Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

	2020
	Open to Public
	Inspection
1	00

OMB No. 1545-0047

	ment of the	■ Go to www.irs.gov/Form990 for instructions	and the latest i	nformation.		Inspection
110000			, and ending			, 20
1.0		C Name of organization		D Employer Idea	ntificatio	on number
Che	eck if appheable			45-467	3325	
1	Address	Doing business as				
-	change Name chang	humber and street (or E.O. boy if mail is not delivered to street address)	Room/suite	E Telephone nu	mber	
-	Initial return	1400 N WATER STREET	300	(414) 29	1-25	00
-	Final return/					
-	terminated Amended	MILWAUKEE, WI 53202		G Gross receipts	\$	65,379,816
-	Application	F Name and address of principal officer: GABRIEL CONGER		H(a) is this a grou		for Yes X N
-	pending	1400 N WATER STREET300, MILWAUKEE, WI 53202	2	subordinates H(b) Are all subord		ded? Yes N
T	ax-exempt	01200000000		lf "No," a	ltach a lisi	t See Instructions
		WWW.BRADLEYIMPACTFUND.ORG	S	H(c) Group exem	ption num	nber 🕨
	-	anization: X Corporation Trust Association Other	L Year of f	ormation: 2012 M	State of	legal domicile: WI
-	-41 6	Summary .				
Ĩ	rtl S	fly describe the organization's mission or most significant activities: THE E	RADLEY IM	PACT FUND PR	OVID	ES GRANTS
	1 Brie	ORGANIZATIONS THAT ALIGN WITH ITS GIVING AREA	S OF CIVI	L SOCIETY,		
	IU	FORMED CITIZENS, FREE MARKETS, AND CONSTITUTIO	NAL ORDER			
	-				s	
l	2 Che	ck this box if the organization discontinued its operations or disposed in the second s		2070 01 10 100 0000	3	7
L	3 Nun	nber of voting members of the governing body (Part VI, line 1a)		1. A ALADA ADADA A	4	*7
		nber of independent voting members of the governing body (Part VI, line 1b)			5	3
1		al number of individuals employed in calendar year 2020 (Part V, line 2a)			6	12
	6 Tota	al number of volunteers (estimate if necessary)	· 10005 #155337 #1 #		7a	0
	7a Tota	al unrelated business revenue from Part VIII, column (C), line 12			76	0
4	b Net	unrelated business taxable income from Form 990-T, Part I, line 11	<u></u> [Prior Year		Current Year
			F	14,075,10)6.	31,468,778
1	8 Cor	tributions and grants (Part VIII, line 1h)	• * • * • • • • •	11/010/1	0.	0
		gram service revenue (Part VIII, line 2g) ,		242,9		228,683
		estment income (Part VIII, column (A), lines 3, 4, and 7d)		410,5	0.	0
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e),		14,318,00	2.0	31,697,461
	12 Tota	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,473,6	and the lot of the lot	21,807,556
		nts and similar amounts paid (Part IX, column (A), lines 1-3)		0,110,0	0.	0
l		efits paid to or for members (Part IX, column (A), line 4)		582,1		634,902
		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		144,0		164,825
	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		144,0		101,011
nan indu	b Tot	al fundraising expenses (Part IX, column (D), line 25) 376, 51	1.	973,7	60	1,009,893
1	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,173,6		23,617,176
	18 Tot	al expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		4,144,4		8,080,285
	19 Rev	venue less expenses. Subtract line 18 from line 12				End of Year
500	20 Tot		-	Beginning of Current		22,357,268
	20 Tot	al assets (Part X, line 16)		13,624,5		213,492
ň		al liabilities (Part X, line 26) , , , , , , , , , , , , , , , , , , ,		174,1		22,143,776
2	22 Net	assets or fund balances. Subtract line 21 from line 20	• • • • • • • •	13,450,4	43,	22,143,110
a	rt II 👘	Signature Block				
nd	er penaltie	is of perjupy I declare that I have examined this return, including accompanying sche nd comprese. Declaration of preparer (other than officer) is based on all information of v	adules and statem	ents, and to the best any knowledge	of my ki	nowledge and belier, it
ue,	, correct, a	nd complete. Declaration of preparer (other than onicer) is based on an intermation of a	inten prepara nac	1	n la	2/2.
	- K	(to luke en		11	010	121
gı	1.150	Signature of officer		Date	57	10 °32
er	e	CURT CULVER CHAIR	MAN			
		Type or print name and title			1 1 2	
	Pr	int/Type preparer's name Preparer's signature	Date	Check		'IN
id	UF	SON J KOHOUT	10/4/	202/ self-emple		P01397759
	parer	m's name FOLEY & LARDNER LLP		Firm's EIN 🕨	39-0	473800
				Phone no.	414-	271-2400
se	C1	m's address >777 E. WISCONSIN AVE. MILWAUKEE, WI 53202-5306		I-none no.		X Yes N

For Paperwork Reduction Act Notice, see the separate instructions.

JSA 0E1010 2 000 5213SA M091

For	rm 990 (2020)			Page 2
Pa	art III Statement of Program Service Accomplishn			
-	Check if Schedule O contains a response or i	note to any line in this Part II	II <u></u>	•
1	Briefly describe the organization's mission: THE BRADLEY IMPACT FUND IS A DONOR-AD	ו ג איידע תואוז מדע	MISSION TO	
	SERVE AS PHILANTHROPIC ADVISORS WHO			
	DONORS TO ADVANCE OUR COMMON PRINCIPL			
	AND THE PROTECTION OF DONOR INTENT.			
2	Did the organization undertake any significant program	m services during the year	which were not listed on the	
	prior Form 990 or 990-EZ?			X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make s			
	services?		Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomp	lichmonte for anab of ite	three largest program convises as more	urad by
7	expenses. Section $501(c)(3)$ and $501(c)(4)$ organization the total expenses, and revenue, if any, for each program	ions are required to repor		
4a	(Code:) (Expenses \$ 22,791,316. inclu	Iding grants of \$ 21,80	07,556.) (Revenue \$)	
	ATTACHMENT 1	<u> </u>	, (, , , , , , , , , , , , , , , , , ,	
4b	(Code:) (Expenses \$ inclu	iding grants of \$) (Revenue \$)	
	·· · · · ·		·	
4c	: (Code:) (Expenses \$inclu	iding grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$	β)	
4e	Total program service expenses ► 22,791,3	316.		0
	020 1.000 5213SA M091		Form 99 103234-0101	U (2020)

Form	990 (2020)		F	Page 3
Par	t IV Checklist of Required Schedules			
	In the experimetion described in partice $\Gamma(A)(2)$ or $AO(T(2)/4)$ (other than a private foundation) of $W(2)$		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		x
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		~
0	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	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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			x
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		A
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		37	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01-		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	27	1

Form 9	90 (2020)		F	-age 4
Part	V 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		X
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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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		Х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U U	"Yes," complete Schedule L, Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	X	
29 20	-	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
24	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
31		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		x
22	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
05 -	or IV, and Part V, line 1	34		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
~~	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		37	
D -1	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	(2020)

Page 5

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	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:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
-				
	Enter the amount of reserves on hand	14a		X
		14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes." complete Form 4720. Schedule O.			

Form **990** (2020)

Form 9	BRADLEY IMPACT FUND, INC. 45-467	3325	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	-		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		x
	one or more members of the governing body?	7a		A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		x
-	stockholders, or persons other than the governing body?	7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	х	
a	The governing body?	8b	X	
а 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?	45-	Х	
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
	with a taxable entity during the year?	104		
a	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		
Secti	ion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			(-)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	rest p	oolicy,
	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 record KELLY MILLER 400 E MASON ST, STE 300 MILWAUKEE, WI 53202 414-271-1700	ls 🕨		

Page 7

Part VII	Compensation of (Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contrac	ctors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1)JESSICA DEAN	40.00										
SENIOR VICE PRESIDENT	0.					x		214,555.	0.	56,525.	
(2) GABRIEL CONGER	40.00										
PRESIDENT	0.			Х				175,924.	0.	51,007.	
(3)CURT CULVER	2.00										
CHAIRMAN (BEGIN MAY)	0.	X		Х				0.	0.	0.	
(4)MICHAEL GREBE	2.00										
CHAIRMAN (THRU APRIL)	0.	X		Х				0.	0.	0.	
(5) RICHARD GRABER	5.00										
VICE PRESIDENT	0.	X		Х				0.	0.	0.	
(6) PHILLIP PRANGE	1.00										
TREASURER	0.	X		Х				0.	0.	0.	
(7) JASON KOHOUT	1.00										
SECRETARY	0.	X		Х				0.	0.	0.	
(8) STEPHEN EINHORN	.50										
DIRECTOR	0.	X						0.	0.	0.	
(9) JAMES ARTHUR POPE	.50										
DIRECTOR	0.	X						0.	0.	0.	
(10) DIANE HENDRICKS (THRU MAY)	.50										
DIRECTOR	0.	X						0.	0.	0.	
(11) KATHRYN MURPHY BURKE	.50										
DIRECTOR	0.	X						0.	0.	0.	
(12) PATRICK ENGLISH (BEGIN APRIL)	.50										
DIRECTOR	0.	X						0.	0.	0.	
(13) SYLVIE LEGERE RICKETTS	.50										
DIRECTOR	0.	X						0.	0.	0.	
(14)											

	n 990 (2020)													Page 8
Pa	rt VII Section A. Officers, Directors, Tru		ey Enr ∣	nplo			and H	ligl			yees (co	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for	Average Position ours per ek (list any ours for officer and a director/tru				is both or/trust	an ee)	from the	(E) Reportab compensatior related organizatio	on from d	am	(F) Estimated amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio I related nization	b
			-											
			-											
			-											
			-											
			-											
			-											
			-											
			-											
			-											
	Sub-total							►	390,479.		0.	1	.07,	
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	-	•••	•••	•••	•••			0. 390,479.		0.	1	.07,	0. 532.
2	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose				e) who	o re		\$100,000 (of			
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greater	sum of rep	oortab	ole c	com	pen	satior	n ar	nd other compens	sation from	the			
	individual											4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) ompens	ation	
A'	TTACHMENT 3													
2	Total number of independent contractors (ir more than \$100,000 in compensation from th				niteo		thos 1	ie li	isted above) who	received				

_		
⊦orm	990	(2020)

Pa	rt VII		uling in this Dort)	/111		
		Check if Schedule O contains a response or note to an	(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 b d f g	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g State 8,165,900.	31,468,778.			
Program Service Revenue	2a b c d f g	All other program service revenue	0.			
	3 4 5	Investment income (including dividends, interest, and other similar amounts).	394,801. 0.			394,801.
	6a b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c				
	d 7a	Net rental income or (loss) Image: Comparison of the second	0.			
Revenue	b c	Less: cost or other basis and sales expenses 7b 33,682,355. Gain or (loss) 7c -166,118.				
Other Rev	d 8a	Net gain or (loss)	-166,118.			-166,118.
	b	Less: direct expenses				
	c 9a	Net income or (loss) from fundraising events▶ Gross income from gaming	0.			
	b	activities. See Part IV, line 19 9a 0. Less: direct expenses 9b 0.				
	c	Net income or (loss) from gaming activities	0.			
	10a b c	Gross sales of inventory, less returns and allowances 10a 0. Less: cost of goods sold 10b 0. Net income or (loss) from sales of inventory ►	0.			
s		Business Code	0.			
Miscellaneous Revenue	11a					
ella: sver	b c					
lisc	-	All other revenue				
2	e	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	31,697,461.			228,683.

	IMPACT FUND, INC.		45-46	78325 Page 1
Part IX Statement of Functional Expense				
Section 501(c)(3) and 501(c)(4) organizations mu	-			· · ·
Check if Schedule O contains a res			(C)	
Do not include amounts reported on lines 6b, 7b, Bb, 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	21,807,556.	21,807,556.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	231,311.	156,168.	54,105.	21,038
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)7 Other salaries and wages	288,222.	201,361.	69,762.	17,099
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,683.	29,372.	10,178.	3,133
9 Other employee benefits	45,217.	31,117.	10,781.	3,319
10 Payroll taxes	27,469.	18,904.	6,549.	2,016
11 Fees for services (nonemployees):	0			
a Management	0.		25 500	
b Legal	35,788.		35,788.	
c Accounting	59,857.		59,857.	
d Lobbying	0.			164 005
e Professional fundraising services. See Part IV, line 17.	164,825.		2 200	164,825
f Investment management fees	3,306.		3,306.	
g Other. (If line 11g amount exceeds 10% of line 25, column	182,652.	170,902.	11,750.	
(A) amount, list line 11g expenses on Schedule O.)	207,061.	93,410.	16,134.	97,517
12 Advertising and promotion	FF F00	14,523.	37,973.	3,037
13 Office expenses	440.070	9,105.	104,976.	5,097
14 Information technology	0.	5,105.	101,570.	5,25,
15 Royalties	57,766.	33,736.	20,408.	3,622
16 Occupancy	17,966.	5,234.	2,010.	10,722
17 Travel18 Payments of travel or entertainment expenses	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,251	2,010.	107722
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	264,993.	219,928.	179.	44,886
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	5,593.		5,593.	
 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 				
a				
b				
c d				
e All other expenses				
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	23,617,176.	22,791,316.	449,349.	376,511
fundraising solicitation. Check here i f following SOP 98-2 (ASC 958-720)	0.			

0.

following SOP 98-2 (ASC 958-720)

rm 990 Part X				Page 11
artA	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	782,878.	1	1,330,681.
2	Savings and temporary cash investments.	0.	2	0.
3	Pledges and grants receivable, net	1,041,436.	3	530,676.
4	Accounts receivable, net.	0.	4	0.
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	0.	5	0.
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)	0.	6	0.
3 7	Notes and loans receivable, net	0.	7	0.
	Inventories for sale or use	0.	8	0.
ζ 9	Prepaid expenses and deferred charges	11,476.	9	13,111.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	0.	10c	6,590.
11	Investments - publicly traded securities	8,107,744.	11	15,976,795.
12	Investments - other securities. See Part IV, line 11	3,681,052.	12	4,499,415.
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	13,624,586.	16	22,357,268.
17	Accounts payable and accrued expenses	157,825.	17	157,529.
18	Grants payable	16,318.	18	55,963.
19	Deferred revenue.	0.	19	0 .
20	Tax-exempt bond liabilities.	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
3 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	0.	22	0.
³ 23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
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	0.	25	0.
26	Total liabilities. Add lines 17 through 25	174,143.	26	213,492.
200	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	12,722,560.	27	21,651,222.
28	Net assets with donor restrictions.	727,883.	28	492,554.
27 28 29 30 31 32 29	Organizations that do not follow FASB ASC 958, check here ► 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	
2 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	13,450,443.	32	22,143,776.
33	Total liabilities and net assets/fund balances	13,624,586.	33	22,357,268.

Form 9	0 (2020)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check 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			97,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			176.
3	Revenue less expenses. Subtract line 2 from line 1	3				285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			443.
5	Net unrealized gains (losses) on investments	5		6	13,0	048.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,1	43,5	776.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.			-		V
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			a 1	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			20	x	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	21	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
-	Schedule O.		.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			3a		x
	Single Audit Act and OMB Circular A-133?			Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		งม		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 G

		enue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of the	e organization						Employer identif	ication number
BR	ADLE	Y IMPACT 1						45-46783	
Ра	rt I	Reason for	r Public Cha	rity Status. (All o	organizations must	complet	te this pa	art.) See instruction	S.
The	orgai	nization is not	a private four	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1					tion of churches desci				
2		A school desc	ribed in sectio	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a	a cooperative	hospital service o	rganization described i	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's nam							
5		An organizatio	on operated f	or the benefit of	a college or universit	y ownee	d or ope	rated by a governme	ental unit described in
		-		omplete Part II.)					
6			-	-	rnmental unit describe		-		
7		-		-		pport fr	om a gov	vernmental unit or fro	om the general public
				(1)(A)(vi). (Comple					
8)(1)(A)(vi). (Complete				
9		-			ed in section 170(b)(1		-		
		-	or a non-land-o	grant college of ag	riculture (see instruct	ions). E	nter the r	name, city, and state o	f the college or
		university:							
10 11		receipts from support from a cquired by th	activities relat gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 19	re than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
12		•	•						carry out the purposes
		-	-	-		-			See section 509(a)(3).
	(Check the box	in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
				-	regularly appoint or e				
			-		e Part IV, Sections A		, ,		
b			-	-	ed or controlled in co		with its	supported organizati	on(s), by having
					rganization vested in				
			-		Sections A and C.		•		5 11
с					ng organization opera	ted in c	onnectio	n with, and functiona	lly integrated with,
					s). You must comple				, , ,
d		- · ·	•	. , .	porting organization o				ted organization(s)
			-		nization generally mus	-			- · ·
			-		mplete Part IV, Sect	-		-	
е			-	-	a written determinatio				II, Type III
		functionally i	integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	Ente	er the number	of supported	organizations					
g	Prov	vide the follow	ving information	on about the suppo	orted organization(s).				
	(i) Na	me of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)
					~ //	Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
(E)									
(E)									ļ
Tota	al								
		vork Reduction A	ct Notice. see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,360,585.	6,935,315.	10,734,234.	14,075,106.	31,468,778.	65,574,018.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,360,585.	6,935,315.	10,734,234.	14,075,106.	31,468,778.	65,574,018.
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						
e	shown on line 11, column (f)						15,886,831.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 tion B. Total Support						49,687,187.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	, , , , , , ,	2,360,585.	6,935,315.	10,734,234.	14,075,106.	31,468,778.	65,574,018.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,540.	98,170.	193,157.	219,200.	394,801.	978,868.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						66,552,886.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li	ne 6, column (f), divided by line	11, column (f))		14	74.66 %
15	Public support percentage from 2019						71.69 %
16a	331/3% support test - 2020. If the org	ganization did r	not check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization q		• • • •	•			
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-	-		
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets organization						►□
18	Private foundation. If the organizatio						
	instructions						<u></u> ► 🛄

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support				•		·
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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	0	,		,		
	organization, check this box and stop here						<u></u> ▶
	tion C. Computation of Public Sup		•	<i>(</i> ())			
15	Public support percentage for 2020 (line 8	.,	-			15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (li					17	<u>%</u>
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check thi		-				
b	331/3% support tests - 2019. If the org						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
JSA					S	cnedule A (Form 9	990 or 990-EZ) 2020

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **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.
- **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.
- 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.
- 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.
- **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.
- **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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.*
 - **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.)

JSA 0E1229 1.010

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Casti	an D. Turne I. Summarting Organizations			

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).	
а		The organization satisfied the Activities Test. Complete line 2 below.		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	tructions	s).
•	A	iting Toot. Anoung lines 20 and 26 holes.	Yes	No

2	Activities Test. Answer lines 2a and 2b below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in 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</i> 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.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

45-4678325

2

Schedule A (Form 990 or 990-EZ) 2020			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	izations n	nust complete Sectio	ons A through E.
Section A - Adjusted Net Income	(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):			
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 (explain in detail in Part VI):	1e		
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 0.85 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 Check have if the current upon is the comprised in the current in the current is the current		e d T a c III c a c c c	

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		(**)	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI)</i> . See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
b	Applied to underdistributions of prior years Applied to 2020 distributable amount				
 i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2020 from				
-	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
 C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

Part VISupplemental 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.)

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2 20 Open to Public

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	Go to www.irs.gov	► Attach to Form 990. <i>Form990</i> for instructions and	the latest infor	mation.		Open to Inspectio	
	e of the organization	, co to				ployer identificat		
BR	ADLEY IMPACT F	UND, INC.				45-467832	25	
		tions Maintaining Donor Adv	ised Funds or Other Sim	ilar Funds o	r Acco			
		if the organization answered						
			(a) Donor advised fu			(b) Funds and	other account	s
1	Total number at e	nd of year		129.				
2		of contributions to (during year)	22,8	78,912.				
3		of grants from (during year)	21,9	05,437.				
4		it end of year	12,9	57,889.				
5		ion inform all donors and donor	advisors in writing that the	e assets held	in do	nor advised		
•	-	nization's property, subject to the	_				X Yes	No
6	-	on inform all grantees, donors, a		-				
-	-	purposes and not for the bene						
	-	issible private benefit?			-		X Yes	No
Pa		tion Easements.						
		e if the organization answered	"Yes" on Form 990, Part	IV, line 7.				
1	Purpose(s) of con	servation easements held by the	organization (check all that a	apply).				
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation	of a h	istorically imp	portant land	area
	Protection of	of natural habitat		Preservation	of a c	ertified histor	ric structure	
	Preservatio	n of open space						
2	Complete lines 2a	through 2d if the organization he	eld a qualified conservation	contribution in	n the fo			
	easement on the l	ast day of the tax year.				Held at the	End of the Ta	ax Year
а	Total number of c	onservation easements			2a			
b	Total acreage res	tricted by conservation easements			2b			
С		vation easements on a certified			2c			
d	Number of conser	rvation easements included in (c	acquired after 7/25/06, a	nd not on a				
		isted in the National Register			2d			
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguis	shed, or term	ninated	by the orga	anization du	iring the
	tax year ►							
4		where property subject to conse						
5	-	ation have a written policy reg				-		□
~		orcement of the conservation ear						└── No
6		hours devoted to monitoring, insp	ecting, nandling of violations,	and enforcing	conse	rvation easem	ents during i	ine year
7	Amount of expense	es incurred in monitoring, inspec	ting handling of violations a	nd onforcing (oncor	vation opeom	onte durina	the year
'		es incurred in monitoring, inspect	ling, nationing of violations, a		011561	alloneasein	enisuunny	ine year
8	P	vation easement reported on line 2	2(d) above satisfy the require	ments of sect	ion 17()(h)(4)(B)(i)		
-)(4)(B)(ii)?					Yes	
9	In Part XIII. descri	be how the organization reports	conservation easements in	its revenue an	d expe	nse statemer		
-		d include, if applicable, the text of						е
		ounting for conservation easeme						
Pa		tions Maintaining Collections			er Sim	ilar Assets.		
	Complete	e if the organization answered	"Yes" on Form 990, Part	IV, line 8.				
1a	If the organization	elected, as permitted under FA	SB ASC 958, not to report	t in its revenu	ue stat	ement and b	alance shee	et works
	of art, historical t service provide in	n elected, as permitted under FA treasures, or other similar asset Part XIII the text of the footnote	is held for public exhibition to its financial statements the	n, education, at describes f	or re hese it	search in fui iems	rtherance o	of public
b		elected, as permitted under F_{I}						
2		sures, or other similar assets he						
	provide the follow	ing amounts relating to these iter	ms:					
		ded on Form 990, Part VIII, line 1						
		d in Form 990, Part X						
2	-	n received or held works of a			assets	for financia	al gain, prov	vide the
		required to be reported under F						
a	Revenue included	on Form 990, Part VIII, line 1.			• • •	🏲 \$		
b	Assets included in	Form 990, Part X				🏲 \$		

Sahar	dula D (Earm 00)		арпет т	MPACI F		.					40-40	10323	D
-	dule D (Form 990	anizations Maintain		octions of	Art Hists	rical Tra		- or	Othor	Similar A	ccotc //	oontinuo	Page 2
3		anization's acquisition											,
3	-	ems (check all that app		sion, and c	Juner reco	ius, checi	k any u	n the	TOHOW	ing that m	lake sigi	nincant us	
•		c exhibition	viy).		d		ar avab	0000	progra	m			
a b		arly research			e e	Other	or excha	-					
		ervation for future gene	rations		e								
с 4		escription of the orga		collections	and avai	ain haw t	boy fu	rthor	the or	aonization's	ovomo	t purposs	in Dort
4	XIII.	escription of the orga	IIIZation S	CONECTIONS	s and expi		iney fui	linei	the or	yanizations	s exemp	i puipose	ili Fall
5		ear, did the organizatio	on colicit	or rocoivo c	donations (of ort bict	orical tr	0000		othor cimile			
3	• •	sold to raise funds rati									_	Yes	No
Da		row and Custodial A			aineu as pa		Jiyaniz	ation	S COllet		••• [163	
Га		nplete if the organiza			s" on For	m 990 F	Part IV	line	9 or r	enorted ar	າ ອກດມ	nt on For	m
		, Part X, line 21.			.5 011 01	III 330, I	artry,	mic	5, 01 1	cponed ai	amou		
12		nization an agent, trus		odian or o	thar interr	nodiary fr	or cont	ributi	one or	other asse	ate not		
Ia		Form 990, Part X?										Yes	No
b	If "Ves " ovr	plain the arrangement i	n Part VI	ll and comr	alata tha fa	llowing tak		• • •	• • • •		••• •	163	
b	11 165, exp	dain the arrangement	ΠΓαιι Λι			nowing tai	Jie.				Amount	•	
с	Beginning b	alance						10			Amount	•	
d		uring the year											
e		s during the year											
f		nce						1f					
2a		anization include an am							stodial	account lial	hility?	Yes	No
	•	plain the arrangement i											
1		owment Funds.				Aplanation	11100 00	onpi	ovided				
Ιa		plete if the organiza	ation ans	wered "Ye	es" on Foi	m 990. F	Part IV.	line	10.				
		iproto il tito organiza		rrent year	(b) Prio		(c) Tw			(d) Three ye	ears back	(e) Four y	ears back
4	Designing	fueerbelenee	(-)		(4)			,		(,		(0)	
1a		f year balance											
b													
С		ent earnings, gains,											
d		cholarships											
е		nditures for facilities											
4		ns											
ו מ		ve expenses											
g	-	estimated percentage			and halanc	o (lino 1a		(a)	hold as				
∠ a		inated or quasi-endown			%	e (iiiie ig,	Column	I (a))	neiu as	•			
b		endowment ►	%		_/*								
c	Term endov		%										
		ages on lines 2a, 2b, a	and 2c sh	ould equal '	100%.								
3a	•	ndowment funds not in				ation that	are hel	d and	d admir	nistered for	the		
	organizatior		•		U							Y	es No
	(i) Unrelate	d organizations										3a(i)	
		organizations										3a(ii)	
b		ine 3a(ii), are the relate										3b	
4	Describe in	Part XIII the intended	uses of th	ne organiza	tion's endo	wment fui	nds.						<u> </u>
Ра	rt VI Land	d, Buildings, and Eq	uipment.	• • • • • • • • • • • • • • • • • • •									
		nplete if the organiz	ation and										
	De	езоприон огргорепу			other basis tment)	(b) Cost (0)	or other ba ther)	asis		cumulated eciation	(0	d) Book valu	е
1a	Land												
b													
с		mprovements											
d													
е							б,59	90.					6,590.
Tota		a through 1e. (Column			n 990, Pari	X, colum	n (B), lir	ne 10	c.)				6,590.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) CASH WITH INVESTMENT MANAGERS 4,312,415 FMV (B) INVESTMENT IN MUSICNOTES, INC 187,000 FMV (C) (D) (E) (F) (G) (H) 4,499,415. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII 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) 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) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2020		Page 4
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	32,307,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	609,742.
3	Subtract line 2e from line 1	3	31,697,461.
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.)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	31,697,461.
Part		-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	23,613,870.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	23,613,870.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3, 306.		
a L	Other (Describe in Part XIII.)	1	
b		4c	3,306.
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	23,617,176.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
PART	XI, LINE 2D - OTHER ADJUSTMENTS:		
INVE	STMENT MANAGEMENT FEES REPORTED ON FORM 990, PART IX,		
LINE	11F -3,306		

SCHEDULE G		Supplemental	Information Re	garding	j Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990 or 990	-EZ)	Complete if t	the organization answeit organization entered r	red "Yes" or nore than \$ ²	n Form 990, F 15,000 on Fo	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a.	9, or if the	2020
Department of the Trea	sury				0 or Form 99			Open to Public
Internal Revenue Servic								Inspection
Name of the organization BRADLEY IMPA							45-4678325	on number
			olete if the organ	ization ar	nswered "	Yes" on Form 90		7
	-	•	equired to comple					7.
			sed funds through			activities. Check a	all that apply.	
a X Mail so		•	e		•	non-government g		
b Interne	t and e	email solicitations	f			government grants		
c Phone	solicita	ations	g	Spe	cial fundra	ising events		
d X In-pers	on sol	citations						
or key emp b If "Yes," list	loyees the 1	listed in Form 990		in connec	ction with p	professional fundra	ising services?	X Yes No fundraiser is to be
	d addres	ss of individual draiser)	(ii) Activity	custody of	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
ATTACHMEN	JT 1							
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	<u></u>	which the organize	tion is registered a			161,507.	164,825	
3 List all state registration			tion is registered o				has been notified	n is exempt nom
AL, AK, AR, CA,	CO,C	Γ,FL,GA,HI,IL	,					
KS, KY, ME, MD,	MA,M	I, MN, MS, NH, NJ	, NM, NY, NC, ND,	OH,				
OK,OR,PA,RI,	SC,T	N,UT,VA,WA,WV	,WI,					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1281 1.000 5213SA M091

-	edule G (Form 990 or 990-EZ) 2020	if the organization	answered "Yes" on F	Form 990, Part IV,	Page 2 line 18, or reported
	more than \$15,000 of fundrais events with gross receipts great	sing event contribu			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ð		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts				
~	 2 Less: Contributions 3 Gross income (line 1 minus line 2) 				
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
st Exp	7 Food and beverages				
Direo	8 Entertainment				
	9 Other direct expenses				
	 Direct expense summary. Add lines Net income summary. Subtract line 	3 4 through 9 in colu 9 10 from line 3, col	umn (d) umn (d)	>	
	Gaming. Complete if the organ \$15,000 on Form 990-EZ, line	nization answered			reported more than
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
enses	2 Cash prizes				
xpen	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes9 No	%Yes% No	Yes% No	
	7 Direct expense summary. Add lines	3 2 through 5 in colu	umn (d)		
	8 Net gaming income summary. Sub	tract line 7 from line	e 1, column (d)		
9 a b	h If IN a llavalaire	uct gaming activities			Yes No
10a b			•	ring the tax year?	Yes No

	BRADLEY IMPACT FUND, INC.	45-46/83.	25	
Sched	ule G (Form 990 or 990-EZ) 2020			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit			
12			Yes	
	formed to administer charitable gaming?	· • • • • └	Tes _	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book	s and		
	records:			
	Name ►			
	Address ►			
15 0	Does the organization have a contract with a third party from whom the organization receives	nomina		
15 a				
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$	and the		
	amount of gaming revenue retained by the third party \blacktriangleright			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
-				
	Name 🕨			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of convision provided N			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?	[Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year > \$			
Part		(iii) and (v)	and	
- ar	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio			
	(see instructions).			
SCHI	EDULE G, PART I, LINE 2B, COLUMN (V):			
0011	BODE 6, FINCE I, BINE 2D, COLORN (V).			
m 1 1 1				
THE	ORGANIZATION ENGAGED WITH THE PROFESSIONAL FUNDRAISER TO HELP RAISE			
FUNI	DS FOR THE ORGANIZATION.			

45-4678325

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
AMERICAN PHILANTHROPIC 119 N HIGH ST WEST CHESTER	FUNDRAISING CONSULTING	Х	161,507.	164,825.	-3,318.

PA 19380

SCHEDULE I (Form 990)	Go	overnmei	nts, and Ir	Assistance t ndividuals in	n the Unite	d States	-	20 20
	Com	plete if the or	-	wered "Yes" on F		, line 21 or 22.		
Department of the Treasury				ttach to Form 990				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information	ı.		Inspection
Name of the organization							Employer identificat	
BRADLEY IMPACT							45-467832	.5
	nformation on Grants an							
	zation maintain records to s							
	eria used to award the gran							X Yes No
2 Describe in Part	IV the organization's proce	dures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants an	nd Other Assistance to D	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, lir	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if	additional space is r	needed.	
	d address of organization 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 ATTACHED SCHE	DULE							
VARIOUS VARIOUS,		1		21,807,556.				SEE ATTACHED SCHEDUL
(2)								
		7						
(3)		_						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	er of section 501(c)(3) and er of other organizations lis	•	•					134.

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7

Part IV	Supplemental Information.	Provide the in	nformation re	equired in Part I,	line 2, Part III,	column (b); and any c	ther additional
	information.						

PART I, LINE 2:

THE ORGANIZATION'S BOARD OF DIRECTORS SELECT ORGANIZATIONS FOR GRANTS AND

ASSISTANCE BASED UPON A RIGOROUS EXAMINATION PROCESS THAT INCLUDES AN

ANALYSIS OF THE ORGANIZATION'S EFFECTIVENESS IN ITS FIELD OF INTEREST;

THE ORGANIZATION'S CREATIVITY AND PAST RESULTS; THE POTENTIAL OF FOCUSED,

SPECIAL PROJECTS; THE ORGANIZATION'S ACCOUNTABILITY AND TRANSPARENCY WITH

FUNDS; APPROPRIATENESS OF THE ACTIVITIES UNDER SECTION 501(C)(3); AND

RELEVANT FACTORS PERTAINING TO EACH ORGANIZATION.

Schedule I (Form 990) (2020)

SCHEDULE J (Form 990)		Compen For certain Officers, Dire Cor ► Complete if the organization	201200 2020 Open to Public					
	Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.				Insp			
Name	of the organization			Employer identification	numbe	r		
BRAI	DLEY IMPAC	T FUND, INC.		45-4678325				
Part	Question	s Regarding Compensation	·					
1a			ovided any of the following to or for a pers			Yes	No	
			provide any relevant information regarding					
		ss or charter travel	Housing allowance or residence for	•				
		or companions	Payments for business use of perso					
		emnification and gross-up payments	X Health or social club dues or initiation					
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to	1b	x		
2			to reimbursing or allowing expenses					
2	-		D/Executive Director, regarding the items					
					2	x		
3				•ho	-			
3	organization's	CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ds used by a				
	Comper	nsation committee	Written employment contract					
	· ·	dent compensation consultant	Compensation survey or study					
		00 of other organizations	X Approval by the board or compensa	tion committee				
4	During the ye		Part VII, Section A, line 1a, with respect to					
а			ayment?		4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		Х			
С					4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.					
5		listed on Form 990, Part VII, Sectin contingent on the revenues of:	ion A, line 1a, did the organization pa	y or accrue any				
а	The organizat	ion?			5a		Х	
b	Any related o	rganization?			5b		X	
	If "Yes" on lin	e 5a or 5b, describe in Part III.						
6	compensation	n contingent on the net earnings of:	ion A, line 1a, did the organization pa					
а	The organizat	ion?			6a		Х	
b	Any related o	rganization?			6b		X	
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7			on A, line 1a, did the organization prov					
			escribe in Part III		7		X	
8			paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? If					
					8		Х	
9			low the rebuttable presumption proced					
-	Regulations section 53.4958-6(c)?							
For Pa		ction Act Notice, see the Instructions for Fo			9 JeJ(Fo	orm 990) 2020	

Schedule J (Form 990) 2020

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
JESSICA DEAN	(i)	185,625.	28,750.	180.	32,814.	23,711.	271,080.	
1SENIOR VICE PRESIDENT	(ii)	0.	0.	0.			0.	
GABRIEL CONGER	(i)	135,821.	40,000.	103.	27,750.	23,257.		
2PRESIDENT	(ii)	0.	0.	0.			0.	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Page 3

Schedule J (Form 990) 2020

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.

PART I, LINE 1A

JESSICA DEAN'S SOCIAL CLUB DUES ARE PAID BY BRADLEY IMPACT FUND. THEY

WERE NOT TREATED AS TAXABLE COMPENSATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Name of the organization

BRADLEY IMPACT FUND, INC.

Employer identification number 45-4678325

Par	I lypes 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				
Ŭ	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded		27.	8,164,500.	QUOTED MARKET PRICE
10	Securities - Closely held stock				~
11	Securities - Partnership, LLC,				
••	or trust interests				
12	Securities - Miscellaneous				
12	Qualified conservation				
15	contribution - Historic				
	structures				
14	Qualified conservation				
14	contribution - Other				
4 5					
15	Real estate - Residential				
16 17	Real estate - Commercial				
17 18					
-					
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		1.	1,400.	COST OF DONATED PROP
25	Other $\blacktriangleright(\underline{\text{WINE}})$		<u></u>	1,100.	COST OF DONATED FROM
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	• •	•		
	which the organization completed F	-orm 8283,	Part V, Donee Acknowledge	ement	29
			have a state of the state of th	at a second state of the Device I. If we	Yes No
30a	During the year, did the organizat				
	28, that it must hold for at least th	-			-
_	to be used for exempt purposes for		olding period?		30a X
	If "Yes," describe the arrangement i				
31	Does the organization have a			-	
	contributions?				
32a	Does the organization hire or use		•		
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,

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

Schedule M (Form 990) 2020

45-4678325

Page **2**

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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN B.

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization BRADLEY IMPACT FUND, INC.

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE MEMEBERS OF THE

GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTEREST AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. ON AN ANNUAL BASIS THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION PRESIDENT SUBMITS A BUDGET FOR SALARIES AND BONUSES TO THE BOARD OF DIRECTORS. THAT BUDGET IS DEVELOPED IN CONSULTATION WITH THE DIRECTOR OF HR AND INCLUDES MARKET COMPARISON DATA. THE BOARD REVIEWS AND APPROVES SALARIES AND BENEFITS INDEPENDENTLY FOR THE OVERALL BUDGET AS PART OF THE GOVERNANCE COMMITTEE AND AN EXECUTIVE SESSION AND AS PART OF THE OVERALL BUDGET WHICH IS REVIEWED AND RECOMMENDED TO THE ENTIRE BOARD BY THE FINANCE COMMITTEE.

Employer identification number 45-4678325

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE BRADLEY IMPACT FUND PROVIDES FUNDING TO ORGANIZATIONS THAT RESEARCH PUBLIC POLICY AND EDUCATE THE PUBLIC ON POLICY ISSUES. THE ORGANIZATION'S BOARD OF DIRECTORS SELECT ORGANIZATIONS FOR GRANTS AND ASSISTANCE BASED UPON A RIGOROUS EXAMINATION PROCESS THAT INCLUDES AN ANALYSIS OF THE ORGANIZATION'S EFFECTIVENESS IN ITS FIELD OF INTERST; THE ORGANIZATION'S CREATIVITY AND PAST RESULTS; THE POTENTIAL OF FOCUSED, SPECIAL PROJECTS; THE ORGANIZATION'S ACCOUNTABILITY AND TRANSPARENCY WITH FUNDS; APPROPRIATENESS OF THE ACTIVITIES UNDER SECTION 501(C)(3); AND RELEVANT FACTORS PERTAINING TO EACH ORGANIZATION. THE BRADLEY IMPACT FUND PROVIDED \$21,807,556 IN GRANTS TO 134 ORGANIZATIONS DURING 2020.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2020	Page	2
Name of the organization	Employer identification number	_
BRADLEY IMPACT FUND, INC.	45-4678325	
		_

ATTACHMENT 3

COMPENSATION

164,825.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

AMERICAN PHILANTHROPIC 119 N HIGH ST WEST CHESTER, PA 19380

ATTACHMENT 4

DESCRIPTION OF SERVICES

FUNDRASING CONSULT

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
PUBLICALLY TRADED SECURITIES	15,976,795.	FMV
TOTALS	15,976,795.	

45-4678325

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
SINAGE		6,590.	100.000			6,590.	6,590.	6,590.							•
Less: Retired Assets														L I.	
Subtotals		6,590.				6,590.	6,590.	6,590.							
Listed Property							-							L I	
Less: Retired Assets														L I.	
Subtotals															
TOTALS		6,590.				6,590.	6,590.	6,590.							
AMORTIZATION															
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year amortization
Asset description	service	basis					amortization	amortization	Code	Life	_				amortization
							L				-			-	
							L				-			-	
							L				-			-	
							L				-			-	
							L							-	
TOTALS		L													

*Assets Retired JSA 0X9024 1.000 5213SA M091

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MILWAUKEE INSTITUTE 10437 W INNOVATION DR. STE 104 MILWAUKEE, WI 53226					· · ·		GENERAL CHARITABLE PURPOSES
	26-0724304	501(C)3	25,000	0.			
ABOVE THE CLOUDS P.O. BOX 16122 MILWAUKEE, WI 53216-0122							GENERAL CHARITABLE PURPOSES
	39-2033029	501(C)3	10,000	0.			
ACTS COMMUNITY DEVELOPMENT CORPORATION 2414 W. VLIET STREET MILWAUKEE, WI 53205							GENERAL CHARITABLE PURPOSES
	39-1837474	501(C)3	120,000	0.			
AID TO THE CHURCH IN NEED INC 725 LEONARD STREET, 3RD FLOOR BROOKLYN, NY 11222							GENERAL CHARITABLE PURPOSES
	86-1089466	501(C)3	120,000	0.			
AMERICAN ENTERPRISE INSTITUTE 1789 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20036							GENERAL CHARITABLE PURPOSES
	53-0218495	501(C)3	200,000	0.			
AMERICAN FOREIGN POLICY COUNCIL 509 C STREET NE WASHINGTON, DC 20002							GENERAL CHARITABLE PURPOSES
	52-1274529	501(C)3	15,000	0.			
AMERICAN IDEAS INSTITUTE 910 17TH STREET, NW, SUITE 312 WASHINGTON, DC 20006	27-0311492	501(C)3	8,000				GENERAL CHARITABLE PURPOSES
AMERICANS FOR PROSPERITY							
FOUNDATION							
1310 N. COURTHOUSE ROAD, SUITE 700							GENERAL CHARITABLE
ARLINGTON, VA 22201	52-1527294	501(C)3	25,000	0.			PURPOSES
AMERICARES 88 HAMILTON AVE. STAMFORD, CT 06902	06-1008595	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANDEAN HEALTH AND DEVELOPMENT INC, UW DEPT. OF FAMILY MEDICINE 1100 DELAPLAINE CT MADISON, WI 53715	39-1809174	501(C)3	100,000	0.			GENERAL CHARITABLE PURPOSES
ARCHDIOCESE OF MILWAUKEE 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207-0912	39-0807221	501(C)3	13,000	0.			GENERAL CHARITABLE PURPOSES
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501(C)3	98,850	0.			GENERAL CHARITABLE PURPOSES
BADGER INSTITUTE INC 700 WEST VIRGINIA STREET, STE 301 MILWAUKEE, WI 53204	39-1592727	501(C)3	125,000	0.			GENERAL CHARITABLE PURPOSES
BOTTOM LINE INC 50 MILK STREET BOSTON, MA 02109	04-3351427	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
CALVIN COLLEGE 3201 BURTON ST SE GRAND RAPIDS, MI 49546	38-3071514	501(C)3	6,000	0.			GENERAL CHARITABLE PURPOSES
CAPITAL RESEARCH CENTER 1513 SIXTEENTH STREET, NW WASHINGTON, DC 20036-1401	52-1289734	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
CARDINAL NEWMAN SOCIETY FOR THE PRESERVATION OF CATHOLIC HIGHER EDUCATION 10432 BALLS FORD ROAD, SUITE 300 MANASSAS, VA 20109	54-1691371	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
CATHOLIC LAITY AND CLERGY FOR RENEWAL INC PO BOX 50190 CASPER, WY 82605	84-2182176	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATHOLIC NEAR EAST WELFARE ASSOCIATION 1011 FIRST AVENUE NEW YORK, NY 10022	13-1623929	501(C)3	240,000	0.			GENERAL CHARITABLE PURPOSES
CITY OF CHICAGO 541 NORTH FAIRBANKS COURT CHICAGO, IL 60611	36-6005822	City of Chicago	4,750,000	0.			GENERAL CHARITABLE PURPOSES
CLARE BOOTHE LUCE CENTER FOR CONSERVATIVE WOMEN 112 ELDEN STREET HERNDON, VA 20170	54-1672138	501(C)3	100,000	0.			GENERAL CHARITABLE PURPOSES
CLAREMONT INSTITUTE FOR THE STUDY OF STATESMANSHIP AND POLITICAL PHILOSOPHY 1317 WEST FOOTHILL BLVD, SUITE 120 UPLAND, CA 91786	95-3443202	501(C)3	20,000	0.			GENERAL CHARITABLE PURPOSES
COLORADO OPPORTUNITY FOUNDATION 4255 S BUCKLEY RD, UNIT 608 AURORA, CO 80013	84-4409670	501(C)3	150,000	0.			GENERAL CHARITABLE PURPOSES
COMPETITIVE ENTERPRISE INSTITUTE 1310 L STREET, NW, 7TH FLOOR WASHINGTON, DC 20005	52-1351785	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
CONSERVATIVE PARTNERSHIP INSTITUTE 300 INDEPENDENCE AVE SE WASHINGTON, DC 20003	82-1470217	501(C)3	6,000	0.			GENERAL CHARITABLE PURPOSES
CROSS CATHOLIC OUTREACH 2700 N. MILITARY TRAIL BOCA RATON, FL 33427	65-1156061	501(C)3	73,000	0.			GENERAL CHARITABLE PURPOSES
DOCTORS WITHOUT BORDERS USA INC. 333 SEVENTH AVE. NEW YORK, NY 10001	13-3433452	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
DOCUMENTARY FOUNDATION 208 COLUMBIA STREET SEATTLE, WA 98104	26-1373837	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EDUCATIONAL FREEDOM INSTITUTE 20 E THOMAS RD STE 2200 PHOENIX, AZ 85012	84-1890836	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
EVERGREEN FREEDOM FOUNDATION P.O. BOX 552 OLYMPIA, WA 98507	94-3136961	501(C)3	122,309	0.			GENERAL CHARITABLE PURPOSES
EXPEDITIONS UNLIMITED LTD E11844 COUNTY RD DL BARABOO, WI 53913	30-0798317	501(C)3	5,425	0.			GENERAL CHARITABLE PURPOSES
FAIR LINES AMERICA FOUNDATION 2308 MOUNT VERNON AVE. ALEXANDRIA, VA 22301-1328	83-0626707	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
FEEDING AMERICA 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601	36-3673599	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
FOUNDATION FOR CULTURAL REVIEW, INC. 900 BROADWAY, SUITE 602 NEW YORK, NY 10003-1239	13-3108424	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
FOUNDATION FOR EXCELLENCE IN HIGHER EDUCATION 16 STOCKTON STREET PRINCETON, NJ 08540	46-1439784	501(C)3	45,000	0.			GENERAL CHARITABLE PURPOSES
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION 510 WALNUT STREET, SUITE 1250 PHILADELPHIA, PA 19106	04-3467254	501(C)3	70,000	0.			GENERAL CHARITABLE PURPOSES
FRANKLIN NEWS FOUNDATION 200 WEST MADISON ST., SUITE 2100 CHICAGO, IL 60606	26-4066298	501(C)3	55,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FREEDOMS FOUNDATION AT VALLEY FORGE 1601 VALLEY FORGE ROAD VALLEY FORGE, PA 19482-0706	23-1657857	501(C)3	20,000	0.			GENERAL CHARITABLE PURPOSES
FREEDOMWORKS FOUNDATION 111 K ST. NE, SUITE 600 WASHINGTON, DC 20002	52-1526916	501(C)3	26,900	0.			GENERAL CHARITABLE PURPOSES
GEORGETOWN UNIVERSITY 37TH AND O STS NW WASHINGTON, DC 20007	53-0196603	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
GIRLS ON THE RUN OF SOUTHEASTERN WISCONSIN 5775 N GLEN PARK RD, SUITE 203 MILWAUKEE, WI 53209	26-0403812	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
GREATER MILWAUKEE FOUNDATION, INC. 101 WEST PLEASANT, SUITE 210 MILWAUKEE, WI 53212	39-6036407	501(C)3	33,026	0.			GENERAL CHARITABLE PURPOSES
GROWING HOPE GLOBALLY PO BOX 5628 CAROL STREAM, IL 60197	54-1940516	501(C)3	20,000	0.			GENERAL CHARITABLE PURPOSES
HEARTLAND INSTITUTE 3939 NORTH WILKE ROAD ARLINGTON HEIGHTS, IL 60004	36-3309812	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
HIGH HOPES COLORADO 1801 CALIFORNIA ST STE 2400 DENVER, CO 80202	46-2663695	501(C)3	200,000	0.			GENERAL CHARITABLE PURPOSES
HOPE STREET MINISTRIES 2522 WEST CAPITOL DRIVE MILWAUKEE, WI 53206	05-0627081	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
HOUSING OPPORTUNITY FOR WOMEN 1607 W HOWARD STREET, THIRD FLOOR CHICAGO, IL 60626	36-3263818	501(C)3	20,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUDSON INSTITUTE, INC. 1201 PENNSYLVANIA AVENUE, N. W., SU WASHINGTON, DC 20004	13-1945157	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
HUMAN RIGHTS FOUNDATION INC. 350 FIFTH AVE. NEW YORK, NY 10118	20-2669700	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
IMMANUEL PRESBYTERIAN CHURCH 1105 N. WAVERLY PLACE MILWAUKEE, WI 53202	23-6393377	501(C)3	33,000	0.			GENERAL CHARITABLE PURPOSES
INDEPENDENT WOMEN'S FORUM 4 WEEMS LANE #312 WINCHESTER, VA 22601	54-1670627	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
INSTITUTE FOR FREE SPEECH 124 S. WEST STREET, SUITE 201 ALEXANDRIA, VA 22314	20-3676886	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
INSTITUTE FOR JUSTICE 901 NORTH GLEBE ROAD, SUITE 900 ARLINGTON, VA 22203	52-1744337	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
INTERCOLLEGIATE STUDIES INSTITUTE INC 3901 CENTERVILLE ROAD WILMINGTON, DE 19807-1938	23-6050131	501(C)3	30,000	0.			GENERAL CHARITABLE PURPOSES
INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
JACK MILLER CENTER FOR TEACHING AMERICAS FOUNDING PRINCIPLES AND HISTORY 3 BALA PLAZA WEST BALA CYNWYD, PA 19004-3408	26-1147689	501(C)3	80,400	0.			GENERAL CHARITABLE PURPOSES
JOHN K MACIVER INSTITUTE FOR PUBLIC POLICY INC 10 E. DOTY ST., SUITE 800 MADISON, WI 53703	26-2639114	501(C)3	95,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JUDICIAL EDUCATION PROJECT DBA THE 85 FUND 3220 N ST NW STE 268 WASHINGTON, DC 20007	20-2466871	501(C)3	2,500,000	0.			GENERAL CHARITABLE PURPOSES
JUDICIAL WATCH, INC. 425 THIRD STREET SW, SUITE 800 WASHINGTON, DC 20024	52-1885088	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
KANDU INDUSTRIES INC 1741 ADEL ST JANESVILLE, WI 53546	39-1023165	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
KIDS FIRST BELOIT INC 1005 PLEASANT ST BELOIT, WI 53511	84-3568463	501(C)3	20,000	0.			GENERAL CHARITABLE PURPOSES
KINGDOM PREP LUTHERAN HIGH SCHOOL 2520 NORTH WAUWATOSA AVENUE WAUWATOSA, WI 53213	82-2479715	501(C)3	30,000	0.			GENERAL CHARITABLE PURPOSES
LADIES OF VIRTUE NFP 1245 S MICHIGAN AVE STE 149 CHICAGO, IL 60605	80-0530610	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
LAKELAND UNIVERSITY W3718 SOUTH DRIVE PLYMOUTH, WI 53073	39-0821861	501(C)3	120,000	0.			GENERAL CHARITABLE PURPOSES
LEADERSHIP INSTITUTE 1101 N. HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
LHSAGM FOUNDATION C/O MILWAUKEE LUTHERAN HIGH SCHOOL MILWAUKEE, WI 53222	46-1316300	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
LIBERTY JUSTICE CENTER 190 S. LASALLE STREET CHICAGO, IL 60603	45-4204425	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LYRIC OPERA OF CHICAGO 20 NORTH WACKER DRIVE CHICAGO, IL 60606	36-6008929	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
M.H.S., INC MESSMER CATHOLIC SCHOOLS 742 WEST CAPITOL DRIVE MILWAUKEE, WI 53206	39-1482053	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
MADISON SYMPHONY ORCHESTRA INC 222 W WASHINGTON AVE STE 460 MADISON, WI 53703	39-0839707	501(C)3	6,000	0.			GENERAL CHARITABLE PURPOSES
MANHATTAN INSTITUTE FOR POLICY RESEARCH, INC. 52 VANDERBILT AVENUE NEW YORK, NY 10017	13-2912529	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVE MILWAUKEE, WI 53208	39-0806826	501(C)3	82,800	0.			GENERAL CHARITABLE PURPOSES
MILWAUKEE COLLEGE PREPARATORY SCHOOL 2449 NORTH 36TH STREET MILWAUKEE, WI 53210	39-1881295	501(C)3	185,000	0.			GENERAL CHARITABLE PURPOSES
MILWAUKEE COUNTY WAR MEMORIAL CENTER INC. 750 NORTH LINCOLN MEMORIAL DRIVE	39-0985297	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
MILWAUKEE, WI 53202 MILWAUKEE HABITAT FOR HUMANITY 3726 NORTH BOOTH STREET MILWAUKEE, WI 53212	39-0983297	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
MILWAUKEE RESCUE MISSION 830 NORTH 19TH STREET MILWAUKEE, WI 53233	39-0816851	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
MILWAUKEE SYMPHONY ORCHESTRA, INC. 1101 NORTH MARKET STREET, SUITE 100 MILWAUKEE, WI 53202-3148	39-6023436	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOVING PICTURE INSTITUTE 375 GREENWICH STREET NEW YORK, NY 10013	20-3237801	501(C)3	30,000	0.			GENERAL CHARITABLE PURPOSES
MY FAITH VOTES 10940 S PARKER RD, STE 640 PARKER, CO 80134	48-6393123	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
NATIONAL ASSOCIATION OF SCHOLARS 420 MADISON AVE, 7TH FLOOR NEW YORK, NY 10017	11-2741490	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
NATIONAL CENTER FOR PUBLIC POLICY RESEARCH INC 20 F STREET, NW, SUITE 700 WASHINGTON, DC 20001	52-1226614	501(C)3	26,900	0.			GENERAL CHARITABLE PURPOSES
NATIONAL REVIEW INSTITUTE 19 WEST 44TH STREET, SUITE 1701 NEW YORK, NY 10036	13-3649537	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
NATIONAL RIGHT TO WORK LEGAL DEFENSE & EDUCATION FOUNDATION, INC 8001 BRADDOCK ROAD SPRINGFIELD, VA 22160	59-1588825	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
NEW BEGINNINGS ARE POSSIBLE, INC. 6100 NORTH 42ND STREET MILWAUKEE, WI 53209	39-1913547	501(C)3	23,500	0.			GENERAL CHARITABLE PURPOSES
NEW TOLERANCE CAMPAIGN 10645 N ORACLE ROAD, STE 121-113 ORO VALLEY, AZ 85737	84-2755642	501(C)3	12,000	0.			GENERAL CHARITABLE PURPOSES
NOTRE DAME SCHOOL OF MILWAUKEE 2604 W. ORCHARD ST. MILWAUKEE, WI 53204	39-1850760	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
OKLAHOMA COUNCIL OF PUBLIC AFFAIRS INC 1401 NORTH LINCOLN BLVD. OKLAHOMA CITY, OK 73104	73-1436375	501(C)3	26,300	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OPEN DOORS WITH BROTHER ANDREW, INC. PO BOX 27001 SANTA ANA, CA 92799	23-7275342	501(C)3	60,000	0.			GENERAL CHARITABLE PURPOSES
PACIFIC RESEARCH INSTITUTE FOR PUBLIC POLICY P.O. BOX 60485 PASADENA, CA 91116	94-2528433	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
PARENTS TELEVISION COUNCIL INC 707 WILSHIRE BLVD. LOS ANGELES, CA 90017	95-4819071	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
PHOENIX MULTISPORT INC 2239 CHAMPA STREET DENVER, CO 80205	20-4648043	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
POLICY CIRCLE CO 1189 WILMETTE AVENUE #210 WILMETTE, IL 60091	47-2843650	501(C)3	220,000	0.			GENERAL CHARITABLE PURPOSES
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD. #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)3	30,000	0.			GENERAL CHARITABLE PURPOSES
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	04-2103580	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
PRISON FELLOWSHIP MINISTRIES 44180 RIVERSIDE PARKWAY LANSDOWNE, VA 20176	62-0988294	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
PROJECT HOOD COMMUNITIES 6330 S KING DR CHICAGO, IL 60637	45-3964886	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
PROJECT VERITAS 1214 W BOSTON POST RD MAMARONECK, NY 10543	27-2894856	501(C)3	6,510,825	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PROPERTY & ENVIRONMENT RESEARCH CENTER (PERC) 2048 ANALYSIS DRIVE, SUITE A BOZEMAN, MT 59718	81-0393444	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
PUBLIC INTEREST LEGAL FOUNDATION INC 32 E. WASHINGTON ST., SUITE 1675 INDIANAPOLIS, IN 46204	45-4355641	501(C)3	51,300	0.			GENERAL CHARITABLE PURPOSES
REAL CLEAR FOUNDATION 1747 PENNSYLVANIA AVE., N.W., #1000 WASHINGTON, DC 20006-4693	52-2128875	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
RUNNING REBELS COMMUNITY ORGANIZATION INC 225 W. CAPITOL DRIVE MILWAUKEE, WI 53212	39-3910464	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
SAFE FAMILIES FOR CHILDREN WISCONSIN P.O. BOX 213 ELKORN, WI 53121	45-3194102	501(C)3	77,900	0.			GENERAL CHARITABLE PURPOSES
SAND COUNTY FOUNDATION INC 131 W. WILSON STREET MADISON, WI 53703	39-6089450	501(C)3	20,000	0.			GENERAL CHARITABLE PURPOSES
SECUREFUTURES FOUNDATION, INC. 710 N. PLANKINTON AVE. SUITE 1400 MILWAUKEE, WI 53203	20-5203533	501(C)3	95,000	0.			GENERAL CHARITABLE PURPOSES
SETON CATHOLIC SCHOOLS, INC 3501 SOUTH LAKE DRIVE MILWAUKEE, WI 53207-0912	47-5493941	501(C)3	20,000	0.			GENERAL CHARITABLE PURPOSES
SHARON LYNNE WILSON CENTER FOR THE ARTS INC 19805 WEST CAPITAL DRIVE BROOKFIELD, WI 53045	39-1787648	501(C)3	17,500	0.			GENERAL CHARITABLE PURPOSES
ST. ANTHONY CATHOLIC SCHOOL 1727 SOUTH 9TH STREET MILWAUKEE, WI 53204	39-0924288	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. AUGUSTINE PREPARATORY ACADEMY 2607 5TH ST. MILWAUKEE, WI 53207	47-1800734	501(C)3	35,000	0.			GENERAL CHARITABLE PURPOSES
ST. BERNARD PARISH 2450 ATWOOD AVE MADISON, WI 53704	39-0806326	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
ST. MARCUS LUTHERAN CHURCH AND SCHOOL 2215 NORTH PALMER STREET MILWAUKEE, WI 53212	39-0850377	501(C)3	127,500	0.			GENERAL CHARITABLE PURPOSES
ST. MARY'S VISITATION CATHOLIC PARISH 1260 CHURCH STREET ELM GROVE, WI 53122	39-0808492	501(C)3	7,500	0.			GENERAL CHARITABLE PURPOSES
STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERS - STANFORD UNIVERSITY - STANFORD, CA	94-1156365	501(C)3	40,000	0.			GENERAL CHARITABLE PURPOSES
STATELINE BOYS & GIRLS CLUBS INC 1851 MOORE ST BELOIT, WI 53511	39-0974673	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
TEXAS PUBLIC POLICY FOUNDATION 901 CONGRESS AVENUE AUSTIN, TX 78701	74-2524057	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
THE BILL OF RIGHTS INSTITUTE 1310 N. COURTHOUSE ROAD, SUITE 620 ARLINGTON, VA 22201	48-0891418	501(C)3	112,575	0.			GENERAL CHARITABLE PURPOSES
THE FEDERALIST SOCIETY 1776 I STREET NW, SUITE #300 WASHINGTON, DC 20006	36-3235550	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
THE FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20009	13-6223604	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE, NE WASHINGTON, DC 20002	23-7327730	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
THE JAMES MADISON INSTITUTE FOR PUBLIC POLICY STUDIES THE COLUMNS, 100 NORTH DUVAL STREET TALLAHASSEE, FL 32301	59-2811908	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
THE JOSEPH PROJECT C/O GREATER PRAISE CHURCH OF GOD IN CHRIST MILWAUKEE, WI 53210	81-3657764	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
THE MILWAUKEE BALLET COMPANY, INC. 128 N. JACKSON STREET MILWAUKEE, WI 53202	39-1134735	501(C)3	50,000	0.			GENERAL CHARITABLE PURPOSES
THE ORA LEE SMITH CANCER RESEARCH FOUNDATION P.O. BOX 11184 ATLANTA, GA 30310	81-1956085	501(C)3	25,000	0.			GENERAL CHARITABLE PURPOSES
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEATLH AVENUE, SUITE 700 BOSTON, MA 02215	04-2103547	501(C)3	54,000	0.			GENERAL CHARITABLE PURPOSES
UNITED PERFORMING ARTS FUND INC 301 W. WISCONSIN AVE. MILWAUKEE, WI 53203	39-6100399	501(C)3	17,000	0.			GENERAL CHARITABLE PURPOSES
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726-4090	39-0743975	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
VISION AMERICA MOBILIZED INC 1540 KELLER PKWY STE 108 KELLER, TX 76248	76-0572974	501(C)3	580,000	0.			GENERAL CHARITABLE PURPOSES

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WALKAWAY FOUNDATION 441 N LEE ST STE 100 ALEXANDRIA, VA 22314	83-2820906	501(C)3	20,500	0.			GENERAL CHARITABLE PURPOSES
WISCONSIN HISTORICAL FOUNDATION P.O. BOX 260050 MADISON, WI 53706-0050	39-0921093	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
WISCONSIN INSTITUTE FOR LAW & LIBERTY INC 330 E KILBOURN AVE STE 725 MILWAUKEE, WI 53202-3141	45-1606079	501(C)3	230,000	0.			GENERAL CHARITABLE PURPOSES
WITHERSPOON INSTITUTE, INC. 16 STOCKTON STREET PRINCETON, NJ 08542	55-0835528	501(C)3	15,000	0.			GENERAL CHARITABLE PURPOSES
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 01609	04-2121659	501(C)3	1,000,000	0.			GENERAL CHARITABLE PURPOSES
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE, SIXTH FL RESTON, VA 20191	23-7042029	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES
YOUTH FOR CHRIST INTERNATIONAL MINISTRIES 7670 S VAUGHN CT ENGLEWOOD, CO 80112	84-1188718	501(C)3	10,000	0.			GENERAL CHARITABLE PURPOSES