronic payment of tax cessary to answer inquiries and resolve issues related to the payment. I have selected a p as my signature for the electronic return and, if applicable, the consent to electronic fund | signated F e tax prepa ccount. To b the payn kes to rece ersonal | Financial aration o revoke nent pive |
| X I authorize TU | SHAUS & ASSOCIATES, LLC | to enter m | y PIN 36736 |
| | ERO firm name | | Enter five numbers, but |
| a state agency(i PIN on the return As an officer or p | on the tax year 2020 electronically filed return. If I have indicated within this return that a des) regulating charities as part of the IRS Fed/State program, I also authorize the aforemen n's disclosure consent screen. Derson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a | ntioned ER | IO to enter my |
| regulating charit | to tax | nsent scre | |
| | tion and Authentication | | |
| - | ur six-digit electronic filing identification your five-digit self-selected PIN. 39691311111 Do not enter all zeros | | |
| - | neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa- siness Returns. | | |
| ERO's signature 🕨 | Date ▶10/ | <u>13/21</u> | |
| | ERO Must Retain This Form - See Instructions | | |
| | Do Not Submit This Form to the IRS Unless Requested To Do S | 60 | |
| LHA For Paperwork Red | uction Act Notice, see instructions. | | Form 8879-EO (2020) |

023051 11-03-20

| - | | ALD | TUSHAUS on Unrelate | d Business | | 850 | 6 OMB No. 1545-0047 |
|--------------------|---|-----------------------------|---|--|-----------|-----|------------------------|
| (Wo Depa | rksheet) (and trent of the Treasury Go to www.ir | l on Inv s.gov/F | r Tax-Exemp restment Income for F Form990W for instruct ords. Do not send to | Private Foundations) tions and the latest in | FORM 990- | PF | 2021 |
| 1 | Unrelated business taxable income expected in the tax | year | | | | 1 | |
| 2 | Tax on the amount on line 1. See instructions for tax | computa | tion | | | 2 | |
| 3 | Alternative minimum tax for trusts. See instructions | | | | | 3 | |
| 4 | Total. Add lines 2 and 3 | | | | | 4 | |
| 5 | Estimated tax credits. See instructions | | | | | 5 | |
| 6 | Subtract line 5 from line 4 | | | | | 6 | |
| 7 | Other taxes. See instructions | | | | | 7 | |
| 8 | Total. Add lines 6 and 7 | | | | | 8 | |
| 9 | Credit for federal tax paid on fuels. See instructions \ldots | | | | | 9 | |
| 10a | Subtract line 9 from line 8. Note: If less than \$500, the estimated tax payments. Private foundations, see instru | - | | | | | |
| b | Enter the tax shown on the 2020 return. See instruction zero or the tax year was for less than 12 months, skip t | is. Caut his line | | | 22,152. | | |
| C | 2021 Estimated Tax. Enter the smaller of line 10a or li from line 10a on line 10c | | | red to skip line 10b, ente ADJUST | | 10c | 22,160. |
| | | | (a) | (b) | (C) | | (d) |
| 11 | Installment due dates. See instructions | 11 | 01/18/22 | | | | |
| 12 | Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." | 12 | 22,160. | | | | |
| 13 | 2020 Overpayment. See instructions | 13 | | | | | |
| 14 | Payment due (Subtract line 13 from line 12) | 14 | 22,160. | | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

| Forr | n 9 | 90-PF | | or Se | ction 49 | n of Private 47(a)(1) Trust Treat | ted as Private Fo | oundation | | OMB No. 1545-0047 |
|--|------------|--|---|----------------------------|-----------|---|---------------------------------------|--------------|---|---|
| Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information. | | | | | | | | | ZUZU Open to Public Inspection | |
| - | | | r tax year beginning | | 1, | | , and end | | AUG 31, 2021 | open to r ubite inspection |
| Na | me of | foundation | | | | | · · · · · · · · · · · · · · · · · · · | - | A Employer identification | number |
| | | | AND DOROTH | | | FAMILY | | | | |
| | | | C/O DONAL | | | | | | **-**8506 | |
| | | | ox number if mail is not de | | ddress) | | | | B Telephone number | |
| | | | VATION DRI | | | | 1 | 10 | 414-774-103 | 31 |
| | | | ovince, country, and Z | | ostal co | de | | | C If exemption application is per | nding, check here |
| | | WAUKEE, | | | | | | | | akaali kawa 🔊 🔊 |
| G | леск | all that apply: | Initial retu | | | Initial return of a f Amended return | ormer public cha | rity | D 1. Foreign organizations, | |
| | | | Address c | | | Name change | | | 2. Foreign organizations mee check here and attach com | ting the 85% test, |
| н (| heck | type of organiza | | | emnt nr | ivate foundation | | | 1 | |
| | _ | |) nonexempt charitabl | | | | ation | | E If private foundation state under section 507(b)(1)(| |
| I Fa | | | assets at end of year | | | | Accrua | | F If the foundation is in a 6 | |
| | | Part II, col. (c), li | - | | ther (spe | | | | under section 507(b)(1)(| |
| | \$ | | 9,191,924. | | nn (d), n | nust be on cash bas | sis.) | | | |
| Pa | art I | Analysis of R (The total of amo | evenue and Expenses unts in columns (b), (c), ar I the amounts in column (a | 3 nd (d) may not | | Revenue and | (b) Net inve | | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | 1 | | | | exp | enses per books | incom | e | income | (cash basis only) |
| | 1 | | gifts, grants, etc., rece | | | | | | | |
| Revenue | 2 | Interest on saving | if the foundation is not required s and temporary | | | | | _ | | |
| | 3 | | interest from securitie | | | 579,131. | 579 | ,131. | | STATEMENT 1 |
| | 1 ° | | | | | 575,151. | 515 | , | | |
| | | Net rental income | | | | | | | | |
| | 6a | Net remain income of (loss) | | | | | | | | |
| | b | Gross sales price assets on line 6a | for all 5,316 | 5,243. | | | | | | |
| eve | 7 | | come (from Part IV, line 2) | | | | 1,127 | ,762. | | |
| ŭ | 8 | Net short-term | capital gain | | | | | | | |
| | 9 | Income modific Gross sales less r | cations | | | | | | | |
| | | and allowances | | | | | | | | |
| | | | ds sold | | | | | | | |
| | | | (loss) | | | | | | | |
| | 11 | | s 1 through 11 | | 1 | 706,893. | 1,706 | 893. | 0. | |
| | 13 | | officers, directors, trustee | | | 4,800. | | 0. | 0. | 4,800. |
| | 14 | | e salaries and wages . | | | | | | | |
| | 15 | | employee benefits | | | | | | | |
| es | 16a | Legal fees | | | | | | | | |
| ens | b | Accounting fee | s S | TMT 2 | | 11,660. | | 0. | 0. | 11,660. |
| Expenses | c | | onal fees S | | | 109,560. | | ,560. | 0. | 0. |
| ive | 17 | Interest | S | m) (m) | | 36. | | 36. | 0. | 0. |
| trat | 18 | Taxes | S | 'I'M'I' 4 | | 8,102. | 3 | ,632. | 0. | 0. |
| Administrative | 19 | | nd depletion | | | | | | | |
| - mpy | 20 21 | Travel conferen | nces, and meetings | | | | | | | |
| and A | 22 | | iblications | | | | | | | |
| | | Other expenses | s S | TMT 5 | | 1,627. | | 0. | 0. | 1,627. |
| Operating | 24 | | and administrative | | | | | | | • |
| Cere | | | , I lines 13 through 23 | | | 135,785. | 113 | ,228. | 0. | 18,087. |
| õ | 25 | - | | | | 812,146. | | | | 812,146. |
| | 26 | Total expenses | s and disbursements. | | | | | | | |
| | | | ıd 25 | | | 947,931. | 113 | <u>,228.</u> | 0. | 830,233. |
| | 27 | | | | | | | | | |
| | | | over expenses and disbu | | | 758,962. | 1 500 | 665 | | |
| | | | t income (if negative, er | | | | 1,593 | ,005. | 0. | |
| | l C | Aajustea net ir | ICOME (if negative, enter | ·-U-) | | | | | V• | |

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

JEROME J. AND DOROTHY H. HOLZ FAMILY

| | 90-PF (2020) FOUNDATION C/O DONALD TU | Beginning of year | End of | ***8506 Pag |
|-----|---|-------------------|--------------------------|------------------------|
| art | II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 4 | Cash - non-interest-bearing | | | |
| | • | 1,131,452. | 932,769. | 932,769 |
| | Savings and temporary cash investments | 1,131,432. | 552,705. | 552,705 |
| 3 | | | | |
| | Less: allowance for doubtful accounts | | | |
| 4 | Pledges receivable | | | |
| - | Less: allowance for doubtful accounts | | | |
| 5 | Grants receivable Receivables due from officers, directors, trustees, and other | | | |
| 6 | , , , | | | |
| 7 | disqualified persons | | | |
| ' | | | | |
| | Less: allowance for doubtful accounts | | | |
| | Inventories for sale or use | | | |
| 9 | Prepaid expenses and deferred charges | | | |
| 108 | a Investments - U.S. and state government obligations | 11 063 270 | 15 162 962 | 15 162 963 |
| | p Investments - corporate stock STMT 7 | 135,277. | <u>15,463,863.</u> 0. | <u>15,463,863</u> (|
| | Investments - corporate bonds | 133,411. | 0. | |
| 11 | Investments - land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation | | | |
| | Investments - mortgage loans | 1 702 277 | 2 705 202 | 2 705 207 |
| 13 | Investments - other STMT 8 | 1,793,377. | 2,795,292. | 2,795,292 |
| 14 | Land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation | | | |
| 15 | Other assets (describe) | | | |
| 16 | Total assets (to be completed by all filers - see the | 17,123,385. | 10 101 024 | 10 101 00/ |
| | instructions. Also, see page 1, item I) | 11,143,303. | 19,191,924. | 19,191,924 |
| | 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 | | | |
| 22 | Other liabilities (describe) | | | |
| | Total Vak Vittas (add lines 17 through 20) | 0. | 0. | |
| 23 | Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here | U • | 0. | |
| | | | | |
| | and complete lines 24, 25, 29, and 30. | 17,123,385. | 19,191,924. | |
| 24 | Net assets without donor restrictions | 17,125,505. | 19,191,924. | |
| 25 | Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here | | | |
| | 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 | 17 100 205 | 10 101 004 | |
| 29 | Total net assets or fund balances | 17,123,385. | 19,191,924. | |
| | Total Paker Martine and a star and a star | 17 100 205 | 10 101 004 | |
| 30 | Total liabilities and net assets/fund balances | 17,123,385. | 19,191,924. | |

| 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 | 17,123,385. |
| 2 | Enter amount from Part I, line 27a | 2 | 758,962. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 1,309,577. |
| 4 | Add lines 1, 2, and 3 | 4 | 19,191,924. |
| 5 | Decreases not included in line 2 (itemize) 🕨 | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 19,191,924. |
| | | | - 000 DE |

| Form 990-PF (2020) FOU | OME J. AND DOROT NDATION C/O DONA and Losses for Tax on In | LD TUSI | HAUS | MILY | | * | *_** | 8506 Page 3 |
|---|---|---|--------------------------------------|---------------|--|----------------|-----------------------------|------------------|
| (a) List and describe | the kind(s) of property sold (for exar | mple, real esta | | (b) H | How acquired - Purchase - Donation | (c) Date | | (d) Date sold |
| | rehouse; or common stock, 200 shs | . MLC Co.) | | D | | (mo., d | ay, yr.) | (mo., day, yr.) |
| 1a TD AMERITRADE S b TD AMERITRADE I | | | | | P | | | |
| c SECURITIES SET | | | | | P | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | ain or (loss s (f) minus | (g)) |
| <u>a</u> 717,340. | | | 681,6 | | | | | 35,663. |
| <u>b</u> <u>4,598,831</u> . | | | 3,506,8 | 04. | | | | 1,092,027. |
| <u>c</u> 72. | | | | | | | | 72. |
| d e | | | | | | | | |
| | g gain in column (h) and owned by t | the foundation | on 12/31/69. | | | (I) Gains (C | ol. (h) qain | minus |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | | òl. (k), but ı | | n -0-) or |
| a | | | | | A | | | 35,663. |
| b | | | | _ | | | | 1,092,027. |
| C | | | | | | | | 72. |
| d e | | | | | | | | |
| Part I, line 8 | is) as defined in sections 1222(5) an column (c). See instructions. If (loss nder Section 4940(e) for | id (6): s), enter -0- in Reduced | Tax on Net | t Inve | 2 3 stment Inc | come | N/A | 1,127,762. |
| SECTIO | ON 4940(e) REPEALED O | N DECEN | IBER 20, 2 | 019 - | DO NOT C | OMPLE | TE. | |
| 1 Reserved | I | | | | | | | 7 m |
| (a) Reserved | (b) Reserved | | | (c) Reserv | | | Re | (d) eserved |
| Reserved | | | | | | | | |
| Reserved | | | | | | | | |
| Reserved | | | | | | | | |
| Reserved | | | | | | | | |
| Reserved | | | | | | | | |
| 2 Reserved | | | | | | . 2 | | |
| 3 Reserved | | | | | | . 3 | | |
| 4 Reserved | | | | | | . 4 | | |
| 5 Reserved | | | | | | 5 | | |
| 6 Reserved | | | | | | . 6 | | |
| 7 Reserved | | | | | | . 7 | | |
| 8 Reserved | | | | | | 8 | | |

TEROME J. AND DOROTHY H. HOLZ FAMILY

| Form 990-PF (2020) FOUNDATION C/O DONALD TUSHAU | | , | **_**{ | 2506 | | Page 4 |
|--|-----------------------------|----------------------------|--------|------|----------|---------------|
| Part VI Excise Tax Based on Investment Income (Section 4 | 1940(a), 4940(b | | | | | Paye 4 |
| 1a Exempt operating foundations described in section 4940(d)(2), check here | | | | | | |
| Date of ruling or determination letter: (attach copy of letter | | | | | | |
| b Reserved | | | 1 | 2 | 2,1 | 52. |
| c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, | | ····· / / | - | | <u> </u> | |
| of Part I, line 12, col. (b) | | | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations or | | | 2 | | | 0. |
| 3 Add lines 1 and 2 | | | 3 | 2 | 2,1 | - |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations o | | | 4 | | _ / _ | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | | 5 | 2 | 2,1 | |
| 6 Credits/Payments: | | | | | | - |
| a 2020 estimated tax payments and 2019 overpayment credited to 2020 | 6a | 5,240. | | | | |
| b Exempt foreign organizations - tax withheld at source | | 0. | | | | |
| c Tax paid with application for extension of time to file (Form 8868) | | 0. | | | | |
| d Backup withholding erroneously withheld | | 0. | | | | |
| 7 Total credits and payments. Add lines 6a through 6d | | | 7 | | 5,2 | 40. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 | is attached | | 8 | | | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 9 | 1 | 6,9 | 12. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp | | | 10 | | | |
| | | Refunded 🕨 | 11 | | | |
| Part VII-A Statements Regarding Activities | | | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or loca | legislation or did it p | oarticipate or intervene i | n | | Yes | No |
| any political campaign? | | | | 1a | | Х |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political p | | | | 1b | | Х |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co | pies of any materials | published or | | | | |
| distributed by the foundation in connection with the activities. | | | | | | |
| c Did the foundation file Form 1120-POL for this year? | | | | 1c | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri | | | | | | |
| (1) On the foundation. \blacktriangleright \$ (2) On foundation mar | agers. 🕨 💲 _ | 0. | | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political ex | penditure tax impose | d on foundation | | | | |
| managers. 🕨 \$ 0 . | | | | | | |
| 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 gover | - | les of incorporation, or | | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | | 3 | | <u>X</u> |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during th | | | | 4a | | Х |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | | | 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | year? | | | 5 | | X |
| If "Yes," attach the statement required by General Instruction T. | | | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf | ied either: | | | | | |
| By language in the governing instrument, or | | | | | | |
| • By state legislation that effectively amends the governing instrument so that no man | | | | | 77 | |
| 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 | Х | |
| | | | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See inst | ructions. 🖻 | | | | | |
| | | (| | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to | - | | | 0. | v | |
| of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | | | | 8b | Х | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning | | | | | | v |
| year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes, | | | | 9 | | X X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a s | schedule listing their name | es and addresses | | 10 | | Λ |

| | | -***8506 | | Page 5 |
|----|--|--------------|-----|--------|
| Pa | art 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 disqualified person had advisory privileg | | | |
| | If "Yes," attach statement. See instructions | | | х |
| 13 | | 13 | Х | |
| | Website address WWW.HOLZFAMILYFOUNDATION.COM | ····· | | |
| 14 | | 14 - 774 - 1 | 031 | |
| | | 4 ▶53226 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | A/ | |
| 16 | | 1 - | Yes | No |
| 10 | 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 | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | | | Yes | No |
| 4. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 103 | 110 |
| li | a 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? | Z No. | | |
| | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 7 | | |
| | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | - | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | No | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 7 | | |
| | for the benefit or use of a disqualified person)? | NO 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 | 7 | | |
| | termination of government service, if terminating within 90 days.) 🗌 Yes 🛽 | K_ No | | |
| l | 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 | <u>1b</u> | | X |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| (| Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2020? | <u>1c</u> | | X |
| 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)): | | | |
| á | a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines | | | |
| | 6d and 6e) for tax year(s) beginning before 2020? | K No | | |
| | If "Yes," list the years ►,,,,, | | | |
| l | 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.) | N/A 2b | | |
| (| : If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | ▶,,, | | | |
| 38 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | KNO | | |
| ł | o If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | | | |
| | Schedule C, to determine if the foundation had excess business holdings in 2020.) | N/A 3b | | |
| 48 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | Х |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2020? | 4b | | Х |
| - | | | | (0000) |

JEROME J. AND DOROTHY H. HOLZ FAMILY

| Form 990-PF (2020) FOUNDATION C/O DONALD TUSHAUS | **_ | ***8506 | F | Page 6 |
|---|-------------|-----------|-----|--------|
| 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))? | Yes 🛽 | S No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | |
| any voter registration drive? | Yes 🛛 | K No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | S No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section | | | | |
| 4945(d)(4)(A)? See instructions | Yes Σ | S 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? | Yes Σ | K No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulation | | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instructions | 1 | J/A 5b | | |
| Organizations relying on a current notice regarding disaster assistance, check here | | | | |
| 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?N/A | Yes 🗌 | No | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on | | | | |
| a personal benefit contract? | Yes 🛛 | K No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | X |
| 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? | Yes 🛽 | <u>No</u> | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | 1 | N/A. 76 | | |
| 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(s) during the year? | Yes 2 | ΔNO | | |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, I Paid Employees, and Contractors | Highly | | | |
| 1. List all officers, directors, tructors, and foundation managers and their companyation | | | | |

| | icii oompenoation. | | | |
|---|---|---|--|---|
| (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 |
| SEE STATEMENT 9 | | 4,800. | 0. | 0. |
| | | 4,000. | | |
| | - | | | |
| | - | | | |
| 2 Compensation of five highest-paid employees (other than those inc | uded on line 1). If none, o | enter "NONE." | 1 | |
| (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 |

| | devoted to position | | compensation | allowances |
|--|---------------------|--|--------------|------------|
| NONE | | | | |
| | | | | |
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| |] | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | | ► | 0 |
| | | | Ганна | |

| JEROME J. AND DOROTHY H. HOLZ FAM | ILY | |
|--|---------------------|---------------------------|
| FOUNDATION C/O DONALD TUSHAUS | **_ | ***8506 Page 7 |
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | 2 |
| 3 Five highest-paid independent contractors for professional services. If none, enter "I | NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| DONALDSON CAPITAL MGMT LLC - 20 NW FIRST ST | | |
| 5TH FLOOR, EVANSVILLE, IN 47708 | INVESTMENT ADVIS | ORS 109,560. |
| | | |
| |] | |
| | | |
| |] | |
| | | |
| | | |
| | | |
| | | |
| 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 statistica | | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers produce | ed, etc. | Lxpel1363 |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lin | es 1 and 2 | Amount |
| $\frac{1}{1 \text{ N/A}}$ | | / inount |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| | | Form 990-PF (2020) |

| P | Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foun | dations, | 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 | 15,454,965. |
| b | Average of monthly cash balances | 1b | 424,087. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 15,879,052. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 . | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 15,879,052. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 238,186. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 15,640,866. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 782,043. |
| P | Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | d certain | |
| | foreign organizations, check here 🕨 🔄 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 782,043. |
| 2 a | Tax on investment income for 2020 from Part VI, line 5 2a 22,152. | | |
| b | Income tax for 2020. (This does not include the tax from Part VI.) | | |
| C | | 2c | 22,152. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 759,891. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 759,891. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 759,891. |
| Ρ | 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 | 830,233. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 830,233. |
| 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 | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 830,233. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years. | ualifies for | |
| | | | Form 990-PF (2020) |

Form 990-PF (2020)

JEROME J. AND DOROTHY H. HOLZ FAMILY FOUNDATION C/O DONALD TUSHAUS

Part XIII Undistributed Income (see instructions)

| | , | | | |
|---|----------------------|-----------------------------------|-------------|-------------|
| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
| 1 Distributable amount for 2020 from Part XI, | oorpuo | | 2010 | |
| line 7 | | | | 759,891. |
| 2 Undistributed income, if any, as of the end of 2020: | | | | |
| a Enter amount for 2019 only | | | 819,427. | |
| b Total for prior years: | | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015 | | | | |
| b From 2016 | | | | |
| c From 2017 | | | | |
| d From 2018 | | | | |
| e From 2019 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2020 from | | | | |
| Part XII, line 4: ► \$ 830,233. | | | 010 405 | |
| a Applied to 2019, but not more than line 2a \dots | | | 819,427. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | 0 | | | |
| (Election required - see instructions) | 0. | | | 10.000 |
| d Applied to 2020 distributable amount | 0 | | | 10,806. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2019. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2020. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2021 | | | | 749,085. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2015 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2021. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2016 | | | | |
| b Excess from 2017 | | | | |
| c Excess from 2018 | | | | |
| d Excess from 2019 | | | | |
| e Excess from 2020 | | | | |

| | N C/O DONAI | | FAMILII | **_** | *8506 Page 10 |
|--|----------------------------|------------------------|------------------|-------------------|---------------|
| Part XIV Private Operating Fou | | | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling or de | termination letter that it | is a private operating | | | |
| foundation, and the ruling is effective for 20 | 20, enter the date of the | ruling | ▶ | | |
| b Check box to indicate whether the foundation | | | | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4, for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6, for each year | | | | | |
| listed | | 4 | | | |
| 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 Inform | | | the foundation h | ad \$5,000 or mor | e in assets |

TTOT 0

T1 3 3 6 T T 37

1 Information Regarding Foundation Managers:

DODO

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).)

NONE

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.

NONE

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

Check here
Check

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 10

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

c Any submission deadlines:

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

| JEROME J. | AND | DOROTHY | н. | HOLZ | FAMILY |
|-----------|-------|---------|-----|-------|--------|
| FOUNDATIO | N C/C | DONALD | TUS | SHAUS | |

| | O DONALD TUSHA | | **_**8 | 506 Page 11 |
|--|--|-------------------------|--|-------------|
| 3 Grants and Contributions Paid During the Y | | Payment | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| ARTISTS WORKING IN EDUCATION 4315 W VLIET STREET | | PUBLIC | TRUCK STUDIO PROGRAM | |
| MILWAUKEE, WI 53208 | | | | 2,500. |
| ARTWORKS FOR MILWAUKEE 207 E BUFFALO ST STE 600 MILWAUKEE, WI 53202 | | PUBLIC | INTERNSHIPS FOR HIGH SCHOOL STUDENTS | 2,500. |
| AUDIO AND BRAILLE LITERACY ENHANCEMENT, INC 803 W WELLS STREET | | PUBLIC | BRAILLE TRANSCRIPTION PROGRAM FOR BLIND CHILDREN | |
| MILWAUKEE, WI 53233 BIG BROTHERS BIG SISTERS OF METRO MILW INC 788 N JEFFERSON STREET, STE 600 MILWAUKEE, WI 53202 | | PUBLIC | MENTORING PROGRAM | 5,000. |
| CATHOLIC MEMORIAL HIGH SCHOOL OF NAUKESHA 501 E COLLEGE AVENUE | C | PUBLIC | STEM PROGRAM | |
| WAUKESHA, WI 53186 | | | | 5,000. |
| Total <u>SEE CO</u> b Approved for future payment | NTINUATION SHEE | | ► 3a | 812,146. |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ► 3b | 0. |

Form 990-PF (2020)

JEROME J. AND DOROTHY H. HOLZ FAMILY FOUNDATION C/O DONALD TUSHAUS

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | d by section 512, 513, or 514 | (e) |
|--|---------------------------------|-----------------------|-------------------------------|-------------------------------|--------------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 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 4 Dividends and interest from securities | | | 14 | 579,131. | |
| 5 Net rental income or (loss) from real estate: | | | | 575,151. | |
| 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 | 1,127,762. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | 1 806 000 | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 1,706,893. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 1,706,893. |
| (See worksheet in line 13 instructions to verify calculate | | | | | |
| Part XVI-B Relationship of Activ | vities to the Accom | plishment of Ex | empt P | Purposes | |
| Line No. Explain below how each activity for w | | | A contribut | ted importantly to the accomp | lishment of |
| the foundation's exempt purposes (of | ther than by providing fund | s for such purposes). | | | |
| | | | | | |
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| JEROME | J. | AND | DOROTHY | н. | HOLZ | FAMILY |
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| Form 99 | 0-PF (2 | | ATION C/O | |) TUSHAUS | ИТГХ | **_* | **8506 | Pa | age 13 |
|--------------|----------|-----------------------------------|---------------------------|-------------------|----------------------------------|-------------------------|-------------------------------|-----------------------------------|---------|---------------|
| Part | | | | | nd Transactions ar | nd Relationsh | | | | <u>.</u> |
| | | Exempt Organ | izations | | | | - | | | |
| 1 Dia | the or | ganization directly or indi | rectly engage in any | of the followin | g with any other organizatio | on described in sect | ion 501(c) | | Yes | No |
| (ot | her thai | n section 501(c)(3) organ | izations) or in sectio | n 527, relating | to political organizations? | | | | | |
| a Tra | Insfers | from the reporting founda | ation to a noncharital | ole exempt org | anization of: | | | | | |
| (1) | Cash | | | | | | | 1a(1) | | X |
| | | | | | | | | | | X |
| | | sactions: | | | | | | | | |
| (1) | Sales | of assets to a noncharital | ble exempt organizat | ion | | | | 1b(1) | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | rmance of services or me | | | | | | | | X |
| . , | | | | - | oloyees | | | | | X |
| | | | | | dule. Column (b) should alv | | | | ets, | |
| | | | | | d less than fair market valu | | | | , | |
| | |) the value of the goods, | | | | - | | | | |
| (a) Line n | 0. | (b) Amount involved | (c) Name of | noncharitable | exempt organization | (d) Description | n of transfers, transactions, | and sharing arra | ngemer | nts |
| | | | | N/A | | | | | | |
| | | | | | | | | | | |
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| 2a Ist | the four | ndation directly or indirect | tly affiliated with, or r | elated to, one | or more tax-exempt organi | zations described | | | | _ |
| ins | section | 501(c) (other than section | n 501(c)(3)) or in se | ction 527? | | | | Yes | X | No |
| b If" | Yes," co | mplete the following sch | | | <u> </u> | 1 | () 5 | | | |
| | | (a) Name of org | janization | | (b) Type of organization | | (c) Description of rela | tionship | | |
| | | N/A | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Under | penalties of periury. I declare t | that I have examined this | return, including | accompanying schedules and st | atements, and to the be | st of my knowledge | | | |
| Sign | | | | | axpayer) is based on all informa | | | May the IRS di return with the | prepare | er |
| Here | | | | | 1 | PRESI |) FNT | shown below? | See ins | |
| | Sian | ature of officer or trustee | | | Date | Title | , TT I T | LI TeS | | _ No |
| | Sign | Print/Type preparer's na | | Preparer's si | | Date | Check if P | TIN | | |
| | | | | | | | self- employed | | | |
| Paid | | JEROME F S | EITZ, CPA | | | 10/13/21 | | P005357 | 758 | |
| Prep | arer | Firm's name ► TUS | | SOCIATI | | -,, | | -***828 | | |
| Use (| Only | | | | • | | | | | |

Firm's address ► 10400 W. INNOVATION DR, STE 110 MILWAUKEE, WI 53226

Phone no. 414-774-1031 Form **990-PF** (2020)

023622 12-02-20

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| Part XV Supplementary Information | | | | |
|---|---|-------------------------|--|----------|
| 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| CHILDREN'S DYSLEXIA CENTER-MILWAUKEE 3000 W WISCONSIN AVE MILWAUKEE, WI 53201 | | PUBLIC | ONE ON ONE TUTORING PROGRAM | 50,000. |
| CITY FORWARD COLLECTIVE, INC 111 W PLEASANT ST STE 101 MILWAUKEE, WI 53202 | | PUBLIC | CITY FORWARD COLLECTIVE'S MISSION | 5,000. |
| COALITION FOR CHILDREN, YOUTH & FAMILIES 6682 W GREENFIELD AVE STE 310 | | PUBLIC | CHAMPION CLASSROOMS PROGRAM | |
| MILWAUKEE, WI 53214 | | | | 2,500. |
| COLLEGE POSSIBLE MILWAUKEE 1515 N RIVERCENTER DR STE 105 MILWAUKEE, WI 53212 | | PUBLIC | HIGH SCHOOL SENIORS PROGRAM | 5,000. |
| EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026 | | PUBLIC | SUPPORT SCHOLARSHIP PROGRAM OF CADDIES FROM MILWAUKEE AND WAUKESHA COUNTIES | 20,000. |
| FRANKILN PUBLIC LIBRARY FOUNDATION 9151 W LOOMIS ROAD FRANKLIN, WI 53132 | C | PUBLIC | GREAT DECISIONS PROGRAM | 1,000. |
| FRIENDS OF BOERNER BOTANICAL GARDENS | | PUBLIC | STUDENT PROGRAMMING | |
| 9400 BOERNER DRIVE HALES CORNERS, WI 53130 | | | | 15,000. |
| HISTORIC HAYMARKET MILWAUKEE 800 W WELLS STREET | | PUBLIC | TOWARDS PURCHASE OF NEW SITE FOR MUSEUM | |
| MILWAUKEE, WI 53233 | | | | 250,000. |
| HOPE CENTER, INC 502 N EAST AVENUE WAUKESHA, WI 53186 | | PUBLIC | COMMUNITY OUTREACH MEAL AND DAY CENTER MEAL PROGRAMS | 10,000. |
| HUNGER TASK FORCE 201 S HAWLEY COURT MILWAUKEE, WI 53214 | | PUBLIC | EMERGENCY FOOD PROGRAM AND COVID-19 SUPPORT | 70,000. |
| Total from continuation sheets | | | | 777,146. |

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| Part XV | Supplementary Information | | | | |
|--------------------------------------|--|---|------------------------|---|----------|
| 3 Grants | and Contributions Paid During the Yea | ar (Continuation) | | | |
| | Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Nan | ne and address (home or business) | any foundation manager or substantial contributor | status of recipient | Contribution | , inount |
| 411 E WI: | Y COMPUTER STARS FOUNDATION SCONSIN AVE CONCOURSE LEVEL , WI 53202 | | PUBLIC | WORKFORCE DEVELOPMENT PROGRAM | 5,000. |
| 1300 N JA | MILY SERVICES, INC CKSON STREET , WI 53202 | | PUBLIC | COMMUNITY RESOURCE PROGRAM | 2,000. |
| | ER INC MARTIN LUTHER KING DR STE AUKEE, WI 53212 | | PUBLIC | HOPE FOR YOUTH HOMICIDE SURVIVORS PROGRAM | 5,000. |
| FOUNDATIO | AREA TECHNICAL COLLEGE N ATE STREET, STE S214 , WI 53233 | | PUBLIC | DREAMKEEPERS STUDENT EMERGENCY FUND | 15,000. |
| PO BOX 14 | HOMELESS VETERAN INITIATIVE 575 S, WI 53214 | | PUBLIC | MILWAUKEE HOMELESS VETERANS INITIATIVE CRISIS FUND | 10,000. |
| 273 E ERI | INSTITUTE OF ART AND DESIGN E STREET , WI 53202 | C | PUBLIC | EQUITY AND INCLUSION ACTION PLAN | 1,000. |
| MILWAUKEE 1036 N 8TI MILWAUKEE | | | PUBLIC | PROGRAM UNDERWRITING FOR ANTIQUES ROADSHOW AND DANIEL TIGER'S NEIGHBORHOOD | 40,000. |
| 800 W WEL | PUBLIC MUSEUM LS STREET , WI 53233 | | PUBLIC | EDUCATION PROGRAMS | 50,000. |
| CONSORTIU 2000 W KI | SCIENCE EDUCATION M INC LBOURN AVENUE , WI 53223 | | PUBLIC | PROVIDE STUDENTS ACCESSTO ENVIRONMENTAL EDUCATION PROGRAMS | 5,000. |
| 1515 s 29 | JESUIT ACADEMY TH STREET , WI 53215 | | PUBLIC | CAMP THUNDERHEAD SUMMER PROGRAM | 1,000. |

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| Part XV Supplementary Information | | | | |
|---|--|-------------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Ye | ar (Continuation) | - | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | |
| | | | | |
| SAFE & SOUND INC | | PUBLIC | YOUTH ORGANIZING | |
| 801 W MICHIGAN STREET | | | EFFORTS | |
| MILWAUKEE, WI 53233 SECURE FUTURES FOUNDATION, INC | | PUBLIC | PROVIDE FINANCIAL | 20,000. |
| 710 N PLANKINTON AVE STE 1400 | | FORLIC | EDUCATION AND | |
| MILWAUKEE, WI 53203 | | | MENTORING TO HIGH | |
| | | | SCHOOL STUDENTS IN THE | |
| | | | GREATER MILWAUKEE AREA | 2,000. |
| | | | | |
| STRYV365 | | PUBLIC | TRAUMA-INFORMED | |
| 10810 W LIBERTY DRIVE | | | COACHING PROGRAM FOR | |
| MILWAUKEE, WI 53224 | | | CHILDREN | 2,500. |
| | | | | |
| TEENS GROW GREENS, INC | | PUBLIC | TEENS GROW GREENS | |
| 322 E MICHIGAN STREET STE 204 | | | INTERNSHIP PROGRAM | |
| MILWAUKEE, WI 53202 | | | | 14,000. |
| THE FOUNDATION OF THE WI AUTOMOBILE & | | PUBLIC | ASE AND SCHOOL | |
| INE FOUNDATION OF THE WI AUTOMOBILE & IRUCK DEALERS ASSOCIATION, INC | | FOBLIC | INITIATIVES PROGRAMS | |
| 150 E GILMAN ST, STE A | | | IN MILWAUKEE AND | |
| MADISON, WI 53703 | | | WAUKESHA COUNTIES | 25,000. |
| | | | | |
| UNITED COMMUNITY CENTER | | PUBLIC | UNITY COMMUNITY | |
| 1028 S 9TH STREET | | | CENTER'S YOUTH | |
| MILWAUKEE, WI 53204 | | | VOLUNTEER CORPS (YVC) | 20,000. |
| | | | | |
| UNITY IN MOTION INC | | PUBLIC | YEAR ROUND PROGRAMMING | |
| PO BOX 511131 | | | | |
| MILWAUKEE, WI 53203 | | | | 2,500. |
| | | | | |
| JWM RESEARCH FOUNDATION, INC | | PUBLIC | GENERAL OPERATIONS | |
| 1440 E NORTH AVENUE MILWAUKEE, WI 53202 | | | | 5,000. |
| | | | | 5,000. |
| VICTORY GARDEN INITIATIVE | | PUBLIC | YOUTH EDUCATION | |
| 249 W CONCORDIA AVENUE | | | PROGRAM (YEP!) | |
| MILWAUKEE, WI 53212 | | | | 5,000. |
| | | | | |
| | | | ANNUAL 4TH OF JULY | |
| VILLAGE OF HALES CORNERS | | PUBLIC | | |
| VILLAGE OF HALES CORNERS 5635 S NEW BERLIN ROAD HALES CORNERS, WI 53130 | | POBLIC | PARADE AND FESTIVITIES | 22,500. |

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| Part XV Supplementary Information | | | | |
|--|--|-------------------------|--|---------|
| 3 Grants and Contributions Paid During the Ye | ar (Continuation) | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| VILLAGE OF HALES CORNERS-FIRE DEPARTMENT 10000 W FOREST HOME AVENUE HALES CORNERS, WI 53130 | or šubstantial contributor | recipient PUBLIC | PURCHASE PERSONAL PROTECTIVE GEAR FOR STRUCTURAL FIREFIGHTING (TURN OUT GEAR) | 16,210. |
| VILLAGE OF HALES CORNERS-POLICE DEPARTMENT 5635 S NEW BERLIN ROAD HALES CORNERS, WI 53130 | | PUBLIC | PURCHASE BULLET RESISTANT VESTS | 4,936. |
| VISION FORWARD ASSOCIATION 912 N HAWLEY ROAD MILWAUKEE, WI 53213 | | PUBLIC | VISION REHABILITATION SERVICES FOR CHILDREN WHO ARE BLIND OR VISUALLY IMPAIRED | 5,000. |
| WISCONSIN MASONIC FOUNDATION 36575 SUNSET DRIVE DOUSMAN, WI 53118 | | PUBLIC | WISCONSIN HIGH SCHOOL GRADUATE SCHOLARSHIP PROGRAM FOR STUDENTS IN MILWAUKEE & WAUKESHA COUNTIES | 5,000. |
| ZACHARIAH'S ACRES INC 16575 PATRICIA LANE BROOKFIELD, WI 53005 | | PUBLIC | GARDEN CLUB FOR CHILDREN WITH SPECIAL NEEDS | 25,000. |
| ZOOLOGICAL SOCIETY OF MILWAUKEE COUNTY 10005 W BLUE MOUND ROAD MILWAUKEE, WI 53226 | C | PUBLIC | ANIMAL AMBASSADOR CONTINUUM | 40,000. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

| FORM 990-PF | DIVIDENDS | S AND INTER | EST | FROM SECUR | ITIES S' | FATEMENT 1 |
|--|-----------------|-------------------------------|------|-------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND; | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| BOND AMORTIZATION TD AMERITRADE- | -4,557. | | 0. | -4,557. | -4,557. | -4,557. |
| -DIVIDENDS TD | 522,574. | | 0. | 522,574. | 522,574. | 522,574. |
| AMERITRADE- -INTEREST | 61,114. | | 0. | 61,114. | 61,114. | 61,114. |
| TO PART I, LINE 4 = | 579,131. | | 0. | 579,131. | 579,131. | 579,131. |
| FORM 990-PF | | ACCOUNTI | NG I | FEES | S | FATEMENT 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) T INVEST- VT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| PROFESSIONAL FEES | | 11,660. | | 0. | 0. | 11,660. |
| TO FORM 990-PF, PG 1 | L, LN 16B | 11,660. | | 0. | 0. | 11,660. |
| | | C | 5 | | | |
| FORM 990-PF | ΓΟ | HER PROFES | SION | NAL FEES | S | ratement 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) F INVEST- NT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INVESTMENT BROKER FE | EES | 109,560. | | 109,560. | 0. | 0. |
| TO FORM 990-PF, PG 1 | L, LN 16C | 109,560. | | 109,560. | 0. | 0. |
| | | | | | | |

JEROME J. AND DOROTHY H. HOLZ FAMILY FOU

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| FORM 990-PF | | STATEMENT 4 | | |
|--|------------------------------|-----------------------------------|------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | |
| FOREIGN TAXES ON DIVIDENDS EXCISE TAXES | 3,632. 4,470. | | | 0. 0 0. 0 |
| - TO FORM 990-PF, PG 1, LN 18 = | 8,102. | 3,632. | | 0. 0 |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 5 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | |
| OFFICE EXPENSE INSURANCE WEB DESIGN | 288. 782. 557. | 0. | | 0. 288 0. 782 0. 557 |
| TO FORM 990-PF, PG 1, LN 23 | 1,627. | 0. | | 0. 1,627 |
| | | | | |
| | 5 IN NET ASS | ETS OR FUND BA | ALANCES | STATEMENT 6 AMOUNT |
| | | ETS OR FUND BA | ALANCES | STATEMENT 6 |
| DESCRIPTION | INVESTMENTS | ETS OR FUND BA | ALANCES | STATEMENT 6 AMOUNT |
| DESCRIPTION INCREASE IN MARKET VALUE OF T TOTAL TO FORM 990-PF, PART IT | INVESTMENTS | | ALANCES | STATEMENT 6 AMOUNT 1,309,577 |
| DESCRIPTION | INVESTMENTS | E STOCK | ALANCES | STATEMENT 6 AMOUNT 1,309,577 1,309,577 |
| DESCRIPTION INCREASE IN MARKET VALUE OF T TOTAL TO FORM 990-PF, PART IT FORM 990-PF | INVESTMENTS | 'E STOCK BOO | | STATEMENT 6 AMOUNT 1,309,577 1,309,577 5 STATEMENT 7 FAIR MARKET VALUE 7 |

| FORM 990-PF OTHE | R INVESTMENTS | | STATEMENT 8 |
|-------------------------------------|---------------------|------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| EXCHANGE TRADED FUNDS | FMV | 2,795,292. | 2,795,292. |
| TOTAL TO FORM 990-PF, PART II, LINE | 13 | 2,795,292. | 2,795,292. |

JEROME J. AND DOROTHY H. HOLZ FAMILY FOU

| | - LIST OF OFFICERS, DIRECTORS ES AND FOUNDATION MANAGERS | | | STATEMENT 9 | | |
|---|---|---------------------|---------------------------------|-------------|--|--|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE | | |
| JEROME J WEIS 141 N WATER STREET, UNIT 43 MILWAUKEE, WI 53202 | TRUSTEE-PRESIDE | | 0. | 0. | | |
| BARBARA HOLZ WEIS S75 W13361 COURTLAND LN MUSKEGO, WI 53150 | TRUSTEE-VICE PR 2.00 | ESIDENT 600. | 0. | 0. | | |
| JUDITH HOLZ STATHAS W136 S7646 FAIRFIELD DR MUSKEGO, WI 53150 | TRUSTEE-SECRETA 2.00 | RY 600. | 0. | 0. | | |
| TRACI S WEIS S75 W13361 COURTLAND LN MUSKEGO, WI 53150 | TRUSTEE-EXEC VI 2.00 | CE PRESIDEN 600. | NT 0. | 0. | | |
| DAVID WEIS S75 W13361 COURTLAND LN MUSKEGO, WI 53150 | TRUSTEE 2.00 | 600. | 0. | 0. | | |
| WILLIAM STATHAS W136 S7646 FAIRFIELD DR MUSKEGO, WI 53150 | TRUSTEE 2.00 | 600. | 0. | 0. | | |
| DONALD H TUSHAUS 1209 E SWEETBRIAR LN HARTLAND, WI 53029 | TRUSTEE-TREASUR 2.00 | ER 600. | 0. | 0. | | |
| LOUIS WHITEHEART S75 W13361 COURTLAND LN MUSKEGO, WI 53150 | TRUSTEE 2.00 | 600. | 0. | 0. | | |
| TOTALS INCLUDED ON 990-PF, PAGE (| 6, PART VIII — | 4,800. | 0. | 0. | | |

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEROME J & DOROTHY H HOLZ FAMILY FOUNDATION PO BOX 487 HALES CORNERS, WI 53130

TELEPHONE NUMBER

414-768-2347

EMAIL ADDRESS

HOLZFAMILYFOUNDATION@GMAIL.COM

FORM AND CONTENT OF APPLICATIONS

NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF APPLICANT. NAME OF ANY AFFILIATED ORGANIZATION, PURPOSE OF REQUEST, AMOUNT REQUESTED. AMOUNT RECEIVED FROM HOLZ FAMILY FOUNDATION IN PRIOR YEAR. TAX EXEMPT STATUS. INFORMATION ABOUT THE APPLICANT ORGANIZATION: OPERATING DEFICIT INFORMATION, ADMINISTRATIVE COSTS AND COMPENSATION OF THREE HIGHEST PAID EMPLOYEES.

ANY SUBMISSION DEADLINES

ANNUAL DEADLINE IS MAY 1ST

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE ONLY MADE TO OPERATING NON-PROFIT ORGANIZATIONS EXEMPT FROM FEDERAL TAXATION UNDER SEC 501(C)(3) OR SEC 170 OF THE INTERNAL REVENUE CODE. THE FOUNDATION WILL OPERATE WITHOUT DISCRIMINATION TOWARDS AGE, RACE, RELIGION, SEX OR NATIONAL ORIGIN. PRIORITY WILL BE GIVEN TO PROJECTS AND PROGRAMS BENEFITTING THE GREATER MILWAKEE AREA. PRIORITY WILL BE GIVEN TO QUALITY PROGRAMS SUPPORTING EXCELLENCE IN BASIC EDUCATION. GRANTS ARE NOT MADE TO INDIVIDUALS. SCOLARSHIP GRANTS ARE AWARDED TO EDUCATIONAL INSTITUTIONS WHICH THEN HAVE THE RESPONSIBILITY TO SELECT INDIVIDUAL RECIPIENTS. GRANTS ARE GENERALLY AWARDED FOR ONE-YEAR PERIOD ONLY. GRANTS ARE NOT GENERALLY MADE FOR RELIGIOUS PURPOSES. GRANTS ARE NOT MADE TO LABOR OR POLITICAL ORGANIZATIONS.