

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



Form **990-EZ**

DAA

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

Dep	artment o	of the Treasury nue Service			ets less than \$2,500,000 tion may have to use a co				nts	Inspection
			r vear.	or tax year beginning	- 15 a 15 a	, and ending	6/30/0			
В			lease	C Name of organization					D E	mployer identification number
\Box	Address	change us	se IRS							
П	Name ch	lal	bel or	UW-FOND DU	LAC FOUND	ATION, II	NC.		2	3-7349000
П	Initial ret	1.	pe.	Number and street	(or P O box, if mail is not	delivered to street	address)	Room/suite	E Te	elephone number
	Terminal	tion Se		400 UNIVER	SITY DR				9	20-929-3600
	Amende		pecific struc	City or town, state of	or country, and ZIP + 4				F G	roup Exemption
	Applicati		ons.	FOND DU LA	.C	WI 54935	<u> </u>		N	umber •
	• Sect	tion 501(c)(3) o	organi	zations and 4947(a)(1)) nonexempt charital	ole trusts must a	attach	G Accountir	ng method	d Cash X Accrual
				mpleted Schedule A (F				Other (specify) ♦	
ı	Websit			L.UWC.EDU/F				H Check ◆	o attach	the organization is not
<u>J</u>				y one)— 🗶 501(c) (3) ♦ (insert no)	4947(a)(1) o				Schedule B (Form 990,
K	Check	_	•			•	•	eipts are norma	lly not n	nore than \$25,000 A return
				anization chooses to fil	·					107_020
				line 9 to determine gr						
	art I			penses, and Cha	_	ets or Fund t	salances (See the inst		
	1		. •	grants, and similar an					1	
	2	J		enue including governr	nent rees and contrac	its			3	<u> </u>
	3 4	Investment inc		nd assessments					4	4 0 - 4
	5a			sale of assets other tha	n inventory		5a	32,4	ļ.,,,,,	1,054
	b			sale of assets other that pasis and sales expensi	•		5b	52,9	_	
	c			sale of assets other th		ct line 5b from li				c -20,526
2010 Revenue	6			activities (complete a					, <u> </u>	
₩	а	Gross revenue				ontributions		33 5	,	
23		reported on line	•	<u> </u>			6a		-	
0	b	•	•	es other than fundraisin	g expenses		6b			
ightharpoonup	С	Net income or	(loss)	from special events ar	nd activities (Subtract	line 6b from line	6a)		60	С
MAR	7a	Gross sales of	fınven	ntory, less returns and a	allowances		7a			
X	b	Less cost of g	aboog	Sold OFILED			7b			
	С	Gross profit of	(loss)	from sales of inventer	y (Subtract line 7b fro	m line 7a)			70	c
CANNED	8	Other revenue			180) 8	
<u></u>	9	Total revenue	Nap.	lines_1, 2, 3, 4, 50, 10c,	7d and 8				▶ 9	
S.	10		11	ımdunts paid (attach so	he b<u>at</u>e)	SE	E STAT	EMENT 2	10	0 30,310
0	11	Benefits paid to	or to	1 members	T				1	
es.	12			erection and employe					12	
ens	13			nd other payments to in	•	S			1:	100
Expense	14			lities, and maintenance					14	- - -
	15 16			s, postage, and shippin scribe ► SEE SI) 1	00.000
	17			d lines 10 through 16	CHILDRIDINI J					
- <u>\$</u>	18			or the year (Subtract lin	e 17 from line 9)				11	
Net Assets	19					column (A)) (m	ust agree with	end-of-vear figure		9n prior year's re245, 935
Ë	20			et assets or fund balance	- ·			EMENT 4	20	
ž	21	•		palances at end of year		,			▶ 2	
F	art II			ets. If Total assets or			r more, file F	orm 990 instead	of Form	
				e the instructions for Pa				Beginning of year		(B) End of year
22	Cash, s	savings, and inv	vestme	ents				245,6	51 22	2 223,969
23	Land a	nd buildings							49 2:	
24	Other a	assets (describe	e 🕨	SEE STATE	MENT 5		(27,5		
25	Total a	ssets		_				273,4		
		i abilities (descri			EMENT 6		\	27,4		
				s (line 27 of column (B				245,9	35 2	
Fo	Privac	v Act and Pane	erwork	k Reduction Act Notice	a eas the Instruction	is for Form 990				f Form 990-F7 (2008)

Form 990-EZ (2008) UW-FOND DU LAC FOUNDATION, IN		-/349000	1	Page 2
Part III Statement of Program Service Accomplishments (S	See the instruct	tions for Part II	l.)	Expenses
What is the organization's primary exempt purpose?				(Required for 501(c)(3)
SCHOLARSHIPS				and (4) organizations
Describe what was achieved in carrying out the organization's exempt purposes. In a				and 4947(a)(1) trusts,
describe the services provided, the number of persons benefited, or other relevant in	nformation for each	program title		optional for others)
28 AWARDING OF SCHOLARSHIPS, GRANTS AND AWARD TO STUDENTS			i	
			- 1	
(Grants \$ 30,310) If this amount includes foreign grants, ch		•	☐ ₂₈ ;	61,552
(Grants \$ 30,310) If this amount includes foreign grants, ch	ieck neie		200	01,332
25				
(Grants \$) If this amount includes foreign grants, ch	eck here	•	☐ 29a	a
30	icon nere	<u>_</u>		<u> </u>
			į	
(Grants \$) If this amount includes foreign grants, ch	eck here	•	30	а
31 Other program services (attach schedule)				
(Grants \$) If this amount includes foreign grants, ch	eck here	•	31	
32 Total program service expenses (add lines 28a through 31a)			♦ 32	61,552
Part IV List of Officers, Directors, Trustees, and Key Employees. List ear			the insti	ructions for Part IV)
(a) Name and address	(b) Title and average hours per week	(if not paid,		tributions to (e) Expense benefit plans &account and
	devoted to position		deferred	compensationother allowances
SEE STATEMENT 7				
	<u> </u>			
	 			
			ļ	
				
	 	 	 	
			1	
	 		 	
	1			
	 		 	

	transaction? If "Yes," complete Form 8886-T			40e X
41	List the states with which a copy of this return is filed WI			
42a	The books are in care of ♦ CHRISTA WILLIAMS	Telephone no	•	920-929-3600

400 UNIVERSITY DR

54935 FOND DU LAC, WI ZIP + 4

b 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 If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

Yes No X 42b 42c

and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

X

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

Form **990-EZ** (2008)

Yes

No

Located at •

orm 990-EZ (23-7349000				age 4
Part VI	Section 501(c)(3) organizations only. All se	ction 501(c)(3) org	anizations must ar	swer questions	46–4	9	
	and complete the tables for lines 50 and 51.				1.		
	organization engage in direct or indirect political campaign a	activities on behalf of or	in opposition to	F		es/	No
	es for public office? If "Yes," complete Schedule C, Part I			}	46		X
	organization engage in lobbying activities? If "Yes," completed			-	47	\dashv	X
	ganization operating a school as described in section 170(b		nplete Schedule E	-	48		X
	organization make any transfers to an exempt non-charitab	<u> </u>		}	49a		X
•	was the related organization(s) a section 527 organization?			L	49b		
•	e this table for the five highest compensated employees (o			nployees) who			
each rec	eived more than \$100,000 of compensation from the organ	nization If there is none	enter "None "				
		(b) Title and	average(c) Compensation	(d) Contributions to	(e) E	vnens	
	(a) Name and address of each employee paid more than \$100,000	hours per	week]	employee benefit plan	is &acco	unt ar	d
		devoted to	position	deferred compensation	onother a	llowa	ices
IONE			·				
			·	 			
				 			
				-			
		ļ		1			
		,					
				L			
	of other employees paid over \$100,000	<u> </u>					
Complete	e this table for the five highest compensated independent	contractors who each re	ceived more than \$100,	000 of			
compens	sation from the organization. If there is none, enter "None."	'					
		400 000	/b) Time of comme	(6) (6)			
	lame and address of each independent contractor paid more than \$	100,000	(b) Type of service	(6) (6)	ompensa	luon	
NONE							
	· · · · · · · · · · · · · · · · · · ·						
	6100						
Fotal number	of other independent contractors each receiving over \$100.						
Fotal number of	Under penalties of penury. I declare that I have examined this retu	im, including accompanying					
		im, including accompanying		preparer has any know			
Sign	Under penalties of penuty. I declare that I have examined this retu and belief, it is true correct, and complete Declaration of prepare	im, including accompanying	d on all information of which			ge	
Sign	Under penalties of penuty. I declare that I have examined this retu and belief, it is true, correct, and complete. Declaration of presare	rn, including accompanying r (other than officer) is base		preparer has any know		ge	
Sign	Under penalties of penjuor. I declare that I have examined this retu and pelief, it is true, correct, and complete Declaration of prepare	im, including accompanying	d on all information of which	preparer has any know		ge	
Sign	Under penalties of penuty. I declare that I have examined this retu and belief, it is true, correct, and complete. Declaration of presare	Preside u	d on all information of which	preparer has any know	wledge		ner (Sé
Sign Here	Under penalties of penjury. I declare that I have examined this return and pelief, it is true correct, and complete Declaration of prepared Signature of offices Tames Type or print name and title Preparer's	rn, including accompanying r (other than officer) is base	Date Check if self-	Preparer's Id	wledge	Numi	per (Se
Sign Here Paid	Under penalties of penjury. I declare that I have examined this returned pelief, it is true correct, and complete Declaration of prepared Signature of offices. Type or print name and title Preparer's signature	Preside u	d on all information of which Date Check if	Preparer's Id	wiedge entifying	Numl	
Sign Here Paid Preparer's	Under penalties of penjuor. I declare that I have examined this return and pelief, it is true, correct, and complete. Declaration of prepare Signature of officer Preparer's signature Firm's name (or yours HUBERTY & ASSOC:	Preside u	Date Check if self-	Preparer's Id	wledge	Numl	
Sign Here Paid Preparer's Use Only	Under penalties of penuor. I declare that I have examined this returned pelief, it is true, correct, and complete Declaration of presare and pelief, it is true. Firm's name (or yours if self-employed), I declare that I have examined this return and pelief, it is true. I have examined this return and pelief, it is true. I have examined this return and pelief, it is true. I have examined this return and pelief, it is true. I have examined this return and pelief, it is true. I have examined this return and pelief, it is true. I have examined this return and pelief, it is true. I have examined this return and pelief. I have examined this retu	Preside u	Date Check if self-employed	Preparer's Id P0024 EIN 3 Phone	entifying	Numl	227
Sign Here Paid Preparer's Use Only	Under penalties of penuncil declare that I have examined this returned pelief, it is true, correct, and complete Declaration of presare and pelief, it is true, correct, and complete Declaration of presare and pelief, it is true. Signature of officer A Social Preparer's signature Firm's name (or yours HUBERTY & ASSOC:	IATES, S.C.	Date Check if self-employed	Preparer's Id P0024 EIN 3 Phone	wiedge entifying	Numl 392 3-8	227

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UW-FOND DU LAC FOUNDATION, INC.

Employer identification number 23-7349000

Pŧ	ert i	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this	part.) (see II	nstruc	tions	s)		
The	orga	nization is not	a private foundation becaus	e it is (Please check only one	organizati	on)								
1	\Box			ociation of churches described	_)(A)(i).							
2	П		cribed in section 170(b)(1)(
3	П			ce organization described in sec	ction 170	(b)(1)(A)(i	iii). (Atta	ch Sche	edule H)				
4	Н	· ·	•	in conjunction with a hospital of			• .			•	ospita	il's name	•	
•	ш	city, and state	•	on conjunction with a moophan	200011204	0000.0	., ., .,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		оорло		,	
5	X	•		of a college or university owned	or operati	ad by a n	overnme	ntal uni	descri	hed in				
•		-	b)(1)(A)(iv). (Complete Part	•	or operati	ed by a gi	Overmine	intai uiiii	i descii	bed iii				
		•		·	i 47	0/5/4//4								
6	Н		•	overnmental unit described in s				Ab		و الماريد ال				
7	ш		•	substantial part of its support fro	om a gove	ernmentai	unit or	nom me	genera	n public	•			
_	\Box		section 170(b)(1)(A)(vi). (Co											
8	Н	=		70(b)(1)(A)(vi). (Complete Part	-									
9	Ш			i) more than 33 1/3 % of its sup						_				
				pt functions—subject to certain	-	-	•				•			
			<u>-</u>	nd unrelated business taxable in	•			() from b	usines	ses				
	\Box		•	0, 1975 See section 509(a)(2).	•		•							
10	H	_	•	exclusively to test for public safe	-			•		•				
11	Ш	-	•	exclusively for the benefit of, to	•			•						
		-		ed organizations described in se					•	section	ו			
		<u>—</u>		he type of supporting organizati		•	nes 11e							
		a [Type		c Type IIIFunction:			d		e III–Ot					
е	Ш	-		anization is not controlled direc	-									
		persons othe	r than foundation managers	and other than one or more put	olicly supp	orted org	anızatıo	ns desc	ribed in	section	n			
		509(a)(1) or s	section 509(a)(2)											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					_
		organization,	check this box											Ш
g		Since August	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ne							
		following per	sons?											
		(i) A persor	who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (II)					Yes	No
		and (III) I	below, the governing body o	f the supported organization?								11g(i)		
		(ii) A famıly	member of a person describ	ped in (i) above?								11g(ii	1	
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?								11g(ii	b	
h		Provide the f	following information about t	he organizations the organization	on suppor	ts								
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organizati	on(v) Did	you notif	(vi)	Is the		(vii) Am	ount of	
	org	anization		(described on lines 1-9		listed in yo	_					supp		
				above or IRC section (see instructions))	governin	g documer) of your port?	1	nized in S ?	the			
				(see moductions))	Yes	No	Yes	No	Yes	No	ł			
					 					-				
								1						
							_							
					-				<u> </u>					_
					-				<u> </u>	ļ	-			
Tota	<u>.l</u>													

<u>Sche</u>	edule A (Form 990 or 990-EZ) 2008 UW-					- /349000	_ Page 2
Pa	art II Support Schedule for O				1)(A)(iv) and 1	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box of	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support			. <u>.</u>		<u> </u>	·
Ca	llendar year (or fiscal year beginning	in) (a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	95,986	87,227	97,235	105,015	72,035	457,498
2	Tax revenues levied for the organization benefit and either paid to or expended or its behalf	ร					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	95,986	87,227	97,235	105,015	72,035	457,498
5	The portion of total contributions by each person (other than a governmental unit of publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	r					122 120
_	Public support. Subtract line 5 from lin	4					132,120
<u>6</u> Sac	tion B. Total Support	F 4	1		I	<u>.</u>	325,378
	llendar year (or fiscal year beginning	n) (a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	95,986	87,227	97,235	105,015	72,035	457,498
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,706	7,752	15,201	8,503	4,854	39,016
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(aaa :=at=::at=a=a		L	L	140	496,514
13	First five years. If the Form 990 is for the	,	accord third for	dh ar fifth tay yaar	as a section E01/	12	
13	organization, check this box and stop her	-	second, tillia, lou	illi, Or Illili lax year	as a section so (C)(3)	
Sec	tion C. Computation of Public Su		age			.	
14	Public support percentage for 2008 (line 6	· · · 		n (f)\		14	65.5325 %
15	Public support percentage from 2007 Sch			(1))		15	62.6257 %
16a	33 1/3 % support test—2008. If the organ			13 and line 14 is 3	3 1/3 % or more o		02.0237 %
	and stop here. The organization qualifies			15, and line 14 19 5.	o no more, c	HECK (HIS DOX	► X
b	33 1/3 % support test—2007. If the organ	· ·	-	or 16a, and line 16	is 33 1/3 % or mi	ore check this	
-	box and stop here. The organization quali				713 33 173 70 01 1110	bie, check tins	▶ [
17a	10%-facts-and-circumstances test—200				or 16h and line	14 is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						▶ [
b	10%-facts-and-circumstances test—200						
-	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						▶ □
18	Private foundation. If the organization did		•		. •		▶ □

Section A. Public Support

Calendar year (or fiscal year beginning in) (a) 2004

_	_	-7	_	•	_	•	_	
٠,	- 4			~	•	FI	"	

(e) 2008

(d) 2007

Page 3

(f) Total

Schedule A (Form 990 or 990-EZ) 2008 UW-FOND DU LAC FOUNDATION, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

1	Gifts, grants, contributions, and membership fees received (Do not incluany "unusual grants")	de							
2	Gross receipts from admissions, mercha sold or services performed, or facilities furnished in any activity that is related to organization's tax-exempt purpose								_
3	Gross receipts from activities that are no unrelated trade or business under section								
4	Tax revenues levied for the organization benefit and either paid to or expended oits 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	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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b								_
8	Public support (Subtract line 7c from	<u> </u>							_
	line 6)								
	tion B. Total Support								_
Ca	lendar year (or fiscal year beginning	in) (a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total	_
9	Amounts from line 6						\rightarrow		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								_
	Add lines 10a and 10b						\dashv		_
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)	<u> </u>	<u> </u>			<u> </u>			
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	I(c)(3)		. [\neg
800	organization, check this box and stop her							<u> </u>	ᆚ
360 15	Bublic support paragraph of Public St			(0)			45		_
15 16	Public support percentage for 2008 (line 8 Public support percentage from 2007 Sch		•	ın (1))		-	15	_	<u>%</u>
	tion D. Computation of Investme			· · · ·			16	····	<u>%</u>
17	Investment income percentage for 2008 (I			Column (f))		Ī	17		~
18	Investment income percentage from 2007	•	•	, 00.0 (1))		-	18		~ %
19a	33 1/3 % support tests—2008. If the orga			e 14, and line 15 is	s more than 33 1/3	L %, and line			_
	17 is not more than 33 1/3 %, check this t							▶ [
b	33 1/3 % support tests—2007. If the orga						and	`	
	line 18 is not more than 33 1/3 %, check t							▶ [
20	Private foundation. If the organization did	not check a box	on line 14, 19a or	19b, check this bo	x and see instruction	ons		•	
DAA						Schedule A (F	orm 9	90 or 990-EZ) 20	08

(b) 2005

(c) 2006

Page 4

Schedule A (Form 990 or 990-EZ) 2008 UW-FOND DU LAC FOUNDATION, INC. 23-7349000

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

738 UW-FOND DU LAC FOUNDATION, INC.

Federal Statements

23-7349000 FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -

										•
Desc	Description									
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	ا چ <u>ه</u>	Cost & Expense	-	Depreciation		Gain / Loss
ATTACHEMENT A DONATION		VARIOUS	VARIOUS \$		32,465 \$	52,991 \$	ا ا		φ,	-20,526
TOTAL			O,	\$	32,465 \$	52,991	11 S	0	S.	-20,526
	Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Form 990-EZ	, Part I, Line	10 - Gran	ts and Sim	ilar Amount	s Paid			
Name and Address		Rela to Org	Relationship to Organization		Class of Activity		Date of Gift	<u>.</u>		
Description of Property	Cash Contribution	Noncash Contribution		Book Value	Book Value Explanation		FMV Explanation		Purpose	Se
SCHOLARSHIPS	30,310									
TOTAL	30,310									

738 UW-FOND DU LAC FOUNDATION, INC.

23-7349000

Federal Statements

FYE: 6/30/2009 ·

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

	Amount
EXPENSES	\$
TRAVEL	91
CONFERENCES/MEETINGS	171
CONTINUING EDUCATION	3,516
PROFESSIONAL DEVELOPMENT	10,924
CAMPUS EVENTS	3,089
FINE ARTS	868
DUES AND SUBSCRIPTIONS	550
LICENSES AND PERMITS	25
PROMOTIONS	11,443
OFFICE EXPENSE	815
FOUNDATION EVENTS	1,567
TOTAL	\$ 33,059

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

	Description	 Amount
UNREALIZED	LOSS	\$ -7,646
TOTAL		\$ -7,646

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year	 End of Year
PLEDGES RECEIVABLE INCOME RECEIVABLE	\$ 27,525	\$ 54 541
	27,525	595

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	eginning of Year		End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES PAYROLL LIABILITIES ACCRUED PAYROLL	\$ 27,340 150	\$	20,150 281 7,030
	 27,490	<u> </u>	27,461

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738 UW-FOND DU LAC FOUNDATION, INC. 23-7349000 FYE: 6/30/2009

Federal Statements

Statement	Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key	- List of Officers, Di Employees	rectors, Trustees and	Key	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LYLE BIRSCHBACH 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
RICHARD BLAMEY 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	г	0	0	0
THOMAS BULLOCK 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	Н	0	0	0
MICHAEL KRUEGER 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	TREASURER	г	0	0	0
WILLIAM MAUTHE 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	SECRETARY	н	0	0	0
MARY JO MERWIN 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	H	0	0	0
JIM NEUMANN 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	∺	0	0	0
MARTY RYAN 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	Н	0	0	0
LEO SANTINI 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	PRESIDENT	1	0	0	0

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738 UW-FOND DU LAC FOUNDATION, INC. 23-7349000

FYE: 6/30/2009

Statement 7 - Fo	Statement 7 - Form 990EZ, Part IV - List of Officers, Employees (continued)		Directors, Trustees and Key	Кеу	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOHN SCOTTELLO 400 UNVIERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
STACY SHEDIVY 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
CHRISTA WILLIAMS 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	EXEC DIR	30	14,060	0	0
SCOTT WITTCHOW 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
JAMES GILMORE 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
MARK HOPPER 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	r -1	0	0	0
MARILYN ZANGL 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
TONY BARTHULY 400 UNIVERISTY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
JOE BRAUN 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0

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738 UW-FOND DU LAC FOUNDATION, INC. **Fede**l 23-7349000 FYE: 6/30/2009

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key

	Employe	Employees (continued)			•
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DEB SPRINGBORN 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0
JAMES THOMAS 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	VICE PRESID	1	0	0	0
JACK TWOHIG 400 UNIVERSITY DRIVE FOND DU LAC, WI 54935	DIRECTOR	1	0	0	0

✓ National Exchange

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PAGE

SCHEDULE G - SALES AND REDEMPTIONS FOR PERIOD 07/01/08 THRU 06/30/09

ACC	ACCOUNT NO. 4	41-0086-01-1				U W FOND DU REVOCABLE TR PERMANENTLY NATIONAL EXC	U W FOND DU LAC FOUNDATION ' REVOCABLE TRUST DATED 01/06/2005 PERMANENTLY RESTRICTED FUNDS NATIONAL EXCHANGE BANK & TRUST	/2005 S UST
Lſ						KUSIEE		
V.P	DATE	DESCRIPTION	UNIT PRICE	BROKER Commission	OTHER COSTS	PROCEEDS	COST	REALIZED GAIN/LOSS
[M]		EQUITY						
37 <i>A</i> 7	12/16/08	JANUS MID CAP VALUE FUND - INV LONG TERM CAPITAL GAINS DIST AT \$.787 PER SHARE				697.33	00.	697.3
5	11/07/08	LONGLEAF PARTNERS SMALL CAP FUND LONG TERM CAPITAL GAINS DIST AT \$.440 PER SHARE				195.06	00.	195.0
NOI	12/29/08	MANAGERS SPECIAL EQUITY FD LONG TERM CAPITAL GAINS DIST AT				919.63	00.	919.6
' L &	12/29/08	SHORT TERM CAPITAL GAINS DIST AT				6.32	00.	6.3
0 140	04/09/09	SOLD 192.005 SHS 04/08/09 a 27.97	27.970			5,370.38	13,755.78-	8,385.¢
n							13,755.78-	7,459.4
9\17\0\	60/60/50	DREYFUS PREMIER NEW LEADERS FUND, INC. CLASS A SOLD 842.094 SHS 04/08/09 a 19.59	19.590			16,496.62	30,400.00-	13,903.3
10 N		TOTAL EQUITY		00.	00.	1 1 1 1	44,155.78-	20,470.
101-1		FIXED INCOME VANGUARD SHORT-TERM FEDERAL FUND - INV #49						
MA	03/20/09	SOLD 551.471 SHS 03/19/09 @ 10.88	10.880			9,000.00	5,692.44-	307.

National Exchange

•		1 16/2005 10S RUST	REALIZED GAIN/LOSS	10	318.4	442.6	6.95	22.0	373.6	55.1	J.).	20,525.(
	PAGE 15	DU LAC FOUNDATION E TRUST DATED 01/06/2005 ITLY RESTRICTED FUNDS EXCHANGE BANK & TRUST	COST	00.	5,692.44-	3,142.62-	00.	00.	3,142.62-	8,835.06- 52990.84	44,300.00-	44,300.00-	97,290.84-
	PA	U W FOND D REVOCABLE PERMANENTL NATIONAL E TRUSTEE	PROCEEDS	10.87	ı	2,700.00	46.93	22.09		32,465	44,300.00		
	PTIONS 30/09		OTHER COSTS							000.		00.	00.
	- SALES AND REDEMPTIONS 07/01/08 THRU 06/30/09		BROKER COMMISSION							00.		00.	00.
	00 E		UNIT			8.540					1.000	F	IONS
Bank & Trust	SCHEDULE FOR PER]	ACCOUNT NO. 41-0086-01-1	DATE DESCRIPTION	03/27/09 LONG TERM CAPITAL GAINS DIST AT \$.005 PER SHARE		VANGUARD INTERMEDIATE-TERM INVESTMENT GRADE FUND - ADM 03/20/09 SOLD 316.159 SHS 03/19/09	03/27/09 LONG TERM CAPITAL GAINS DIST AT \$ 017 PEP SHARE	03/27/09 SHORT TERM CAPITAL GAINS DIST AT \$.008 PER SHARE		TOTAL FIXED INCOME CASH EQUIVALENT	BLACKROCK PROVIDENT TEMP FUND #24 06/30/09 SALES (3) 07/01/08 TO 06/30/09	TOTAL CASH EQUIVALE	TOTAL SALES AND REDEMPTI
▼		J #~1~113 	y ay S		Y	OLOP	6~∧.		JY77	rpp	W-1	ากก	

000738 UW-FOND DU LAC FOUNDATION, INC. 23-7349000 FYE: 6/30/2009

Tax Period		30		
Tax Method		Amort		
Tax Net Book Value		50	50	50
Tax End Depr		548	548	548
Tax Current Depreciation		199	661	199
Tax Prior Depreciation		349	349	349
Tax Bonus Amt		0	0	0
Sec 179 Exp Current = c		0	00	o0
Tax Cost		598	868	598
Date In Service		90/91/01	OFFICE EQUIPMENT	Grand Total
Property Description	Group: OFFICE EQUIPMENT	GIFTWORKS SOFTWARE	OFFICE E	
Asset t	Group: C	-		

3868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

♦ File a separate application for each return.

OMB No 1545-1709

Internal Revenu	e Şervice							
If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box		◆ X					
• If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	າ).	-					
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo	orm 886	8					
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)							
A corporation	required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete	:						
			▼ 🗔					
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extr come tax returns	ension c	of a second seco					
Electronic Fi	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of	time to f	file					
one of the ret	urns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8	3868						
	if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 887							
returns, or a	composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (P	art II) of	Form					
8868 For mo	re details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonpr	ofits.						
Туре ог	Name of Exempt Organization	Employ	er identification number					
print								
File by the	UW-FOND DU LAC FOUNDATION, INC.	23-7	349000					
due date for filing your	Number, street, and room or suite no If a P O. box, see instructions 400 UNIVERSITY DR							
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions FOND DU LAC WI 54935							
Check type of	f return to be filed (file a separate application for each return).							
X Form 9			Form 4720					
Form 9			Form 5227					
Form 9	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069							
Form 9	90-PF Form 1041-A		Form 8870					
If the org If this is f for the whole a list with the I reque until	e No. ◆ 920-929-3600 FAX No ◆ anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box ♦ ☐ If it is for part of the group, check this box • ☐ and at names and EINs of all members the extension will cover st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 2/15/10 , to file the exempt organization return for the organization named above. The extension is organization's return for		. • 🗆					
IOI LITE								
♦ X	calendar year or tax year beginning 7/01/08, and ending 6/30/09							
2 If this to	ax year is for less than 12 months, check reason. Initial return Final return Change in	accoun	ting period					
3a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	T						
less an	y nonrefundable credits. See instructions	3a	\$					
b If this a	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	T						
	nts made. Include any prior year overpayment allowed as a credit	3ь	\$					
	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment							
) See instructions	3с	\$					
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887							
for payment i								
For Privacy	Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)					