

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493137017410

# Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

For the 3	)008 salandar vas		and anding 06 30 3000			Inspection		
Check if ap		r, or tax year beginning 07-01-2008  C Name of organization	and ending 06-30-2009		D Employer iden	tification number		
Address cha	ange use IRS	THE UWM FOUNDATION INC			23-7337744			
_ Name chan		Doing Business As			E Telephone nun	nber		
_ Initial return	type. See Specific	Number and street (or P O box if mail is n	ot delivered to street address	s) Doom/suite	(414) 909-4	645		
- Termination	Instruc-	3230 E KENWOOD BLVD	ot delivered to street address	s) Room/suite	G Gross receipts	\$ 46,899,392		
- Amended re	eturn	City or town, state or country, and ZIP + 4	<b>.</b>					
- Application	pending	MIĹWAUKEE, WI 53211						
	· ·	Learner and address of Principal Officer	ī	Wa)	L			
		S STANG		n(a) Is this	s a group return f :es?	or ┌Yes ✔No		
		E KENWOOD BLVD NUKEE, WI 53211						
Tax-exem		) ( 3 ) ◀ (insert no )	527	• •	affiliates included			
Website	e: ► www uwmfdn o				o, attach a list : Exemption Num	See instructions) iber <b>►</b>		
Web site	s: F www awillian c	n g		II(C)				
Type of orga	anızatıon 🔽 Corpora	tion trust association other	1	<b>L</b> Year of For	mation 1974 <b>M</b> S	tate of legal domicile W		
Part I  See A  2  3	Summary  Briefly describe t	he organization's mission or most sign	uficant activities					
	dditional Data Ta		imcant activities					
		fif the organization discontinued its o	perations or disposed of	f more than 2	5% of its assets			
	•	members of the governing body (Part				3		
4	Number of indepe	ndent voting members of the governin	g body (Part VI, line 1b	)	. 4 _	2		
5	Total number of e	mployees (Part V, line 2a)			5 _	6		
6	Total number of v	olunteers (estimate if necessary) .			6 _			
7a	Total gross unrel	ated business revenue from Part VIII,	, line 12, column (C) .	•	7a _			
ь	Net unrelated bus	iness taxable income from Form 990-	T, line 34	_	7b			
				Prio	r Year	Current Year		
8		d grants (Part VIII, line 1h)			14,791,985	11,057,82		
9		revenue (Part VIII, line 2g)				1,593,83		
10		me (Part VIII, column (A), lines 3, 4,			2,353,160			
**		art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par			596,890	-5,04		
12	12)	du illes o tillough II (illust equal Fai	t viii, colullii (A), lille		17,742,035	12,646,61		
13	Grants and sımıl	ar amounts paıd (Part IX, column (A),	lines 1–3)		10,380,678	11,408,93		
14	Benefits paid to	or for members (Part IX, column (A), lı	ne 4)					
15	Salaries, other c 10)	ompensation, employee benefits (Part	IX, column (A), lines 5-	-	644,912 63			
16a	Professional fund	draising fees (Part IX, column (A), line	11e)		22,253	1		
हे   ь	(Total fundraising ex	penses, Part IX, column (D), line 25 350,154	)					
17	Other expenses	(Part IX, column (A), lines 11a-11d,	11f-24f)		617,125	760,33		
18	Total expenses-	-add lines 13–17 (must equal Part IX,	, lıne 25, column (A ))		11,664,968	12,808,68		
19	Revenue less ex	penses Subtract line 18 from line 12			6,077,067	-162,07		
<del>š</del>				Beginnii	ng of Year	End of Year		
20 21 22	Total assets (Pa	rt X, line 16)			90,340,012	80,380,60		
할 21	Total liabilities (	Part X, line 26)			5,385,808	5,584,39		
22	Net assets or fu	nd balances Subtract line 21 from line	20		84,954,204	74,796,20		
Part II	Signature Bl	ock						
		erjury, I declare that I have examined this retu correct, and complete Declaration of preparer						
lease	*****	, Established Propuler	, and the same of	2010-		, <i>z</i> age		
gn	Signature of office	er		Date				
ere	Curtis A Stang Co	00						
	Type or print nam	ne and title						
	Preparer's			heck If	Preparer's PTIN (S	ee Gen Inst )		
id	signature DAVE	GLOBIG 2		elf- mpolyed 🕨 🦵				
eparer's	Firm's name (or you	s WIPFLI LLP		·	EIN Þ			
se Only	ıf self-employed), address, and ZIP + 4	10000 INNOVATION DR SUITE 250			CIN P			
		MILWAUKEE, WI 532264837			Phone no 🕨 (414	4) 431-9300		
av the IRS	S discuss this reti	irn with the preparer shown above? (Se	ee instructions)			✓ Yes		

## Part III Statement of Program Service Accomplishments (See the instructions.)

1 .	Briefly describe the organization's i	nission				
see A	ddıtıonal Data Table					
2	Did the organization undertake the prior Form 990 or 990-EZ If "Yes," describe these new s	?		rvices during the year	which were not listed on	┌ Yes ┌ No
3	Did the organization cease co	nducting or mak	e sıgnıfıcant • • •	changes in how it cor	nducts any program	┌ Yes ┌ No
4	If "Yes," describe these changed Describe the exempt purpose Section 501(c)(3) and (4) orgothers, the total expenses, an	achievements fo anizations and 4	or each of th 947(a)(1) t	rusts are required to r	eport the amount of grants	
4a	(Code ) (Ex EDUCATIONAL PROGRAMS SPECIA CONCERT HALL, SCIENCE BAG SER				) (Revenue \$ S PUBLIC RADIO STATION, HONOR	) S PROGRAM, PERFORMING ARTS
4b	(Code ) (Ex EDUCATION GENERAL SUPPORT O STAFF	penses \$ = UW-MILWAUKEE'S	2,784,220 5 ADMINISTRAT	including grants of \$ TON, SCHOOLS, COLLEGES,	) (Revenue \$ , LIBRARY, ETC FOR THE BENEFIT	) OF ITS STUDENTS, FACULTY, AND
4c	(Code ) (Ex SCHOLARSHIP PROGRAMS FINANC	penses \$ IAL AID AWARDED 1	3,361,803 TO STUDENTS I	including grants of \$ ENROLLED AT THE UNIVERS	) (Revenue \$ SITY OF WISCONSIN-MILWAUKEE	)
	(Code ) (Ex	penses \$	752,510	including grants of \$	) (Revenue \$	)
4d	Other program services (De		ule O ) ng grants of	· \$	) (Revenue \$	)
4e	Total program service expen	ses \$	11,408,93	7 Must equal Part IX,	. Line 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		N o
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	-		No
	complete Schedule D, Part IV	9		
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	212			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
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	2a	66			
<b>L</b>	return					
D	If at least one is reported in 2a, did the organization file all required federal employr <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-			
	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			0-		
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	٠.		9b		
10	Section 501(c)(7) organizations. Enter	مدا	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body	and	Management	

						Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circun	nstances,			
1a	Enter the number of voting members of the governing body	1a		31			
b	Enter the number of voting members that are independent	1b		29			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	•	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization		5		Νo		
6	Does the organization have members or stockholders?		6		Νo		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockhold	ıs?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken dur	ing the			
а	the governing body?				8a	Yes	
b	each committee with authority to act on behalf of the governing body?				8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		_		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc				11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- f 17 List the States with which a copy of this Form 990 is required to be filed  $\ WI$
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Curtis Stang 3230 E Kenwood Blvd Milwaukee, WI 53211 (414) 906-4645

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

#### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							Н				
							$\vdash\vdash$				
1b Total				Щ.			<b> </b>	180,484	0	23,789	
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	re thar	n \$1	00,000 ın reportabl	e		

compensation from the organization►1

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

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Whyte Hirschboeck Dudek 555 E Wells Street Suite 1900 Milwaukee, WI 53202	Legal Services	102,897
2. Total number of independent contractors (including those in 1) who received more than		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation 

# Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>≈</u> ≈	1a	Federated camp	paigns 1a	1				314
gifts, grants illar amounts	ь	Membership du	es <b>. 1b</b>					
s,g a∏X	c	Fundraising eve	ents <b>1</b> 0					
<u>#</u>	d	Related organiz	ations 1d					
<u>∞</u> E	e	Government grants	s (contributions) <b>1e</b>					
돌	f	All other contribution	ons, gifts, grants, and <b>1f</b>	11,057,820				
章美	g		butions included in					
Contributions, and other simil								
ರಹ	h	Total (Add line	s 1a-1f)	•	11,057,820			
<u>ā</u>				Business Code				
e E	2a							
22	b							
938	C							
<u>.</u>	d							
E	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f	*				
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
		other sımılar ar	nounts)	•	2,091,180			2,091,180
	4	Income from inves	tment of tax-exempt bond	proceeds -				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	_	or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities 33,697,932	(II) O ther				
	"	from sales of assets other	, ,					
		than inventory Less cost or	34,195,281					
	Ь	other basis and	34,193,261					
	c c	sales expenses Gain or (loss)	-497,349					
	d	Net gaın or (los	s)		-497,349			-497,349
	8a	Gross income f						
		events (not incl \$52	luding ,460					
e n		of contributions	reported on line 1c)					
듄		See Part IV, lin  Attach Schedule	e 18 <i>G if total exceeds</i>					
Other Revenue			a	24,318				
<u>₹</u>	ь	Less direct ex	penses <b>b</b>	,				
₹	С		loss) from fundraising	events 🟲	-5,040	-5,040		
	9a	Gross income for See part IV, lin	rom gaming activities e 19					
		Complete Sched	ule G ıf total exceeds					
		\$15,000	a					
	ь	less directexi	penses <b>b</b>					
	c		loss) from gaming acti					
	10a	Gross sales of	inventory, less					
		returns and allo	wances . a					
	Ь	less cost of a	a . b					
	c	=	loss) from sales of inv	entory 📂				
	<u> </u>	Miscellaneous		Business Code				
	11a							
	ь							
	c							
		All other revenu	ue					
	d e		ue s 11a-11d	\$				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	, 5, 6d, 7d. 8c.	12,646,611	-5,040	0	1,593,831
		9c. 10c. and 11	le	· · · · · · · · · · · · · •				

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,047,134	8,047,134		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,361,803	3,361,803		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	203,596		203,596	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	313,092			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,290		27,290	
9	Other employee benefits	51,107		51,107	
10	Payroll taxes	44,322		44,322	
11	Fees for services (non-employees)				
а	Management				
b	Legal	17,578		17,578	
С	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	9,779		9,779	
12	Advertising and promotion				
13	Office expenses	36,620		31,611	5,009
14	Information technology	64,842		64,842	
15	Royalties				
16	Occupancy				
17	Travel	22,711		5,305	17,406
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	,			· · · ·
19	Conferences, conventions and meetings	486		486	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,349		11,349	
23	Insurance	8,947		8,947	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MISCELLANEOUS	156,621		156,621	
b	ANNUAL GIVING	136,139			136,139
c	Memberships/Subscriptio	103,085			103,085
d	DISCRETIONARY ALLOCATIO	82,486		82,486	
e	CHANCELLOR'S CONTRIBUTI	52,789		,	52,789
_	All other expenses	56,905		21,179	35,726
25	Total functional expenses. Add lines 1 through 24f	12,808,681	11,408,937	1,049,590	350,154
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	12,000,001	11,100,537	2,013,330	330,134

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	-
	1	Cash—non-interest-bearing			1,785,104	1		2,842,989
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			15,150,935	3	1	0,333,437
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, other related parties   Complete Part II of Schedule L		ees or		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges			175,003	9		30,365
Assets	10a	Land, buildings, and equipment cost basis	10a	412,440				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	369,110	26,741	10c		43,330
	11	Investments—publicly traded securities			71,976,610	11	6	5,002,626
	12	Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>	t VII of			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Pair of Schedule D$ .			13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			1,225,619	15		2,127,853
	16	Total assets. Add lines 1 through 15 (must equal line 34)			90,340,012	16	8	0,380,600
	17	Accounts payable and accrued expenses .			220,081	17		226,972
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			5,165,727	25		5,357,423
	26	Total liabilities. Add lines 17 through 25			5,385,808	26		5,584,395
		Organizations that follow SFAS 117, check here ► 🔽 and complet through 29, and lines 33 and 34.	ete lines 27					
Ü.	27	Unrestricted net assets			2,787,163	27		3,150,620
Balance	28	Temporarily restricted net assets			67,268,491	28	5	6,705,094
	29	Permanently restricted net assets			14,898,550	29	1	4,940,491
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	complet e					
5		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		•		31		
	32	Retained earnings, endowment, accumulated income, or other fun			32			
Ŋĕţ	33	Total net assets or fund balances			84,954,204	33		4,796,205
	34	Total liabilities and net assets/fund balances			90,340,012	34	8	0,380,600
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137017410

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE U		UNDATION INC							proyer rue			
								23	-733774	4		
	rt I			<b>harity Status</b> (to be co					Instruct	ions)		
The d	organı	zation is not	a private found	ation because it is (Please	check onl	y <b>one</b> org	anızatıon )	)				
1		A church, c	convention of cl	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)(	(A)(i).			
2	Г	A school d	escribed in <b>Sec</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	ile E)						
3	Г	A hospital	or a cooperativ	e hospital service organizati	ion descril	bed in <b>Sec</b>	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Γ	A medical	research organ	ızatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	~	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Г	A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	atıon that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ເ	ınıt or fror	n the gene	eral public	
		described i	n Section 170(I	<b>b)(1)(A)(vi)</b> (Complete Par	tII)							
8	Γ	A commun	ıty trust descrıl	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	iplete Par	tII)					
9	Γ	An organiza	atıon that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of	
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (S	ee instruc	tions )	
11	Γ	_	_	and operated exclusively fo					•	•	· ·	
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h										
							nes fre t nally Integ		'' d	□ Type	III - Other	
e	Г		• •	rtify that the organization is			-					
_	•	•	-	agers and other than one or			-			-	•	
		section 50										
f				d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	1		ı	
9		following pe		as the organization accepts	a a, g	0. 00	acron 110111	u., o	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the govern	ing body of the the supported	d organıza	tion?				11g	(i)	
		(ii) a famıly	y member of a p	erson described in (i) above	?					11g(	(ii)	
		(iii) a 35%	controlled ent	ity of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)	
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports					
			T	1	1							
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		sthe	(vii) A mount of	
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in Iisted in		nızatıon ) of your		ation in organized	support?	
	Organ	nzacion		(See Instructions))		verning		ort?		US?		
						ment?						
					Yes	No	Yes	No	Yes	No		

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box ol	11 IIIIe 5, 7, or	o oi Part I.)				
	ublic Support	1						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,140,516	15,928,241	18,020,311	13,440,116		11,057,820	71,587,004
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	13,140,516	15,928,241	18,020,311	13,440,116		11,057,820	71,587,004
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							13,965,209
6	(f) <b>Public Support</b> subtract line 5 from line							
U	4							57,621,795
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	13,140,516	3,754,061	18,020,311	13,440,116		11,057,820	71,587,004
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	1,583,069	3,754,061	1,939,548	2,340,648		2,091,180	11,708,506
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							83,295,510
12	Gross receipts from related activities, etc	(See instruction	s)			12		624,110
13	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		69.180 %
15	Public Support Percentage for 2007 Sched		•	( / /		15		87.340 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			<b>▶</b>  ✓
17a	box and <b>stop here.</b> The organization qualifie <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "fac	If the organization	on did not check	a box on line 13				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organization	on did not check	a box on line 13	3, 16a, 16b, or :	17a ar	nd line 15 i	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	▶□ ▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (P	roxy Tax)		•
Na	ime of the organization E UWM FOUNDATION INC	'		Employer ider	ntification number
	E OMITTOONDAMENT			23-7337744	
Par		y all organizations exempt e the instructions for Schedule		501(c) and section	527
1	-	ganızatıon's dırect and ındırect polit	•	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	To be completed be for Schedule C for d	oy all organizations exempt etails.)	under section	<b>501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectior	14955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under section	1 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	t function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ited to other orgar	nizations for section	\$
3	Total of direct and indirect exe 1120-PO L, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number ( paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oaid from the filing d to a separate po	organization's own interna litical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For	Paperwork Reduction Act Notice	, see the instructions for Form 990.	Cat No 50	0084S Schedule C (	Form 990 or 990-EZ) 2008

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c)(tion 501(h)). (See the instructions for Schedule C		68
	<u> </u>	belongs to an affiliated group		
В	Check   If the filing organization	checked box A and "limited control" provisions apply		
		obying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	102,897		
c	Total lobbying expenditures (add line	es 1a and 1b)	102,897	
d	Other exempt purpose expenditures	12,705,784		
е	Total exempt purpose expenditures (	12,808,681		
f	columns —	he amount from the following table in both	790,434	
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	197,609	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter - 0	O- if line f is more than line c	0	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) Total	
2a	Lobbying non-taxable amount			733,248	790,434	1,523,682	
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,285,523	
c	Total lobbying expenditures			46,640	102,897	149,537	
d	Grassroots non-taxable amount			183,312	197,609	380,921	
е 	Grassroots ceiling amount (150% of line d, column (e))					571,382	
f	Grassroots lobbying expenditures						

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
<b>-</b>	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016		) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(		,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public

Schedule D (Form 990) 2008

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection Employer identification number

	ne of the organization UWM FOUNDATION INC		Employer identification number
INE	OWITH OUNDATION INC		23-7337744
Ра	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99	90, Part IV, line 6.	nds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		radvised <b>Yes No</b>
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?		may be
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qua	cion or pleasure)	nistorically importantly land area tified historic structure of a conservation easement
_	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminated	l by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserv	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		tions, and Yes No
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the y	year <b>▶</b>
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the yea	ar ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sect	on
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s	
ar	Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or research	n in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	·
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
ь	Assets included in Form 990 Part Y		<b>b.</b> ¢

Cat No 52283D

3	Organizations Maintaining Co					Jiiiiiai Abbe	(	
	Using the organization's accession and othe items (check all that apply)	r records, check any o	f the fo	llowing that are	a significant us	se of its collection		
а	Public exhibition		d 厂	Loan or exch	ange programs			
b	Scholarly research	•	e	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain l	how the	ev further the or	aanızatıon's ex	empt purpose in		
•	Part XIV	medicine and explain		.,	gamzacion o cx	opc pa.poso		
5	During the year, did the organization solicit of							_
	assets to be sold to raise funds rather than t	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	Yes	∏ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				iizauon answi	ered tes lo ro	פ וווזי	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			_	other assets r	ot	Yes	☐ No
ь	If "Yes," explain why in Part XIV and comple	te the following table				•		,
	The rest, explain why his are xiv and comple	te the following tuble				A mou	nt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990 Part Y line 2	1?		L	Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		•			'		, 110
	rt V Endowment Funds. Complete		nswer	ed "Yes" to F	orm 990 Par	t IV line 10		
	Endownient Fanasi Complete	(a)Current Year	<b>(b)</b> Prio			Three Years Back (e)	Four Y	ears Back
1a	Beginning of year balance	16,819,718		•	•	<u>.</u>		
b	Contributions	432,985						
c	Investment earnings or losses	-3,105,056						
d	Grants or scholarships							
e	Other expenditures for facilities	795,122						
_	and programs							
f	Administrative expenses	12 252 525						
g	End of year balance	13,352,525						
2	Provide the estimated percentage of the yea	r end balance held as						
	Board designated or quasi-endowment 🕨							
а	Board designated of quasi-endowment.							
a b	Permanent endowment							
	·							
b	Permanent endowment   Term endowment   Are there endowment funds not in the posses	ssion of the organization	on that	are held and ad	ministered for	the	W-	l N-
b c	Permanent endowment   Term endowment   Are there endowment funds not in the posses organization by		on that	are held and ad	ministered for		Yes	No No
b c	Permanent endowment  Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations				ministered for	the 3a(i) 3a(ii)	Yes	No No
b c 3a	Permanent endowment   Term endowment   Are there endowment funds not in the posses organization by				ministered for	3a(i)	Yes	No
b c 3a b	Permanent endowment F  Term endowment F  Are there endowment funds not in the posses organization by  (i) unrelated organizations		 n Sche	dule R?	ministered for t	3a(i) 3a(ii)	Yes	No
b c 3a b	Permanent endowment  Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations		 n Sche vment f	 dule R?		3a(i) 3a(ii)	Yes	No
b c 3a b	Permanent endowment F  Term endowment F  Are there endowment funds not in the posses organization by  (i) unrelated organizations		n Sche vment f	 dule R?		3a(i) 3a(ii)		No
b c 3a b 4 Par	Permanent endowment F  Term endowment F  Are there endowment funds not in the posses organization by  (i) unrelated organizations		n Sche vment f	dule R? unds  Form 990, Pa  a) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b		No No
b c 3a b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations		n Sche vment f	dule R? unds  Form 990, Pa  a) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b		No No
b c 3a b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations		n Sche vment f	dule R? unds  Form 990, Pa  a) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b		No No
b c 3a b 4 Par	Permanent endowment  Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyl Investments—Land, Buildings  Description of investment  Land  Buildings		n Sche vment f	dule R? unds  Form 990, Pa  a) Cost or other	rt X, line 10.	3a(i) 3a(ii) 3b		No No Dook value
b c 3a  b 4  Par	Permanent endowment  Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the tyl Investments—Land, Buildings  Description of investment  Land  Buildings  Leasehold improvements		n Sche vment f	dule R? unds  Form 990, Pa  a) Cost or other	rt X, line 10.  (b)Cost or other basis (other)	3a(i) 3b  (c) Depreciation		No No

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory	( <b>b)</b> Book value	(c) Method of valuation
(including name of security) inancial derivatives and other financial products		Cost or end-of-year market value
losely-held equity interests		
Other		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
art VIII Investments—Program Related. Se	e Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri	ption	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
ederal Income Taxes	1.000.000	
DUE TO AFFILIATES DUE TO THE UNIVERSITY OF WISCONSIN-	1,882,890	
ILWAUKEE	2,259,988	
GENCY PAYABLE UNDER FISCAL AGENT		
ESPONSIBILITIES	1,214,545	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	5,357,423	
,	5,357,423	

3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 -9	.,808,681 -162,070 8,282,705 .,713,224 9,995,929 9,157,999
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -10	.,713,224 9,995,929 9,157,999
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -10	.,713,224 ),995,929 ),157,999
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -10	),995,929 ),157,999
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -10	),995,929 ),157,999
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -10	),995,929 ),157,999
9 Total adjustments (net) Add lines 4 - 8  10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  10 -10	),995,929 ),157,999
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 -10	,157,999
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 -10	
	,432,415
<b>2011-11</b> Reconcination of Revenue per Addited Financial Statements with Revenue per Return	,432,415
1 Total revenue, gains, and other support per audited financial 4	
statements	
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines <b>2a</b> through <b>2d</b>	3,214,196
3 Subtract line <b>2e</b> from line <b>1</b>	,646,611
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 XIV) 4b	
c Add lines <b>4a</b> and <b>4b</b>	0
	,646,611
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
<del>- 1</del>	,866,181
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	57,500
3 Subtract line <b>2e</b> from line <b>1</b>	,808,681
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	0
Part XIV Supplemental Information	,808,681

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part XI, Line 8 - O ther Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 11009 NET ASSET TRANSFER TO MEET RESTRICTION - 1724233
Part XII, Line 2d - Other Adjustments		Special Event Expenses 57500 Change in value of split interest agreements 11009
Part XIII, Line 2d - Other Adjustments		Special Event Expenses 57500

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493137017410

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Internal Revenue Service **Employer identification number** Name of the organization THE UWM FOUNDATION INC 23-7337744 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants g Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) control of from activity organization contributions? col (i) Yes ٠ Total

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1  Run for Roses Raffle (event type)	(b) Event #2  Men's Basketball  Golf Outing  (event type)	(c) O ther Events  1 (total number)	(Add col	otal Eve (a) th ol (c))	
E.	1	Gross receipts	18,949	54,924	27,223		10	1,096
Revenue	2	Less Charitable	4,700	8,900	10,718		2	4,318
	3	Gross revenue (line 1 minus line 2)	14,249	46,024	16,505		7	6,778
	4	Cash Prizes						
ses	5	Non-cash Prizes	4,700	2,158	520			7,378
tben	6	Rent/Facility costs	1,259		6,879			3,007
Direct Expenses	7	Other direct expenses	4,837	1,618	10,660			7,115
Ð.	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	🛌		5	7,500
	9	Net income summary Combine lin						9,278
Par	311	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
ш.	1	Gross revenue						
-se	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	Yes	├ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No
b	If"	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	g the tax year?	10a		
11		es the organization operate gaming a	activities with nonmembe	rs?				
12	Is t	he organization operate gaining a he organization a grantor, beneficiar ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	np or other entity			

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	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 proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

ata -

Schedule I (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137017410

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Name of the organization
THE UWM FOUNDATION INC

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is (c) IRC section 1(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 39-6006492 University of Wisconsin-501(c)3 8,047,134 Teaching and Milwaukee3230 E Kenwood departmental Blvd programs, community Milwaukee, WI 53211 service, research, and special projects Enter total number of section 501(c)(3) and government

Enter total number of other organizations . . . . . . .

	·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	1351	3,361,803			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization THE UWM FOUNDATION INC

Employer identification number

23-7337744

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	EDUCATIONAL PROGRAMS RESEARCH PROJECTS CONDUCTED BY FACULTY AND RESEARCHERS IN VARIOUS SCHOOLS INCLUDING HEALTH SCIENCES, ARCHITECTURE, ENGINEERING, LETTERS & SCIENCES, NURSING, AND GRADUATE SCHOOL EDUCATION COMMUNITY SERVICE PROGRAMS INCLUDING SEMINARS, LECTURES, AND PERFORMANCES SPONSORED BY UW-MILWAUKEE FOR THE ENRICHMENT OF THE METRO-MILWAUKEE COMMUNITY Expenses \$ 752510 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	EDUCATION COMMUNITY SERVICE PROGRAMS INCLUDING SEMINARS, LECTURES, AND PERFORMANCES SPONSORED BY UW-MILWAUKEE FOR THE ENRICHMENT OF THE METRO-MILWAUKEE COMMUNITY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is reviewed by the finance committee then made available to the full Board at least two weeks in advance of filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annual disclosure form completed and potential conflicts that arise throughout the year are reported

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive committee is responsible for overseeing the compensation of top management officials using comparable contemporaneous data

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents are made available upon request

#### DLN: 93493137017410

OMB No 1545-0047 2008

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** THE UWM FOUNDATION INC 23-7337744 **Identification of Disregarded Entities** 

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Exempt Code sec	tion (E) Public charity sta (if section 501(c)	(F) atus Direct controlling (3)) entity
The UWM Real Estate Foundation Inc 3230 E Kenwood Blvd Milwaukee, WI53211 94-7809136	Real Estate Development	WI	501(c)3	Line 5	N/A
The UWM Research Foundation Inc  3230 E Kenwood Blvd Milwaukee, WI53211 20-8297675	IP Manager from UWM	WI	501(c)3	Line 5	N/A

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

No

Yes

#### Part V Transactions with Related Organizations

<b>Note:</b> Complete fine 1 if any entity is fisted in Faits 11, 111 of 19		Note. Complete line	1 if any entity is listed in Pa	rts II, III or IV
---	--	---------------------	---------------------------------	-------------------

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	UWM Research Foundation	В	122,000
(2)	UWM Research Foundation	Q	1,724,232
(3)	UWM Research Foundation	N	22,000
(4)	UWN Real Estate Foundation	N	98,000
(5)	UWN Real Estate Foundation	Q	854,963
(6)			

(B)

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Software ID: Software Version:

**EIN:** 23-7337744

Name: THE UWM FOUNDATION INC

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		<b>(C)</b> Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Curtis Stang , COO	40 00	Х		Х		Х		113,534	0	20,441
David Gilbert , President	40 00	Х		Х				66,950	0	3,348
Bruce T Block , Chair		Х		Х				0	0	0
Art Smith , Vice Chair		Х		Х				0	0	0
F William Haberman , Secretary		Х		Х				0	0	0
David J Lubar , Treasurer and Chair		Х		Х				0	0	0
Mark E Brickman , Director		Х						0	0	0
Dr David D Buck , Director		Х						0	0	0
Tonit M Calaway , Director		Х						0	0	0
Dr Sujeet Chand , Director		Х						0	0	0
Ricardo Diaz , Director		Х						0	0	0
Mary Emory , Dır, Scholarshıp Comm		Х						0	0	0
Christina H Fiasca , Dir, Alumni Activity Com		×						0	0	0
James C Fleming , Director		Х						0	0	0
Jacquelyn Fredrick , Director		Х						0	0	0
Jacqueline Herd-Barber , Director		Х						0	0	0
Mary T Kellner , Dır, Dvlpment Comm		Х						0	0	0
Allan J Klotsche Jr , Dırector		Х						0	0	0
Roger H Kriete , Director		Х						0	0	0
Ronald V Krizek , Director		Х						0	0	0
Jacqueline Moore Bowels , Director		Х						0	0	0
H Carl Mueller , Director		Х						0	0	0
David O Nicholas , Director, Investment Com		×						0	0	0
Mark W Purnell , Director		Х						0	0	0
John S Scheid , Director		Х						0	0	0
Andrew R Schiesl , Director		Х						0	0	0
Avı Shaked , Dırector		Х						0	0	0
John B Torinus Jr , Director		X						0	0	0
Gregg A Tushaus , Director		Х						0	0	0
Daryl J Waszak , Director		Х						0	0	0

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)								(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Robert H Welke , Director		Х						0	0	0

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE MISSION OF THE UWM FOUNDATION IS TO SUPPORT THE EDUCATIONAL, LITERARY, AND SCIENTIFIC ENDEAVORS OF THE UNIVERSITY OF WISCONSIN-MILWAUKEE BY RECEIVING, MANAGING, AND DISTRIBUTING GIFTS TO THE BENEFIT THE UNIVERSITY'S STUDENTS, FACULTY, PROGRAMS, AND COMMUNITY. IN ADDITION, THE UWM FOUNDATION PROVIDES LEADERSHIP, OVERSIGHT, AND DIRECTION TO ITS AFFILIATED CORPORATIONS, THE UWM REAL ESTATE FOUNDATION AND THE UWM RESEARCH FOUNDATION. THESE CORPORATIONS CREATE NEW UNIVERSITY FACILITIES TO SUPPORT STUDENT LIFE, RESEARCH, ACADEMICS AND REGIONAL ECONOMIC DEVELOPMENT, AND PROVIDE NEW SOURCES OF REVENUE FROM RESEARCH, COMMERCIALIZATION, AND ENTREPRENEURIAL ACTIVITIES.

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE MISSION OF THE UWM FOUNDATION IS TO SUPPORT THE EDUCATIONAL, LITERARY, AND SCIENTIFIC ENDEAVORS OF THE UNIVERSITY OF WISCONSIN-MILWAUKEE BY RECEIVING, MANAGING, AND DISTRIBUTING GIFTS TO THE BENEFIT THE UNIVERSITY'S STUDENTS, FACULTY, PROGRAMS, AND COMMUNITY. IN ADDITION, THE UWM FOUNDATION PROVIDES LEADERSHIP, OVERSIGHT, AND DIRECTION TO ITS AFFILIATED CORPORATIONS, THE UWM REAL ESTATE FOUNDATION AND THE UWM RESEARCH FOUNDATION. THESE CORPORATIONS CREATE NEW UNIVERSITY FACILITIES TO SUPPORT STUDENT LIFE, RESEARCH, ACADEMICS AND REGIONAL ECONOMIC DEVELOPMENT, AND PROVIDE NEW SOURCES OF REVENUE FROM RESEARCH, COMMERCIALIZATION, AND ENTREPRENEURIAL ACTIVITIES.