

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE GREATER GREEN BAY COMMUNITY FOUNDATION, INC. IS TO INSPIRE AND ENCOURAGE CHARITABLE GIVING IN NORTHEASTERN WISCONSIN BY CONNECTING CARING PEOPLE WITH SOLUTIONS THAT STRENGTHEN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 42,182,253 including grants of \$ 14,460,004) (Revenue \$ 0)
See Additional Data


4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 42,182,253

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			4a		No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		No
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JONATHAN J KUBICK CPA 400 S WASHINGTON STREET GREEN BAY, WI 54301 (920) 432-0800

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

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

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

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								427,319	0	37,351

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORTENSON CONSTRUCTION 700 MEADOW LN NORTH GOLDEN VALLEY, MN 55422	PROJECT FUND SERVICES	24,186,005
SKIDMORE OWINGS & MERILL LLP 224 SOUTH MICHIGAN AVE SUITE 1000 CHICAGO, IL 60604	PROJECT FUND SERVICES	785,761
IEI GENERAL CONTRACTORS 1725 MIDWAY RD DE PERE, WI 54115	CONTRACTED SERVICES	478,617
PERMASETEELISA NORTH AMERICA 2060 CENTRE POINTE BLVD STE 10 MENDOTA HEIGHTS, MN 55120	CURTAIN WALL DESIGN SERVICES	251,084
BERNERS SCHOBER ASSOCIATES 310 PINE ST GREEN BAY, WI 54301	CONTRACTED SERVICES	182,245

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **9**

Form 990 (2021)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	11,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,941,951			
	g	Noncash contributions included in lines 1a - 1f:\$	1g	9,071,668			
	h	Total. Add lines 1a-1f		28,952,951			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue.					
	g	Total. Add lines 2a-2f.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,288,349			11,288,349
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)				244,925	244,925
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	ADMINISTRATIVE FEES	561000		1,666,337		1,666,337	
b							
c							
d	All other revenue			34,084		34,084	
e	Total. Add lines 11a-11d			1,700,421			
12	Total revenue. See instructions			42,186,646	0	0	13,233,695

Form 990 (2021)

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,018,529	14,018,529		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	441,475	441,475		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	366,208	115,081	228,710	22,417
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	753,683	492,538	185,889	75,256
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	18,242	11,051	6,036	1,155
10 Payroll taxes	74,683	41,423	26,363	6,897
11 Fees for services (non-employees):				
a Management				
b Legal	10,500		10,500	
c Accounting	21,658		21,658	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	507,813		507,813	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,382	6,382		
12 Advertising and promotion	63,011			63,011
13 Office expenses	51,298	15,308	20,961	15,029
14 Information technology	146,590	58,636	29,318	58,636
15 Royalties				
16 Occupancy	79,156	11,873	67,283	
17 Travel	2,033	813	407	813
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,967	47,095	19,098	11,774
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,247		41,247	
23 Insurance	10,555		10,555	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	26,902,203	26,902,203		
b ADMINISTRATIVE EXPENSES	1,380,686		1,380,686	
c SPECIAL EVENTS	15,308	15,308		
d DUES & PUBLICATIONS	11,289	4,538	2,213	4,538
e All other expenses	18,346		18,346	
25 Total functional expenses. Add lines 1 through 24e	45,018,862	42,182,253	2,577,083	259,526
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		583,308	2	136,671	
	3	Pledges and grants receivable, net		1,117,418	3	1,376,142	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . .			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		81,570	9	45,394	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,492,529			
	b	Less: accumulated depreciation	10b	196,882	59,205	10c	2,295,647
	11	Investments—publicly traded securities		180,115,662	11	136,495,719	
	12	Investments—other securities. See Part IV, line 11		9,447,994	12	13,039,109	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4,640,645	15	5,334,975	
16	Total assets. Add lines 1 through 15 (must equal line 33)		196,045,802	16	158,723,657		
Liabilities	17	Accounts payable and accrued expenses		58,683	17	368,112	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		39,937,265	21	32,893,086	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		39,995,948	26	33,261,198	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		150,291,791	27	118,919,308	
	28	Net assets with donor restrictions		5,758,063	28	6,543,151	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		156,049,854	32	125,462,459	
33	Total liabilities and net assets/fund balances		196,045,802	33	158,723,657		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,186,646
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,018,862
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,832,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	156,049,854
5	Net unrealized gains (losses) on investments	5	-27,834,414
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	79,235
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	125,462,459

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 39-1699966

Name: GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Form 990 (2021)

Form 990, Part III, Line 4a:

ACTIVELY PARTNERING WITH COMMUNITY MEMBERS AND GRANTING TO CHARITABLE ORGANIZATIONS WHO SERVE TO SUPPORT ARTS AND CULTURE, ANIMAL WELFARE, BASIC NEEDS AND HUMAN SERVICES, EDUCATION, HEALTH AND WELLNESS, ENVIRONMENT, PUBLIC BENEFIT, COMMUNITY IMPROVEMENT, AND YOUTH DEVELOPMENT.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KURT VOSS CHAIRPERSON	3.00	X		X				0	0	0
PATRICK MURPHY TREASURER	3.00	X		X				0	0	0
KATE BURGESS SECRETARY	2.00	X		X				0	0	0
SHARLA BAENEN DIRECTOR	0.50	X						0	0	0
PETE ANGILELLO DIRECTOR	0.50	X						0	0	0
PAUL BANIEL DIRECTOR	0.50	X						0	0	0
CORDERO BARKLEY DIRECTOR	0.50	X						0	0	0
MOHAMMED BEY DIRECTOR	0.50	X						0	0	0
CAROL BRUESS DIRECTOR	0.50	X						0	0	0
STEVE HARTY DIRECTOR	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATE HOGAN DIRECTOR	0.50	X						0	0	0
ROB KIM DIRECTOR	0.50	X						0	0	0
DR BILLY KORINKO DIRECTOR	0.50	X						0	0	0
STEVE KRUEGER DIRECTOR	0.50	X						0	0	0
YING LACOURT DIRECTOR	0.50	X						0	0	0
TRACY LEMSKY DIRECTOR	0.50	X						0	0	0
EVAN LIN DIRECTOR	0.50	X						0	0	0
KRISTY MANEY DIRECTOR	0.50	X						0	0	0
BARBARA NICK DIRECTOR	0.50	X						0	0	0
SUE PORATH DIRECTOR	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT RIORDAN DIRECTOR	0.50	X						0	0	0
HECTOR RODRIGUEZ DIRECTOR	0.50	X						0	0	0
DR TINA SAUERHAMMER DIRECTOR	0.50	X						0	0	0
JERRY SMYTH DIRECTOR	0.50	X						0	0	0
ELYSE STACKHOUSE DIRECTOR	0.50	X						0	0	0
SARAH STUMPF DIRECTOR	0.50	X						0	0	0
JEANNE WOLF DIRECTOR	0.50	X						0	0	0
DENNIS BUEHLER PRESIDENT/CEO	40.00			X				183,992	0	26,240
JONATHAN J KUBICK CPA CHIEF FINANCIAL OFFICER	40.00			X				141,751	0	0
AMBER PALUCH VICE PRESIDENT - COMMUNITY ENGAGEM.	1.20 40.00					X		101,576	0	11,111

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Employer identification number
39-1699966

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,435,084	38,495,232	40,854,986	51,747,181	28,941,951	172,474,434
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	12,435,084	38,495,232	40,854,986	51,747,181	28,941,951	172,474,434
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						80,081,623
6	Public support. Subtract line 5 from line 4.						92,392,811

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .	12,435,084	38,495,232	40,854,986	51,747,181	28,941,951	172,474,434
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,538,170	3,516,057	3,830,531	3,602,368	11,288,349	24,775,475
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						197,249,909
12	Gross receipts from related activities, etc. (see instructions)						12 6,914,583

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	46.840 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	44.510 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Employer identification number
39-1699966

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

324

422

2

Aggregate value of contributions to (during year)

23,426,234

6,225,978

3

Aggregate value of grants from (during year)

9,018,808

8,151,257

4

Aggregate value at end of year

51,445,544

98,681,924

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a

Total number of conservation easements

2a

b

Total acreage restricted by conservation easements

2b

c

Number of conservation easements on a certified historic structure included in (a)

2c

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2021

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		268,630		268,630
b Buildings		1,780,717	8,978	1,771,739
c Leasehold improvements				
d Equipment		443,182	187,904	255,278
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,295,647

Part VII

Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MONEY MARKET FUNDS	13,039,109	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,039,109	

Part VIII

Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1699966
Name: GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	AGENCY FUNDS HAVE BEEN ESTABLISHED BY CHARITABLE AGENCIES AND ORGANIZATIONS TO PARTAKE IN A LARGER INVESTMENT POOL SO THAT EACH AGENCY'S FUND REALIZES GREATER RETURNS WITH LOWER LEVEL OF RISK. THE EARNINGS ARE DISBURSED TO EACH AGENCY FOR USE AS ITS RESPECTIVE BOARD DEEMS APPROPRIATE.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATIONS ARE REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATIONS HAVE DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

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Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Employer identification number
39-1699966

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 302

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	223	441,475			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE FOUNDATION USES A FORMAL DUE DILIGENCE APPROACH TO ASSURE AN ORGANIZATION'S STATUS, LEADERSHIP AND PROGRAM CAPACITY, FINANCIAL HEALTH, CONTACT AND OTHER REQUIRED INFORMATION BEFORE THEY ARE APPROVED FOR A GRANT. THIS PROCESS INCLUDES THE USE OF GUIDESTAR (CANDID) AND OTHER AVAILABLE INDEPENDENT RESOURCES TO ENSURE THE ORGANIZATION IS ONLY GIVING TO QUALIFIED CHARITIES. IF GRANTS ARE DISTRIBUTED LOCALLY, THE ORGANIZATION MAY PERFORM SITE VISITS OR RECEIVE OTHER FORMS OF FEEDBACK TO UNDERSTAND THE IMPACT A RECEIVED GRANT IS MAKING.

Additional Data

Software ID:
Software Version:
EIN: 39-1699966
Name: GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4TH HOOAH INC PO BOX 12361 GREEN BAY, WI 54304	80-0723506	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT
A CHRISTIAN MINISTRY IN THE NATIONAL PARKS 9185 E KENYON AVENUE SUITE 230 DENVER, CO 80237	13-2703062	501(C)(3)	20,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVE BROWN COUNTY 2701 LARSEN RD GREEN BAY, WI 54303	47-4100686	501(C)(3)	350,325	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
ACTIVE SENIORS OPTIONS INC 626 JEFFERSON STREET STURGEON BAY, WI 54235	37-1267356	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOLESCENT PARENTING COALITION PO BOX 12624 GREEN BAY, WI 543072624	39-1953866	501(C)(3)	20,000	0			HUMAN SERVICES PROGRAM SUPPORT
AFRICAN DEVELOPMENT CENTER 1931 S 5TH ST MINNEAPOLIS, MN 554541257	20-0553370	501(C)(3)	7,500	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN HERITAGE INC PO BOX 2727 APPLETON, WI 54912	39-1979470	501(C)(3)	15,000	0			ARTS & CULTURE PROGRAM SUPPORT
AGING AND DISABILITY RESOURCE CENTER OF BROWN COUNTY INC 300 S ADAMS ST GREEN BAY, WI 54301	39-1286261	501(C)(3)	10,000	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALGOMA PUBLIC SCHOOLS 1715 DIVISION ST ALGOMA, WI 54201	39-1032686	STATE OF WI	53,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
ALLIES FOR COMMUNITY BUSINESS 135 N KEDZIE CHICAGO, IL 60612	36-3966573	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL-IN MILWAUKEE 135 W WELLS SUITE 100 MILWAUKEE, WI 53203	83-2541054	501(C)(3)	6,250	0			EDUCATION
ALS ASSOCIATION - ST LOUIS REGIONAL CENTER 2258 WELDON PARKWAY ST LOUIS, MO 63146	43-1458163	501(C)(3)	6,920	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION GREATER WISCONSIN 3313 PACKERLAND DRIVE SUITE E DE PERE, WI 54115	13-3039601	501(C)(3)	10,000	0			HEALTH & WELLNESS PROGRAM SUPPORT
AMERICAN CANCER SOCIETY - NE WI DISTRICT OFFICE PO BOX 902 PEWAUKEE, WI 530720902	13-1788491	501(C)(3)	7,500	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - LAKELAND CHAPTER GREEN BAY BRANCH 2131 DECKNER AVE GREEN BAY, WI 54302	53-0196605	501(C)(3)	15,993	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
ANYTHING PAWSIBLE PO BOX 35 STEPHENVILLE, TX 76401	84-4599648	501(C)(3)	10,000	0			ANIMAL WELFARE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPLETON ALLIANCE CHURCH 2693 GRAND CHUTE BLVD APPLETON, WI 54913	39-1345185	501(C)(3)	25,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
ARTISTS WORKING IN EDUCATION INC 4315 W VLIET STREET MILWAUKEE, WI 532082768	39-1945466	501(C)(3)	7,500	0			ARTS & CULTURE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS FOR ALL WISCONSIN 1709 ABERG AVE SUITE 1 MADISON, WI 53704	39-1526913	501(C)(3)	7,500	0			ARTS & CULTURE PROGRAM SUPPORT
ASHWAUBENON PUBLIC SAFETY 2155 HOLMGREN WAY GREEN BAY, WI 54304	39-6031398	STATE OF WI	8,603	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRO INC 1673 DOUSMAN ST GREEN BAY, WI 54303	39-0987024	501(C)(3)	5,704	0			HUMAN SERVICES PROGRAM SUPPORT
ASSUMPTION OF THE BLESSED VIRGIN MARY PO BOX 379 PULASKI, WI 54162	39-0833613	501(C)(3)	9,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF STREET SUITE 102 ST PAUL, MN 55114	41-1718029	501(C)(3)	10,500	0			HEALTH & WELLNESS PROGRAM SUPPORT
AVENUE 911 MUSIC THAT MATTERS 441 S JACKSON STREET STE 203 GREEN BAY, WI 54301	20-8883546	501(C)(3)	7,000	0			ARTS & CULTURE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACK TO SCHOOL - ILLINOIS 1946 W IRVING PARK RD 2ND FLOOR CHICAGO, IL 60613	27-2492956	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT
BEAUTIFUL SAVIOR LUTHERAN CHURCH 2160 PACKERLAND DR GREEN BAY, WI 54304	39-1666879	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLIN HEALTH 744 SOUTH WEBSTER AVE GREEN BAY, WI 543053400	39-0884478	501(C)(3)	12,500	0			HEALTH & WELLNESS PROGRAM SUPPORT
BELLIN HEALTH FOUNDATION 744 SOUTH WEBSTER AVE GREEN BAY, WI 543053400	39-1809171	501(C)(3)	208,603	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLIN PSYCHIATRIC CENTER INC 301E ST JOSEPH STREET GREEN BAY, WI 54301	39-1657627	501(C)(3)	11,858	0			HEALTH & WELLNESS PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHEAST WISCONSIN INC 1345 W MASON ST SUITE 210 GREEN BAY, WI 54303	39-1274696	501(C)(3)	78,346	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BONSALL COMMUNITY CHURCH 31552 OLD RIVER ROAD BONSALL, CA 92003	95-6082576	501(C)(3)	7,000	0			PROGRAM SUPPORT
BOY SCOUTS OF AMERICA NORTHERN STAR COUNCIL 393 MARSHALL AVENUE ST PAUL, MN 55102	20-3000282	501(C)(3)	10,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB FOX VALLEY INC 160 S BADGER AVE APPLETON, WI 54914	39-1225709	501(C)(3)	16,028	0			HUMAN SERVICES PROGRAM SUPPORT
BOYS & GIRLS CLUB OF GREATER GREEN BAY 1451 UNIVERSITY AVENUE GREEN BAY, WI 543021826	39-6102943	501(C)(3)	207,366	0			YOUTH DEVELOPMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BOYS & GIRLS CLUBS OF GREATER MILWAUKEE INC 1558 NORTH 6TH STREET MILWAUKEE, WI 53212	39-0806292	501(C)(3)	10,000	0			YOUTH DEVELOPMENT PROGRAM SUPPORT
BRIDGE THE GAP INC 1415 E GREEN BAY STREET SHAWANO, WI 54166	26-1377517	501(C)(3)	14,099	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT FUTURES JOPLIN 825 S PEARL AVENUE JOPLIN, MO 648014336	82-4599686	501(C)(3)	15,000	0			YOUTH DEVELOPMENT PROGRAM SUPPORT
BROWN COUNTY 305 E WALNUT STREET ATTN ANNA NICK GREEN BAY, WI 54301	39-6005671	STATE OF WI	12,600	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN COUNTY HISTORICAL SOCIETY PO BOX 1411 GREEN BAY, WI 543051411	39-0884495	501(C)(3)	6,718	0			ARTS & CULTURE PROGRAM SUPPORT
BROWN COUNTY ORAL HEALTH PARTNERSHIP 1245 MAIN STREET GREEN BAY, WI 54302	20-8969896	501(C)(3)	1,408,936	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN COUNTY TREASURER PO BOX 23600 GREEN BAY, WI 543053600	39-6005671	STATE OF WI	9,252	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
BROWN COUNTY UNITED WAY PO BOX 1593 GREEN BAY, WI 54305	39-0806299	501(C)(3)	88,994	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILD WEALTH MN INC 2121 PLYMOUTH AVENUE N MINNEAPOLIS, MN 55411	25-1918239	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT
CAMP LUTHER INC 1889 KOUBENIC RD THREE LAKES, WI 54562	46-1484669	501(C)(3)	20,000	0			YOUTH DEVELOPMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CARROLL UNIVERSITY 100 NORTH EAST AVE WAUKESHA, WI 53186	39-0806325	501(C)(3)	275,000	0			EDUCATION PROGRAM SUPPORT
CASA ALBA MELANIE HISPANIC COMMUNITY RESOURCE CENTER 314 SOUTH MADISON STREET GREEN BAY, WI 54301	45-4099296	501(C)(3)	101,959	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF BROWN COUNTY INC 414 E WALNUT ST SUITE 170 GREEN BAY, WI 54305	20-0476117	501(C)(3)	24,150	0			HUMAN SERVICES PROGRAM SUPPORT
CASCADES ACADEMY OF CENTRAL OREGON INC 19860 TUMALO RESERVOIR RD BEND, OR 97703	41-2086942	501(C)(3)	25,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF GREEN BAY INC PO BOX 23825 GREEN BAY, WI 54305	39-0808438	501(C)(3)	7,000	0			HUMAN SERVICES PROGRAM SUPPORT
CATHOLIC FAITH APPEAL PO BOX 60759 FORT MYERS, FL 339066759	53-0196617	501(C)(3)	7,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC FOUNDATION FOR THE DIOCESE OF GREEN BAY INC PO BOX 22128 GREEN BAY, WI 54305	39-1924921	501(C)(3)	114,526	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
CATHOLIC RELIEF SERVICES INC 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)(3)	75,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CHILDHOOD SAFETY 2827 RAMADA WAY GREEN BAY, WI 54304	39-1775125	501(C)(3)	16,194	0			EDUCATION PROGRAM SUPPORT
CENTER FOR COMMUNITY STWARDSHIP 354 W MAIN ST STE 122 MADISON, WI 53703	68-0501459	501(C)(3)	10,000	0			COMMUNITY AND NEIGHBORHOOD IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSHOT MINISTRIES 1537 PARK PLACE GREEN BAY, WI 54304	20-5598266	501(C)(3)	6,500	0			YOUTH DEVELOPMENT PROGRAM SUPPORT
CENTRO DE ACTIVIDADES Y SERVICIOS ALTRUISTAS 5677 LUXEMBURG RD NEW FRANKEN, WI 54229	81-1370544	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO COMMUNITY LOAN FUND 29 E MADISON ST 1700 CHICAGO, IL 60602	36-3762123	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT
CHICAGO URBAN LEAGUE 4510 S MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE 355 MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	38,000	0			HUMAN SERVICES PROGRAM SUPPORT
CHILDREN'S MUSEUM OF GREEN BAY INC 301 N WASHINGTON ST GREEN BAY, WI 54301	39-1649869	501(C)(3)	10,000	0			ARTS & CULTURE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S WISCONSIN 9000 WEST WISCONSIN AVE MILWAUKEE, WI 53201	39-0812532	501(C)(3)	14,781	0			HEALTH & WELLNESS PROGRAM SUPPORT
CHILDREN'S WISCONSIN FOUNDATION MS 3050 MILWAUKEE, WI 532011997	39-1500075	501(C)(3)	20,000	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GREEN BAY 100 NORTH JEFFERSON ST ROOM 510 GREEN BAY, WI 54301	39-6005458	STATE OF WI	7,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
COLLEGEREADY 715 SUPERIOR ROAD SUITE 102 GREEN BAY, WI 54311	39-1044089	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	41-1260469	501(C)(3)	7,500	0			EDUCATION PROGRAM SUPPORT
COMMUNITY INVESTMENT CORPORATION 222 S RIVERSIDE PLAZA 380 CHICAGO, IL 60606	36-2780862	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS CAMPUS INC PO BOX 1403 WAUSAU, WI 544034871	84-4514613	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
COMMUNITY REINVESTMENT FUND INC 801 NICOLLET MALL SUITE 1700W MINNEAPOLIS, MN 55402	41-1616861	501(C)(3)	20,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES AGENCY INC (COMSA) 1600 SHAWANO AVE GREEN BAY, WI 54303	82-0864722	501(C)(3)	115,500	0			HUMAN SERVICES PROGRAM SUPPORT
COTTEY COLLEGE 1000 W AUSTIN NEVADA, MO 64772	44-0545271	501(C)(3)	15,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CP CENTER 2801 S WEBSTER AVE GREEN BAY, WI 54301	39-0901265	501(C)(3)	15,754	0			HUMAN SERVICES PROGRAM SUPPORT
CURATIVE CONNECTIONS INC 2900 CURRY LANE GREEN BAY, WI 54308	39-0806435	501(C)(3)	169,268	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE PERE SELECT SOCCER CLUB 1856 NIMITZ DRIVE DE PERE, WI 54115	39-1732124	501(C)(3)	10,000	0			YOUTH DEVELOPMENT PROGRAM SUPPORT
DE PERE UNIFIED SCHOOL DISTRICT 1700 CHICAGO STREET DE PERE, WI 54115	39-6001687	STATE OF WI	100,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEVCORP NORTH DBA ROGERS PARK BUSINESS ALLIANCE 1448 W MORSE CHICAGO, IL 60626	36-3357551	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT
DOGS FOR THE DEAF INC 10175 WHEELER RD CENTRAL POINT, OR 97502	93-0681311	501(C)(3)	8,603	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOOR COUNTY COMMUNITY FOUNDATION INC PO BOX 802 STURGEON BAY, WI 54235	39-1980685	501(C)(3)	60,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
DOOR COUNTY MARITIME MUSEUM & LIGHTHOUSE PRESERVATION SOCIETY INC 120 NORTH MADISON AVENUE STURGEON BAY, WI 54235	23-7054730	501(C)(3)	120,000	0			ARTS & CULTURE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOOR COUNTY MEMORIAL HOSPITAL MINISTRY HEALTH CARE 323 S 18TH AVENUE STURGEON BAY, WI 542351495	39-0806324	501(C)(3)	47,600	0			HEALTH & WELLNESS PROGRAM SUPPORT
DOR-TRAN INC DBA DOOR-TRAN 1009 EGG HARBOR RD STURGEON BAY, WI 542350181	26-4243933	501(C)(3)	33,248	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOYENNE GROUP INC 821 E WASHINGTON AVE MADISON, WI 53703	47-1297383	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT
DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 381209913	62-1251006	501(C)(3)	13,962	0			ENVIRONMENT AND CONSERVATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECUMENICAL PARTNERSHIP FOR HOUSING INC PO BOX 524 GREEN BAY, WI 54305	39-1737853	501(C)(3)	54,400	0			HUMAN SERVICES PROGRAM SUPPORT
EINSTEIN PROJECT 2019 TECHNOLOGY WAY GREEN BAY, WI 54311	39-1702546	501(C)(3)	12,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART LAKE GLENBEULAH EDUCATION FOUNDATION INC PO BOX 326 ELKHART LAKE, WI 53020	20-0675763	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT
EMILY'S ENTOURAGE PO BOX 71 MARION STATION, PA 19066	45-3768161	501(C)(3)	10,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENCOMPASS EARLY EDUCATION AND CARE INC PO BOX 1627 GREEN BAY, WI 54305	39-0824004	501(C)(3)	175,001	0			EDUCATION PROGRAM SUPPORT
ENVISION GREATER GREEN BAY 112 N ADAMS ST 1ST FLOOR GREEN BAY, WI 54301	39-1727911	501(C)(3)	20,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESKY BAND BOOSTERS PO BOX 905 ESCANABA, MI 49829	83-1830937	501(C)(3)	10,000	0			YOUTH DEVELOPMENT PROGRAM SUPPORT
EVERGREEN PRODUCTIONS INC PO BOX 217 GREEN BAY, WI 54305	39-1519408	501(C)(3)	6,675	0			ARTS & CULTURE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXCEPTIONAL EQUESTRIANS 1130 ORLANDO DRIVE DE PERE, WI 54115	39-1959653	501(C)(3)	50,450	0			HUMAN SERVICES PROGRAM SUPPORT
EXPERIENCE GREATER GREEN BAY CORP - DISCOVER GREEN BAY 1901 S ONEIDA ST GREEN BAY, WI 54304	82-3009961	501(C)(3)	20,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES OF CHILDREN WITH CANCER INC PO BOX 1494 GREEN BAY, WI 54305	39-1311530	501(C)(3)	10,000	0			HEALTH & WELLNESS PROGRAM SUPPORT
FAMILY & CHILDCARE RESOURCES OF NORTHEASTERN WISCONSIN 201 W WALNUT ST SUITE 100 GREEN BAY, WI 54303	26-3004541	501(C)(3)	14,043	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY JUSTICE CENTER 425 EAST STATE STREET ROCKFORD, IL 61104	83-2206050	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT
FAMILY SERVICES OF NORTHEAST WISCONSIN INC 300 CROOKS ST GREEN BAY, WI 54301	39-0827320	501(C)(3)	146,650	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARM TRAINING COLLECTIVE NYC INC 505 EIGHTH AVENUE SUITE 2100 NEW YORK, NY 10018	84-2867079	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT
FEED MY STARVING CHILDREN INC 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA EASTERN WISCONSIN INC 1700 W FOND DU LAC AVE MILWAUKEE, WI 53205	39-1384593	501(C)(3)	238,420	0			HUMAN SERVICES PROGRAM SUPPORT
FEEDING HOPE 200 EAST MAIN STREET CARTERVILLE, MO 64835	23-7075337	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED CHURCH OF CHRIST 509 S WEBSTER AVENUE GREEN BAY, WI 54301	39-0907683	501(C)(3)	11,250	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 501 HOWE ST GREEN BAY, WI 54301	13-5562279	501(C)(3)	15,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE SUITE 420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	10,000	0			HEALTH & WELLNESS PROGRAM SUPPORT
FISHER HOUSE WISCONSIN INC 5000 W NATIONAL AVE MILWAUKEE, WI 53295	27-5461119	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	9,800	0			HUMAN SERVICES PROGRAM SUPPORT
FORWARD COMMUNITY INVESTMENTS 2045 ATWOOD AVE STE 101A MADISON, WI 53704	39-1815578	501(C)(3)	30,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATIONS HEALTH & WHOLENESS INC 1061 W MASON STREET GREEN BAY, WI 54303	39-1047205	501(C)(3)	474,885	0			HEALTH & WELLNESS PROGRAM SUPPORT
FOX VALLEY VETERANS COUNCIL INC 2 NORTH SYSTEMS DR APPLETON, WI 549141656	27-1009699	501(C)(3)	15,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM HOUSE MINISTRIES INC 2997 ST ANTHONY DR GREEN BAY, WI 54311	39-1721843	501(C)(3)	58,603	0			HUMAN SERVICES PROGRAM SUPPORT
FRIENDS OF HAITI INC P O BOX 1174 GREEN BAY, WI 54305	26-0076873	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE BAY BEACH WILDLIFE SANCTUARY INC PO BOX 1933 GREEN BAY, WI 54305	39-1298929	501(C)(3)	50,513	0			ANIMAL WELFARE PROGRAM SUPPORT
GLOBAL YOUTH FC FOUNDATION 240 SCOUT WAY DE PERE, WI 54115	85-3394621	501(C)(3)	7,500	0			YOUTH DEVELOPMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN APPLE FOUNDATION OF ROCKFORD 5050 E STATE STREET ROCKFORD, IL 61108	36-3890062	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT
GOLDEN HOUSE INC PO BOX 727 GREEN BAY, WI 54305	39-1342659	501(C)(3)	145,993	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODHUE COUNTY HABITAT FOR HUMANITY 614 PLUM STREET RED WING, MN 55066	41-1762123	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT
GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN INC 1800 APPLETON RD MENASHA, WI 54952	39-1144913	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PL CHICAGO, IL 60632	36-2971864	501(C)(3)	37,500	0			HUMAN SERVICES PROGRAM SUPPORT
GREATER GREEN BAY HABITAT FOR HUMANITY INC PO BOX 10263 GREEN BAY, WI 54307	39-1589910	501(C)(3)	30,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GREEN BAY YMCA INC 235 N JEFFERSON ST GREEN BAY, WI 54301	39-0813466	501(C)(3)	19,353	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
GREATER MILWAUKEE COMMITTEE FOR COMMUNITY DEVELOPMENT 247 FRESHWATER WAY SUITE 400 MILWAUKEE, WI 532044116	39-0749512	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 554041027	41-1973442	501(C)(3)	9,000	0			HUMAN SERVICES PROGRAM SUPPORT
GREEN BAY AREA PUBLIC SCHOOLS PO BOX 23387 GREEN BAY, WI 54305	39-6002329	STATE OF WI	147,035	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN BAY BOTANICAL GARDEN INC 2600 LARSEN RD GREEN BAY, WI 54303	39-1485020	501(C)(3)	376,805	0			ENVIRONMENT AND CONSERVATION PROGRAM SUPPORT
GREEN BAY COMMUNITY CHURCH INC PO BOX 10104 GREEN BAY, WI 54307	23-7054745	501(C)(3)	127,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN BAY DE PERE ANTIQUARIAN SOCIETY PO BOX 875 GREEN BAY, WI 54305	39-1659050	501(C)(3)	6,598	0			ARTS & CULTURE PROGRAM SUPPORT
GREEN BAY RUGBY FOOTBALL CLUB INC PO BOX 22242 GREEN BAY, WI 54301	39-7745486	501(C)(3)	12,500	0			YOUTH DEVELOPMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWOOD ARCHER CAPITAL INC 1000 E 111TH ST 10TH FLOOR CHICAGO, IL 60628	46-1076726	501(C)(3)	12,000	0			COMMUNITY AND NEIGHBORHOOD IMPROVEMENT PROGRAM SUPPORT
GUIDE DOG FOUNDATION FOR THE BLIND INC 371 EAST JERICHO TURNPIKE SMITHTOWN, NY 11787	11-1687477	501(C)(3)	8,603	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAPPILY EVER AFTER ANIMAL SANCTUARY INC E5714 BORK RD MARION, WI 54950	20-4031006	501(C)(3)	17,205	0			ANIMAL WELFARE PROGRAM SUPPORT
HEBRON HOUSE OF HOSPITALITY INC 116 QUAIL CT STE 400 PEWAUKEE, WI 530723779	39-1414365	501(C)(3)	20,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIRED 217 5TH AVENUE N THIRD FLOOR MINNEAPOLIS, MN 55401	41-6078344	501(C)(3)	33,000	0			HUMAN SERVICES PROGRAM SUPPORT
HOPEKIDS INC PO BOX 44712 EDEN PRAIRIE, MN 55344	86-1042378	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITAL SISTERS MISSION OUTREACH PO BOX 3531 SPRINGFIELD, IL 62708	53-0196617	501(C)(3)	10,250	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
HOUSE OF HOPE GREEN BAY INC 1660 CHRISTIANA ST GREEN BAY, WI 54303	39-1708805	501(C)(3)	205,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING ACTION ILLINOIS 67 E MADISON ST STE 1603 CHICAGO, IL 60603	36-3585238	501(C)(3)	20,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
HSHS ST VINCENTST MARY'S FOUNDATION ATTN MAGGIE CRAMER GREEN BAY, WI 54303	37-1186514	501(C)(3)	111,205	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT SEVEN INCORPORATED 147 LAKE ALMENA DR ALMENA, WI 54805	39-1141037	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
INDIANHEAD COMMUNITY ACTION AGENCY 1000 COLLEGE AVENUE W LADYSMITH, WI 54848	39-1086966	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD SUITE 1H SAN DIEGO, CA 92120	33-0412751	501(C)(3)	20,000	0			INTERNATIONAL PROGRAM SUPPORT
IRISH FESTIVALS INC 1532 WAUWATOSA AVE MILWAUKEE, WI 53213	39-1374611	501(C)(3)	6,000	0			ARTS & CULTURE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKIE JOYNER-KERSEE FOUNDATION 101 JACKIE JOYNER KERSEE CIRCLE EAST ST LOUIS, IL 62204	37-1347709	501(C)(3)	10,000	0			YOUTH DEVELOPMENT PROGRAM SUPPORT
JACKIE NITSCHKE CENTER INC 630 CHERRY ST GREEN BAY, WI 54301	39-1177589	501(C)(3)	10,250	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOURNEY TO ADULT SUCCESS INC PO BOX 11301 GREEN BAY, WI 54307	47-4091192	501(C)(3)	22,329	0			HUMAN SERVICES PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF WISCONSIN - SOUTH CENTRAL REGION 2800 ROYAL AVENUE STE 207 MONONA, WI 53713	39-0826295	501(C)(3)	7,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION 1023 NORTH GRAND BLVD ST LOUIS, MO 63106	43-1769074	501(C)(3)	27,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
KATHY'S HOUSE INC 600 N 103RD STREET MILWAUKEE, WI 53226	39-2022115	501(C)(3)	6,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA SEMILLA FOOD CENTER PO BOX 2579 ANTHONY, NM 88021	27-2486484	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT
LADDER UP 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	36-4070692	501(C)(3)	8,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO ENTREPRENUERIAL NETWORK 2778 S 35TH STREET SUITE 203 MILWAUKEE, WI 53215	20-5987240	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
LEGACY GROUP OF AMERICA FOUNDATION INC 2130 LOST DAUPHIN RD 6N DE PERE, WI 54115	27-0712976	501(C)(3) PF	100,000	0			COMMUNITY AND NEIGHBORHOOD IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY REDEVELOPMENT CORPORATION 1536 W NORTH AVENUE MILWAUKEE, WI 532051237	31-1724109	501(C)(3)	19,500	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
LISC 234 W FLORIDA STE 204 MILWAUKEE, WI 53204	13-3030229	501(C)(3)	14,600	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY GREEN BAY INC 424 SOUTH MONROE AVE GREEN BAY, WI 54301	39-1383597	501(C)(3)	9,016	0			EDUCATION PROGRAM SUPPORT
LITERACY PARTNERS OF KEWAUNEE COUNTY INC PO BOX 203 LUXEMBURG, WI 54217	35-2276115	501(C)(3)	5,500	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORPORATION 570 ASBURY ST SUITE 207 ST PAUL, MN 55104	13-3030229	501(C)(3)	8,750	0			PUBLIC AND SOCIETAL BENEFIT PROGRAM SUPPORT
LOCAL INITIATIVES SUPPORT CORPORATION - TWIN CITIES 10 S RIVERSIDE PLAZA SUITE 1700 CHICAGO, IL 60606	13-3030229	501(C)(3)	10,000	0			PUBLIC AND SOCIETAL BENEFIT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH WISCONSIN 100 WEST COLLEGE AVE SUITE 50E APPLETON, WI 54911	39-1543541	501(C)(3)	6,550	0			HUMAN SERVICES PROGRAM SUPPORT
MANITOWOC LUTHERAN HIGH SCHOOL 4045 LANCER CIR MANITOWOC, WI 54220	39-6027108	STATE OF WI	30,915	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE UNIVERSITY UNIVERSITY ADVANCEMENT MILWAUKEE, WI 53201	39-0806251	501(C)(3)	30,000	0			EDUCATION PROGRAM SUPPORT
MARSHFIELD CLINIC HEALTH SYSTEM FOUNDATION 1000 N OAK AVENUE MARSHFIELD, WI 54449	81-2822823	501(C)(3)	10,000	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING ECONOMIC DEVELOPMENT CORPORATION (MLKEDC) 2745 N DOCTOR MLK JR DR MILWAUKEE, WI 53212	39-1809548	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
MCDANIEL COLLEGE 2 COLLEGE HILL WESTMINSTER, MD 21157	52-0591694	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN ECONOMIC DEVELOPMENT ASSOCIATION 1256 PENN AVENUE NORTH SUITE 4800 MINNEAPOLIS, MN 55411	41-0977257	501(C)(3)	7,000	0			HUMAN SERVICES PROGRAM SUPPORT
METROPOLITAN MILWAUKEE FAIR HOUSING COUNCIL INC 759 N MILWAUKEE STREET SUITE 500 MILWAUKEE, WI 53202	39-1286685	501(C)(3)	12,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEYER THEATRE CORPORATION PO BOX 1742 GREEN BAY, WI 543051742	39-1868086	501(C)(3)	49,674	0			ARTS & CULTURE PROGRAM SUPPORT
MID-STATE TECHNICAL COLLEGE FOUNDATION INC 500 32ND ST N WISCONSIN RAPIDS, WI 54494	39-1333783	501(C)(3)	12,500	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE FILM INC 1037 W MCKINLEY AVE SUITE 200 MILWAUKEE, WI 532052530	26-3049630	501(C)(3)	15,000	0			ARTS & CULTURE PROGRAM SUPPORT
MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET MILWAUKEE, WI 53212	39-1496741	501(C)(3)	9,320	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE INSTITUTE OF ART AND DESIGN INC 273 E ERIE STREET MILWAUKEE, WI 53202	39-1201561	501(C)(3)	60,000	0			ARTS AND CULTURE PROGRAM SUPPORT
MILWAUKEE PUBLIC MUSEUM INC 800 W WELLS STREET MILWAUKEE, WI 53233	39-1723105	501(C)(3)	23,500	0			ARTS AND CULTURE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212	39-0826861	501(C)(3)	20,000	0			HUMAN SERVICES PROGRAM SUPPORT
MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA HOMEOWNERSHIP CENTER 1000 PAYNE AVENUE SUITE 200 ST PAUL, MN 55130	41-1741817	501(C)(3)	25,000	0			HUMAN SERVICES PROGRAM SUPPORT
MISSION OF HOPE INC PO BOX 396 MENOMINEE, MI 49858	46-2254482	501(C)(3)	10,000	0			INTERNATIONAL PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION PREBORN INC PO BOX 78221 INDIANAPOLIS, IN 46278	20-8755673	501(C)(3)	30,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
MOVIN' OUT INC 902 ROYSTER OAKS DR SUITE 105 MADISON, WI 53714	39-1833482	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT SINAI DEVELOPMENT CORPORATION 1200 ST LOUIS AVE EAST ST LOUIS, IL 62201	20-1569879	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
NEW ZOOLOGICAL SOCIETY INC PO BOX 12647 GREEN BAY, WI 54307	39-1516018	501(C)(3)	106,026	0			ANIMAL WELFARE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COMMUNITY REINVESTMENT COALITION INC 740 15TH STREET NW WASHINGTON, DC 20005	52-1766126	501(C)(3)	35,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
NEIGHBORHOOD BOYS & GIRLS CLUB 2501 W IRVING PARK ROAD CHICAGO, IL 60618	36-2139256	501(C)(3)	10,000	0			YOUTH DEVELOPMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD DEVELOPMENT ALLIANCE INC 481 WABASHA STREET SOUTH ST PAUL, MN 55107	41-1658636	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL, MN 55107	41-0693916	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSING SERVICES OF BELOIT INC DBA NEIGHBORWORKS BLACKHAWK REG 520 W GRAND AVE BELOIT, WI 53511	39-1322491	501(C)(3)	7,500	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
NEIGHBORHOOD REINVESTMENT CORP 999 N CAPITOL STREET NE SUITE 900 WASHINGTON, DC 20002	52-1148078	501(C)(3)	18,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORWORKS 437 S JACKSON ST GREEN BAY, WI 54301	39-1402851	501(C)(3)	26,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
NEIGHBORWORKS HOME PARTNERS 533 DALE STREET NORTH SAINT PAUL, MN 55103	41-1386089	501(C)(3)	22,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVILLE PUBLIC MUSEUM FOUNDATION 210 MUSEUM PLACE GREEN BAY, WI 543050325	93-0756332	501(C)(3)	26,311	0			ARTS & CULTURE PROGRAM SUPPORT
NEW BEGINNINGS 230 VAN BUREN ST OCONTO FALLS, WI 54154	39-2016835	501(C)(3)	80,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 54303	39-1787059	501(C)(3)	46,024	0			HUMAN SERVICES PROGRAM SUPPORT
NEW HOPE PRESBYTERIAN CHURCH 2401 DECKNER AVE GREEN BAY, WI 54302	23-7001990	501(C)(3)	15,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW NORTH INC 600 N ADAMS STREET GREEN BAY, WI 54307	26-0114487	501(C)(3)	51,667	0			PUBLIC AND SOCIETAL BENEFIT PROGRAM SUPPORT
NEWCAP INC 1201 MAIN STREET OCONTO, WI 54153	39-1050492	501(C)(3)	91,152	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NICOLET COLLEGE FOUNDATION INC 5364 COLLEGE DRIVE RHINELANDER, WI 54501	23-7112418	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT
NICOLET NATIONAL FOUNDATION INC 111 N WASHINGTON GREEN BAY, WI 543053900	20-5663225	501(C)(3)	50,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIIJII CAPITAL PARTNERS INC N559 LIBRARY ROAD KESHENA, WI 54135	20-4139567	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
NORBERTINE COMMUNITY OF NEW MEXICO 5825 COORS RD SW ALBUQUERQUE, NM 87121	85-0439246	501(C)(3)	20,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL AREA - JUNIOR ACHIEVEMENT OF WI 300 3RD STREET SUITE L04 WAUSAU, WI 54403	39-0826295	501(C)(3)	15,000	0			EDUCATION PROGRAM SUPPORT
NORTHEAST ENTREPRENEUR FUND INC DBA ENTREPRENEUR FUND 202 W SUPERIOR ST STE 311 DULUTH, MN 55802	36-3566632	501(C)(3)	15,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST WI VETERANS TREATMENT COURT 2819 NICOLET DRIVE ATTN TOM HINZ GREEN BAY, WI 54311	47-1382362	501(C)(3)	9,000	0			EDUCATION PROGRAM SUPPORT
NORTHEAST WISCONSIN RUGBY FOUNDATION INC PO BOX 22242 GREEN BAY, WI 54305	30-0753668	501(C)(3)	18,750	0			YOUTH DEVELOPMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST WISCONSIN TECHNICAL COLLEGE EDUCATIONAL FOUNDATION 2740 W MASON ST GREEN BAY, WI 54307	23-7069405	501(C)(3)	290,993	0			EDUCATION PROGRAM SUPPORT
NORTHEASTERN WISCONSIN MASTER GARDENERS ASSOCIATION 2528 SAGE DRIVE ATTN NANCY FICTUM GREEN BAY, WI 54302	39-1575509	501(C)(3)	5,559	0			ENVIRONMENT AND CONSERVATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST SIDE COMMUNITY DEVELOPMENT CORPORATION 4201 N 27TH STREET 7TH FLOOR MILWAUKEE, WI 53216	39-1478014	501(C)(3)	7,500	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 W DIVERSEY AVE CHICAGO, IL 60639	20-1413891	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWOODS ANIMAL SHELTER INC 930 SELDEN RD IRON RIVER, MI 49935	38-3628804	501(C)(3)	20,000	0			ANIMAL WELFARE PROGRAM SUPPORT
NORTHWOODS NIIJII ENTERPRISE COMMUNITY PO BOX 786 LAC DU FLAMBEAU, WI 54538	39-1950538	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME ACADEMY 610 MARYHILL DR GREEN BAY, WI 54303	39-1659776	501(C)(3)	48,487	0			EDUCATION PROGRAM SUPPORT
OCONTO COUNTY ECONOMIC DEVELOPMENT CORPORATION 1113 MAIN ST OCONTO, WI 54153	39-1286973	501(C)(3)	6,950	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD GLORY HONOR FLIGHT 4650 W SPENCER ST APPLETON, WI 54914	27-0642712	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
OPTIONS FOR INDEPENDENT LIVING INC 555 COUNTRY CLUB RD GREEN BAY, WI 54313	39-1843312	501(C)(3)	76,196	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTDOOR WISH N7050 KILMER ROAD SHICOTON, WI 54170	45-4372989	501(C)(3)	5,500	0			HUMAN SERVICES PROGRAM SUPPORT
PARISH TWINNING PROGRAM OF THE AMERICAS 309 WINDEMERE WOODS DRIVE NASHVILLE, TN 37215	62-1500818	501(C)(3)	10,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAUL'S PANTRY INC 1529 LEO FRIGO WAY GREEN BAY, WI 54302	39-1708806	501(C)(3)	139,926	0			HEALTH AND WELLNESS PROGRAM SUPPORT
PRG INC 2017 E 38TH MINNEAPOLIS, MN 55407	41-1280596	501(C)(3)	7,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOPE PO BOX 5029 HAGERSTOWN, MD 217415029	53-0242962	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT
PULASKI COMMUNITY SCHOOL DISTRICT 143 WEST GREEN BAY ST PULASKI, WI 54162	39-6008483	STATE OF WI	120,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PULASKI UNITED FOUNDATION PO BOX 36 C/O PACE OFFICE PULASKI, WI 54162	23-7064689	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT
QUAD COMMUNITIES DEVELOPMENT CORP 4210 SOUTH BERKELEY AVENUE CHICAGO, IL 60653	81-0618445	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW HOUSE DOMESTIC ABUSE SERVICE INC PO BOX 1172 MARINETTE, WI 54143	39-1747810	501(C)(3)	65,279	0			HUMAN SERVICES PROGRAM SUPPORT
RAWHIDE BOYS RANCH E7475 RAWHIDE ROAD NEW LONDON, WI 54961	39-1052471	501(C)(3)	31,986	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESURRECTION CATHOLIC PARISH 333 HILLTOP DR GREEN BAY, WI 54301	39-6065218	501(C)(3)	7,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
RESURRECTION PROJECT 1818 SOUTH PAULINA STREET CHICAGO, IL 60608	36-3576073	501(C)(3)	7,500	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIBBON OF HOPE FOUNDATION PO BOX 5456 DE PERE, WI 54115	81-0577926	501(C)(3)	6,500	0			HEALTH AND WELLNESS PROGRAM SUPPORT
RICHARD MAUTHE CENTER FOR FAITH SPIRITUALITY& SOCIAL JUSTICE 2420 NICOLET DRIVE GREEN BAY, WI 54311	39-1133886	501(C)(3)	5,500	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RISE COMMUNITY DEVELOPMENT 1627 WASHINGTON AVE SAINT LOUIS, MO 63103	43-1611669	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
RIVERWORKS DEVELOPMENT CORPORATION 526 E CONCORDIA MILWAUKEE, WI 53212	39-1731739	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK RIVER VALLEY PANTRY 421 SOUTH ROCKTON ROCKFORD, IL 61101	36-3135643	501(C)(3)	24,200	0			HUMAN SERVICES PROGRAM SUPPORT
RONALD MCDONALD HOUSE 8948 W WATERTOWN PLANK RD MILWAUKEE, WI 532264802	39-1433107	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HARBOR OF SHEBOYGAN COUNTY INC 929 NIAGARA AVE SHEBOYGAN, WI 53081	39-1690041	501(C)(3)	18,500	0			HUMAN SERVICES PROGRAM SUPPORT
SALVATION ARMY GREEN BAY 626 UNION CT GREEN BAY, WI 543033699	13-3485289	501(C)(3)	75,665	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S HEART INC 1076 BETHANY PLACE GREEN BAY, WI 54304	86-2610343	501(C)(3)	50,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 286073000	58-1437002	501(C)(3)	30,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN 2802 DAIRY DRIVE MADISON, WI 53718	39-1490691	501(C)(3)	20,000	0			HUMAN SERVICES PROGRAM SUPPORT
SECUREFUTURES FOUNDATION INC 710 N PLANKINTON AVE STE 1400 MILWAUKEE, WI 53203	20-5203533	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHARD HILLS ELEMENTARY PTO 9701 S SHEPARD HILLS DRIVE OAK CREEK, WI 53154	83-1491516	501(C)(3)	6,050	0			EDUCATION PROGRAM SUPPORT
SHERMAN PARK COMMUNITY ASSOCIATION INC 3526 W FOND DU LAC AVENUE MILWAUKEE, WI 53216	23-7281891	501(C)(3)	6,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLEEP IN HEAVENLY PEACE 1367 CRYSTAL ROCK CT DE PERE, WI 54115	46-4346568	501(C)(3)	25,000	0			HUMAN SERVICES PROGRAM SUPPORT
SPANISH COALITION FOR HOUSING 1922 N PULASKI ROAD CHICAGO, IL 60639	23-7230578	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AGNES CATHOLIC CHURCH 1484 NINTH ST GREEN BAY, WI 54304	53-0196617	501(C)(3)	25,808	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
ST ANNE'S EPISCOPAL CHURCH 347 LIBAL STREET DE PERE, WI 54115	39-1247295	501(C)(3)	8,100	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS BORGIA PARISH 1375 COVERED BRIDGE ROAD CEDARBURG, WI 53012	53-0196617	501(C)(3)	35,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
ST JOHN THE BAPTIST CATHOLIC CHURCH 2597 GLENDALE AVENUE GREEN BAY, WI 54313	39-0812547	501(C)(3)	70,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S MINISTRIES PO BOX 1743 GREEN BAY, WI 543051743	26-2892934	501(C)(3)	45,154	0			HUMAN SERVICES PROGRAM SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 810 MEMPHIS, TN 38101	62-0646012	501(C)(3)	24,781	0			HEALTH & WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW'S CONGREGATION 130 ST MATTHEW ST GREEN BAY, WI 54301	39-0807266	501(C)(3)	7,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
ST NORBERT COLLEGE CONFERENCE EVENT SERVICES DE PERE, WI 54115	39-1399196	501(C)(3)	26,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL 1529 LEO FRIGO WAY GREEN BAY, WI 54302	39-1035429	501(C)(3)	22,171	0			HUMAN SERVICES PROGRAM SUPPORT
STARBOARD MEDIA FOUNDATION INCRELEVANT RADIO PO BOX 10707 GREEN BAY, WI 54311	39-2003067	501(C)(3)	25,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARTINGBLOCK MADISON INC 821 E WASHINGTON AVE SUITE 200 MADISON, WI 53703	46-3631409	501(C)(3)	20,000	0			HUMAN SERVICES PROGRAM SUPPORT
STURGEON BAY VISITOR & CONVENTION BUREAU 36 S THIRD AVENUE STURGEON BAY, WI 54235	39-1801595	501(C)(3)	50,000	0			HEALTH AND WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 2025 W OKLAHOMA AVE MILWAUKEE, WI 53215	75-2844639	501(C)(3)	10,000	0			HEALTH AND WELLNESS PROGRAM SUPPORT
THE ALIVENESS PROJECT INC 3808 NICOLLET AVE MINNEAPOLIS, MN 55409	41-1593900	501(C)(3)	5,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GATHERING PLACE 1001 CHERRY ST GREEN BAY, WI 54301	39-2018493	501(C)(3)	37,938	0			HEALTH AND WELLNESS PROGRAM SUPPORT
THE LAKES COMMUNITY HEALTH CENTER INC 7665 US HWY 2 IRON RIVER, WI 54847	35-2297925	501(C)(3)	100,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEDACARE FAMILY OF FOUNDATION INC 1818 N MEADE STREET APPLETON, WI 54912	46-4112255	501(C)(3)	35,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
TREES FOR TOMORROW INC 519 SHERIDAN ST EAGLE RIVER, WI 54521	39-0732118	501(C)(3)	6,000	0			PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY CENTER INC 1028 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(C)(3)	49,200	0			EDUCATION PROGRAM SUPPORT
UNITED WAY FOX CITIES 1455 MIDWAY RD MENASHA, WI 54952	39-0912895	501(C)(3)	11,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVENUE MADISON, WI 537046608	39-0817532	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT
UNITED WAY OF DOOR COUNTY INC PO BOX 223 STURGEON BAY, WI 54235	39-1799879	501(C)(3)	25,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC 225 W VINE ST MILWAUKEE, WI 53212	39-0806190	501(C)(3)	92,254	0			HUMAN SERVICES PROGRAM SUPPORT
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET ST LOUIS, MO 63101	43-0714167	501(C)(3)	7,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MARATHON COUNTY INC 705 S 24TH AVE STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT
UNITED WAY OF METROPOLITAN CHICAGO INC 333 SOUTH WABASH AVENUE 30TH FL CHICAGO, IL 60604	30-0200478	501(C)(3)	20,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF PORTAGE COUNTY INC 1100 CENTERPOINT DRIVE 302 STEVENS POINT, WI 54481	39-0831152	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT
UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN STREET 300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SHEBOYGAN COUNTY INC 2020 ERIE AVENUE SHEBOYGAN, WI 53081	39-0808471	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT
UNITY HOSPICE 2366 OAK RIDGE CIRCLE DE PERE, WI 54115	39-1750729	501(C)(3)	20,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN EXTENSION BROWN COUNTY 2019 TECHNOLOGY WAY ROOM 113 GREEN BAY, WI 54311	39-6005671	STATE OF WI	31,310	0			EDUCATION PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN EXTENSION KEWAUNEE COUNTY 810 LINCOLN STREET KEWAUNEE, WI 54216	39-6005708	STATE OF WI	7,500	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE MADISON, WI 53726	39-0743975	501(C)(3)	53,013	0			EDUCATION PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN-GREEN BAY ECUMENICAL CENTER FOUNDATION INC 2420 NICOLET DRIVE ATTN PO BOX 23200 GREEN BAY, WI 543053200	39-1379688	501(C)(3)	15,800	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN-GREEN BAY FOUNDATION INC 2420 NICOLET DRIVE CL805 ATTN LAURA JAROSZ GREEN BAY, WI 543117001	45-1600858	STATE OF WI	10,000	0			EDUCATION PROGRAM SUPPORT
URBAN ECONOMIC DEVELOPMENT ASSOCIATION OF WISCONSIN (UEDA) 1915 N DR MARTIN LUTHER KING JR DR MILWAKUKEE, WI 53212	39-1893799	501(C)(3)	17,000	0			PUBLIC AND SOCIETAL BENEFIT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER MADISON 2222 S PARK STREET SUITE 200 MADISON, WI 53713	39-1098146	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT
URBAN LEAGUE OF METROPOLITAN ST LOUIS 10220 LINCOLN TRAIL FAIRVIEW HEIGHTS, IL 62208	43-0653605	501(C)(3)	11,432	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN PARTNERSHIP COMMUNITY DEVELOPMENT CORPORATION AKA THE FARMORY 437 S JACKSON ST GREEN BAY, WI 54301	39-2006228	501(C)(3)	107,500	0			PUBLIC AND SOCIETAL BENEFIT PROGRAM SUPPORT
UW MADISON - SMALL BUSINESS DEVELOPMENT CENTER GRAINGER HALL MADISON, WI 53706	39-6006492	STATE OF WI	15,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERA COURT NEIGHBORHOOD CENTER INC 614 VERA CT MADISON, WI 53704	39-1945609	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT
VETERANS' MENTOR GROUP INC PO BOX 381 APPLETON, WI 54912	47-4050215	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALNUT WAY CONSERVATION CORP CHARITABLE ORG 2240 N 17TH ST MILWAUKEE, WI 532051220	39-2007850	501(C)(3)	9,550	0			ENVIRONMENT AND CONSERVATION PROGRAM SUPPORT
WASHINGTON ISLAND COMMUNITY HEALTH PROGRAM INC PO BOX 277 WASHINGTON ISLAND, WI 54246	90-0439149	501(C)(3)	51,900	0			HEALTH AND WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE ALL RISE AFRICAN AMERICAN RESOURCE CENTER 430 S WEBSTER AVE GREEN BAY, WI 54301	83-1699702	501(C)(3)	100,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
WELLO C/O GREATER GREEN BAY CHAMBER FOUNDATION GREEN BAY, WI 54303	85-4126872	501(C)(3)	213,250	0			HEALTH AND WELLNESS PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGSPAN LIFE RESOURCE 30 PLATO BLVD W ST PAUL, MN 55107	41-1742456	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT
WISCONSIN HUMANE SOCIETY INC 4500 W WISCONSIN AVE MILWAUKEE, WI 53208	39-0810533	501(C)(3)	129,236	0			ANIMAL WELFARE PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN MASONIC HOME INC 375 STATE ROAD 67 DOUSMAN, WI 53118	39-0813463	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT
WISCONSIN MILITARY NETWORK INC 1811 KNORR RD RANDOM LAKE, WI 53075	47-4242091	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN NATIVE LOAN FUND PO BOX 580 LAC DU FLAMBEAU, WI 54538	43-2116172	501(C)(3)	20,000	0			HUMAN SERVICES PROGRAM SUPPORT
WISCONSIN PARTNERSHIP FOR HOUSING DEVELOPMENT INC 2045 ATWOOD AVENUE SUITE 101A MADISON, WI 53704	39-1508503	501(C)(3)	12,500	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN WOMEN'S BUSINESS INITIATIVE CORPORATION 1533 N RIVER CENTER DRIVE MILWAUKEE, WI 53212	39-1597954	501(C)(3)	72,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
WISE WOMEN GATHERING PLACE INC 1641 COMMANCHE AVE SUITE H GREEN BAY, WI 54313	39-1939352	501(C)(3)	10,000	0			EDUCATION PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN ENTREPRENEURS GROW GLOBAL 6807 NORTH LAKEWOOD AVENUE SUITE LL CHICAGO, IL 60626	47-2956522	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
WOMENS COMMUNITY INC OF WAUSAU 3200 HILLTOP AVE WAUSAU, WI 54401	39-1290452	501(C)(3)	5,680	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENVENTURE 2021 E HENNEPIN AVE SUITE 200 MINNEAPOLIS, MN 55413	41-1463426	501(C)(3)	20,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
WOODSON YMCA INC 707 3RD ST WAUSAU, WI 54403	39-0808463	501(C)(3)	20,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODSTOCK INSTITUTE 67 E MADISON STREET SUITE 2108 CHICAGO, IL 60603	36-2907408	501(C)(3)	15,000	0			HUMAN SERVICES PROGRAM SUPPORT
WORKFORCE & HUMAN DEVELOPMENT SERVICES DBA THE JOURNEY FORWARD 223 W JACKSON BLVD STE 1116 CHICAGO, IL 60606	26-0645496	501(C)(3)	7,500	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE GREEN BAY 226 NORTH ADAMS ST GREEN BAY, WI 543015142	84-0385934	501(C)(3)	10,000	0			RELIGIOUS/MINISTRIES PROGRAM SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH WOODS INC 2003 E WINNEBAGO ST RHINELANDER, WI 54501	39-1942168	501(C)(3)	10,000	0			HUMAN SERVICES PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF GREATER GREEN BAY INC 230 S MADISON ST GREEN BAY, WI 54301	39-0806277	501(C)(3)	8,603	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT
ZION DEVELOPMENT CORPORATION PO BOX 4387 ROCKFORD, IL 61110	36-3229794	501(C)(3)	10,000	0			PUBLIC BENEFIT & COMMUNITY IMPROVEMENT PROGRAM SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
		2021
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization GREATER GREEN BAY COMMUNITY FOUNDATION INC	Employer identification number 39-1699966
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Part I	Questions Regarding Compensation	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Employer identification number
39-1699966

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	183	9,071,851	SELLING PRICE DONATED
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes

No

30a

No

31

Yes

32a

No

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	THE ORGANIZATION REPORTS AND TRACKS ACTUAL NUMBER OF CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Employer identification number

39-1699966

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION DOES HAVE ONE CLASS OF MEMBERS. MEMBERS OF THE CORPORATION SHALL BE KNOWL EDGEABLE OF THE EDUCATIONAL, CULTURAL, CIVIC, PUBLIC, AND OTHER CHARITABLE NEEDS OF THE GR EATER GREEN BAY AREA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS APPOINT PERSONS TO SERVE ON THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS HAVE THE RIGHT TO REMOVE PERSONS SERVING ON THE BOARD OF DIRECTORS, TO ADOPT, AMEND, OR RESTATE THE ARTICLES OF INCORPORATION AND BYLAWS AND TO DISSOLVE THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN AUTHORIZES THE FORM 990 TO BE FILED WITH THE INTERNAL REVENUE SERVICE. THE FULL BOARD OF DIRECTORS REVIEWS A COPY OF THE FORM 990 AT THE NEXT SCHEDULED BOARD MEETING AFTER THE RETURN HAS BEEN FILED WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH MEMBER OF THE BOARD SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY POSSIBLE CONFLICT OF INTEREST PERTAINING TO A MATTER BEING CONSIDERED BY THE BOARD. ANY DIRECTOR HAVING A CONFLICT OF INTEREST ON ANY MATTER SHALL ABSTAIN FROM VOTING ON THE MATTER AND SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR THE VOTE ON THE MATTER. IN ADDITION, HE OR SHE SHALL NOT USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER BUT MAY BRIEFLY STATE HIS OR HER POSITION ON THE MATTER AND MAY ANSWER PERTINENT QUESTIONS FROM OTHER DIRECTORS. HE OR SHE SHALL TEMPORARILY LEAVE THE ROOM AND NOT BE PRESENT FOR ANY VOTE ON ANY MATTER TO WHICH SUCH CONFLICT OF INTEREST PERTAINS. THE MINUTES OF THE MEETING INVOLVING ANY SUCH SITUATION SHALL REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM VOTING AND THE QUORUM SITUATION. IF A DIRECTOR IS UNCERTAIN AS TO WHETHER HE OR SHE HAS A CONFLICT OF INTEREST WHICH REQUIRES ABSTENTION OR IF A DIRECTOR ASSERTS THAT ANOTHER DIRECTOR HAS SUCH A CONFLICT, THE BOARD, BY MAJORITY VOTE OF THOSE PRESENT OTHER THAN THE BOARD MEMBER(S) HAVING THE POSSIBLE CONFLICT, SHALL DECIDE WHETHER ABSTENTION IS REQUIRED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION FOR THE PRESIDENT/CEO IS REVIEWED ANNUALLY PRIOR TO THE JUNE 30TH FISCAL YEAR END. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE PRESIDENT/CEO AND SETTING THE ANNUAL COMPENSATION AMOUNT. EXECUTIVE COMMITTEE MEMBERS PREPARE WRITTEN EVALUATIONS OF THE PRESIDENT/CEO BASED ON THE JOB DESCRIPTION AND/OR PERFORMANCE CRITERIA THAT WAS ESTABLISHED AT THE BEGINNING OF THE PERFORMANCE RATING PERIOD. THE PRESIDENT/CEO ALSO PERFORMS A SELF-EVALUATION USING THE SAME PERFORMANCE CRITERIA. THE BOARD CHAIRMAN MEETS WITH THE PRESIDENT/CEO, AND THE EVALUATION RESULTS COMPILED FROM THE COMMITTEE MEMBER EVALUATIONS ARE SHARED. AFTER THE EVALUATION PROCESS IS COMPLETE, THE EXECUTIVE COMMITTEE REVIEWS SALARY INFORMATION FOR COMPARABLE POSITIONS AT OTHER FOUNDATIONS AND NONPROFIT ORGANIZATIONS. ANNUAL COMPENSATION IS THEN ADJUSTED FOR THE NEW FISCAL YEAR BASED ON MERIT AND MARKET CONDITIONS. THE BOARD CHAIRMAN IS RESPONSIBLE FOR PROVIDING WRITTEN AUTHORIZATION OF SALARY AND COMPENSATION ADJUSTMENTS FOR THE PRESIDENT/CEO TO THE CHIEF FINANCIAL OFFICER OF THE FOUNDATION FOR IMPLEMENTATION. COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION IS REVIEWED ANNUALLY PRIOR TO THE JUNE 30TH FISCAL YEAR END. THE PRESIDENT/CEO IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THESE EMPLOYEES AND SETTING ANNUAL SALARY AMOUNTS. THESE EMPLOYEES ARE REQUIRED TO PREPARE WRITTEN SELF-EVALUATIONS WHICH ARE DISCUSSED WITH THE PRESIDENT/CEO DURING THE ANNUAL PERFORMANCE REVIEW. AFTER THE EVALUATION PROCESS IS COMPLETE, THE PRESIDENT/CEO USES SALARY INFORMATION FOR COMPARABLE POSITIONS AT OTHER FOUNDATIONS AND NONPROFIT ORGANIZATIONS. ANNUAL COMPENSATION IS THEN ADJUSTED FOR THE NEW FISCAL YEAR BASED ON MERIT AND MARKET CONDITIONS. WAGE AND SALARY BUDGETS ARE APPROVED BY THE BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	A CONDENSED VERSION OF THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AS PART OF THE ANNUAL REPORT. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 76,165. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 3,070.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GREATER GREEN BAY COMMUNITY
FOUNDATION INC

Employer identification number

39-1699966

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)HILLIARD FAMILY FOUNDATION INC 320 N BROADWAY STREET SUITE 260 GREEN BAY, WI 54303 39-1933200	TO SUPPORT GREATER GREEN BAY COMMUNITY FOUNDATION, INC.	WI	501(C)(3)	LINE 12A, I	GREATER GREEN BAY COMMUNITY FOUNDATION INC	Yes	
(2)BCL FOUNDATION INC 320 N BROADWAY STREET SUITE 260 GREEN BAY, WI 54303 26-1975117	TO SUPPORT GREATER GREEN BAY COMMUNITY FOUNDATION, INC.	WI	501(C)(3)	LINE 12A, I	GREATER GREEN BAY COMMUNITY FOUNDATION INC	Yes	
(3)NEW COMMUNITY SHELTER FOUNDATION INC 320 N BROADWAY STREET SUITE 260 GREEN BAY, WI 54303 20-5500832	TO SUPPORT GREATER GREEN BAY COMMUNITY FOUNDATION, INC.	WI	501(C)(3)	LINE 12A, I	GREATER GREEN BAY COMMUNITY FOUNDATION INC	Yes	
(4)STAND TOGETHER FOUNDATION INC 320 N BROADWAY STREET SUITE 260 GREEN BAY, WI 54303 82-2642774	TO SUPPORT GREATER GREEN BAY COMMUNITY FOUNDATION, INC.	WI	501(C)(3)	LINE 12A, I	GREATER GREEN BAY COMMUNITY FOUNDATION INC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2021

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation