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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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar vear	or tax year beginning		, 2009, and end	lina						
		applicable.	l	lc		, 2000, 4.1.2 0.1.	9	D Employer Ident	fication Number				
_	$\overline{}$	ress change	Please use IRS label	DIVERSE AND RESIL	TEM	T INC		30-0084616					
	\vdash	•	or print	2439 N HOLTON STR				E Telephone number					
	\vdash	ne change	or type See	MILWAUKEE, WI 532				414-390-0444					
	\vdash	al return	specific Instruc-	,				414 390	0444				
	\vdash	mination	tions						- 506 261				
	\vdash	ended return		<u> </u>	3 D37	HOLLANDED DILD	Turasir	G Gross receipts					
	App	lication pending	1		ARY	HOLLANDER, PH.D.		this a group return for aff re all affiliates included?	Iliates? Yes X No				
_				AS C ABOVE				'No,' attach a list (see ins					
<u> </u>		exempt statu				4947(a)(1) or 527	4	_					
<u>J</u>				RSEANDRESILIENT.O	RG			roup exemption number					
<u>K</u>		of organization	X Corpora	ation Trust Association	0	ther ► L Year of For	mation 2	002 M State of	legal domicile WI				
Pa		Summa		· · · · · · · · · · · · · · · · · · ·									
						ificant activities. <u>DIVERSE</u>							
စ္ပ						OPLE_IN_WISCONSIN_							
ğ					OPMI	ENT_EOR_ORGANIZATI	a. 2nc	ND INDIVIDUA	LS_WHQ_SERVE				
je		THESE_CO											
<u></u>		Check this bo				ts operations or disposed of	more th	an 25% of its assets . 3	10				
æ				ibers of the governing body it voting members of the gov			•	. 4	9				
je,			-	yees (Part V, line 2a)	verriii	ig body (i art vi, iiic ro)		5	9				
S			•	eers (estimate if necessary)				6	60				
, <u>X</u>				ousiness revenue from Part		column (C), line 12		7a	0.				
AU Gada Mieza Movernance	bΝ	Net unrelated	d business	taxable income from Form	990-	TREGEIVED		7b	0.				
◂						000		Prior Year	Current Year				
	8 (Contributions	and gran	its (Part VIII, line 1h)	2	JUN 2 8 2010		531,889.	571,742.				
띛ㅣ			_	ue (Part VIII, line 2g)	003	JUN 2 8 2010 O		16,237.	22,673.				
₩		-		art VIII, column (A), lines 3,	4, an			162.	83.				
₹	11 (Other revenu	e (Part VI	II, column (A), lines 5, 6d,	3c, 9c	OGDEN) UT		906.	1,763.				
SCANNIED	12 T	Total revenue	e — add III	nes 8 through 11 (must equ	al Pai	rt VIII, colamn (A), line 12)		549,194.	596,261.				
٠.	13 (Grants and s	ımılar amı	ounts paid (Part IX, column	(A), I	ines 1-3)			52,660.				
	14 E	Benefits paid	to or for	members (Part IX, column ((A), li	ne 4).	L						
ø	15 S	Salaries, oth	er comper	nsation, employee benefits (249,493.	292,704.						
3SE	16a F	Professional	fundraisin	ig fees (Part IX, column (A),	line	11e)		22,275.					
Expenses	ЬΤ	Total fundrais	sına expei	nses (Part IX, column (D), li	ne 25	s) ► 23,414	. [
ũ			•	X, column (A), lines 11a-11				195,770.	227,704.				
		•	-	nes 13-17 (must equal Part				467,538.	573,068.				
		•		s Subtract line 18 from line		3.d.m. (. (), m.e 20)		81,656.	23,193.				
h 8		10101140 1000	у сиропос	0 0,000,000,000					End of Year				
Not Assets or Fund Balances	20 T	Total assets	(Part Y h	ne 16)		-	<u> </u>	eginning of Year 85,819.	133,790.				
P. B.			•	, line 26)		• •	-	36,048.	60,826.				
F F			•	ances Subtract line 21 from	lino	20		49,771.	72,964.				
	<u>-22 </u> rt		ure Bloc		mie.	20	J	43,111.	12,304.				
1 4	1011	 				and done agreement was esheduled and	talomente	and to the best of my ke	owledge and halief it is				
		true, correct,	complete	Declaration of preparer (other than o	officer)	ncluding accompanying schedules and is based on all information of which pr	eparer has	any knowledge	owiedye and benen, it is				
Sig	ın	► /0	$\langle N \rangle$	John Hann				16/11/11	,				
He	re	Signature	of officer	yang pro-				Date					
		> (2)	111/	hallander Pr	16	ident							
		Type or p	rint name and	d title									
		 			7	Date /		Check if Pi	reparer's identifying number ee instructions)				
Pai	id	I		$\supset 0.$	1 1	O	11/2	self- employed ►	ee msuuctions)				
Pre	}-	Preparer's signature	• •	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\forall		3/10						
pai	rer's	Firm's name (or RIT	Z HOLMAN LLP	∨ \			 					
Us		yours if self- employed),	→ 330		550)		⊢ IEIN ►					
On	ıy	address, and ZIP + 4		WAUKEE, WI 53202-3				Phone no ► (41	4) 271-1451				
May	the IR			with the preparer shown abo				, (X Yes No				

Form 990 (2009) DIVERSE AND RESILIENT, INC.	30-0084616	Page 2
Part III Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·	
1 Briefly describe the organization's mission DIVERSE AND RESILIENT IS COMMITTED TO THE HEALTHY DEVELOPMENT OF WISCONSIN BY PROVIDING TECHNICAL ASSISTANCE AND LEADERSHIP DEVELOPMENT ORGANIZATIONS AND INDIVIDUALS WHO SERVE THESE COMMUNITIES.	LGBT PEOPLE IN OPMENT FOR	
2 Did the organization undertake any significant program services during the year which were not listed o Form 990 or 990-EZ? SEE SCHEDULE O If 'Yes,' describe these new services on Schedule O	n the prior	No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program se If 'Yes,' describe these changes on Schedule O.	rvices? Yes X	No
 Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported 	es by expenses Section 501(and allocations to others, the to	c)(3) otal
4a (Code.) (Expenses \$ 174,025. including grants of \$) HIV PREVENTION SERVICES INCLUDES GROUP LEVEL INTERVENTIONS, LEAD AND CAPACITY BUILDING SERVICES	(Revenue \$ ERSHIP_DEVELOPMENT)
4b (Code) (Expenses \$ 125,668. including grants of \$) TOBACCO CESSATION AND COMMUNITY NORMS INTERVENTION FOR LGBT SMOKE	(Revenue \$ERS.	>
4c (Code:) (Expenses \$ 120,581. including grants of \$) OTHER PROGRAMS: *WE ALSO PROVIDE TRAINING TO LGBT COMMUNITY HEALTH WORKERS AS PAI HEALTH PROJECT FUNDED BY THE WISCONSIN DEPARTMENT OF HEALTH SERVICES. * D&R HAS FOSTERED THE COLLECTION OF THE PUBLIC HEALTH DATA ON LG AIDED IN THE DEVELOPMENT WISCONSIN'S STATE	RT OF A MINORITY	
HEALTH PLAN FOR 2020, AND HAS MONITORED HEALTH PLAN OUTPUTS FOR 2	2010.	
4d Other program services. (Describe in Schedule O.) (Expenses \$ 95,190. including grants of \$) (Revenue \$)	\$	
4e Total program service expenses ► 515, 464.		

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A. X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* 4 Х 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 Did the organization maintain any donor advised funds or any similar funds or 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, 6 Х Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III 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,' complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or Х 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If Yes, 'complete Schedule D. Part X 12 X 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х 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? If 'Yes,' complete Schedule F, Part II 15 Χ 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 20

Form 990 (2009) DIVERSE AND RESILIENT, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) 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	25 a		Х
i	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	 28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
29	-	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
) A A		Form	gan /	าวกกลา

Form 990 (2009) DIVERSE AND RESILIENT, INC. 30-008461	6	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		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 12			
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		x
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 9			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b 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 and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
•			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	79 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	 '''		<u> </u>
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		

Form 990 (2009)

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

Section	A. Governing Body and Management				
				Yes	No
1 a Ente	r the number of voting members of the governing body	1a 10			1
b Ente	r the number of voting members that are independent	1b 9			
2 Did	any officer, director, trustee, or key employee have a family relationship or a business er, director, trustee or key employee?	relationship with any other	2		х
3 Did	the organization delegate control over management duties customarily performed by or ficers, directors or trustees, or key employees to a management company or other per	under the direct supervision	3		
	the organization make any significant changes to its organizational documents	Soll	4		$\frac{X}{X}$
	e the prior Form 990 was filed?		4		
5 Did	he organization become aware during the year of a material diversion of the organizati	on's assets? .	5		<u>X</u>
6 Doe	s the organization have members or stockholders?.		6		<u>X</u>
7a Doe: gove	s the organization have members, stockholders, or other persons who may elect one or rning body?.	more members of the	7 a		X
b Are	any decisions of the governing body subject to approval by members, stockholders, or	other persons?	7 b		<u>X</u>
	he organization contemporaneously document the meetings held or written actions uncollowing	dertaken during the year by			
	governing body?		8a	X	
	n committee with authority to act on behalf of the governing body?	i i	8b	X	
	· · · · · · · · · · · · · · · · · · ·	annot be reached at the		••	
	ere any officer, director or trustee, or key employee listed in Part VII, Section A, who c nization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		<u>X</u>
Section	B. Policies (This Section B requests information about policies not	required by the Internal			
Revenue	Code)				
				Yes	No
10 a Doe:	the organization have local chapters, branches, or affiliates?		10 a		<u>X</u>
b If 'Y	es,' does the organization have written policies and procedures governing the activities branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b	·	
	the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
	cribe in Schedule O the process, if any, used by the organization to review this Form 99	-			
	the organization have a written conflict of interest policy? If 'No,' go to line 13	3 22 3023022 3	12a	Х	
	officers, directors or trustees, and key employees required to disclose annually interest	s that could give rise		<u></u>	
to co	onflicts?	_	12b	Х	
c Doe: Sch	s the organization regularly and consistently monitor and enforce compliance with the pedule O how this is done SEE SCHEDULE O	oolicy / If 'Yes,' describe in	12c	_x_	
13 Doe:	the organization have a written whistleblower policy?		13	X	
14 Doe:	the organization have a written document retention and destruction policy?	• •	14	X	
15 Did pers	he process for determining compensation of the following persons include a review and ons, comparability data, and contemporaneous substantiation of the deliberation and d	d approval by independent ecision?			'
	organization's CEO, Executive Director, or top management official SEE SCHEDUL		15 a	Х	
	r officers of key employees of the organization SEE SCHEDULE O		15 b	Х	
	es' to line 15a or 15b, describe the process in Schedule O (See instructions.)				1
16 a Did ¹ entit	he organization invest in, contribute assets to, or participate in a joint venture or similarly during the year?	ar arrangement with a taxable	16a		X
b If 'Y	es,' has the organization adopted a written policy or procedure requiring the organization to the community of the organization to the community of the communi	on to evaluate its participation			i i
stati	in venture arrangements under applicable lederal tax law, and taken steps to safeguar is with respect to such arrangements?		16b		
Section	C. Disclosures				
17 List	the states with which a copy of this Form 990 is required to be filed WI				
18 Sect	ion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ection. Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	allabl	e for p	oublic
	Own website X Upon request				
19 Desc state	ribe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. ${\sf SEE}$ SCHEDULE O	iments, conflict of interest poli	cy, an	id fina	ncıal
	e the name, physical address, and telephone number of the person who possesses the				
	LLY, PENNER & BENTON, LLP 1233 N MAYFAIR ROAD MILWAUF				800
=				200	0000

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee											
(A)			((:)			(D)	(E)	(F)		
Name and Title	Average hours					hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations	
GERALD HOLLANDER, PH.D.											
PRESIDENT	50	Х		X				73,241.	0.	0.	
KATHLEEN MURPHY, RN SECRETARY	1	x		Х				0.	0.	0.	
DIANE POLLARD, PH.D.	-	 ^	-	<u> </u>				· · · ·	<u> </u>	<u> </u>	
VICE PRESIDENT	1	Х		х				0.	0.	0.	
ANN JO CARTER										•	
DIRECTOR	1	X						0.	0.	0.	
LEONARD SOBCZAK	١,	v		х				0.	0.	0.	
TREASURER	1	Х	\vdash	A	_	ļ		0.	0.	<u> </u>	
SARAH MORGAN DIRECTOR	1	Х						0.	0.	0.	
CARLTON STANSBURY	1	 ^	\vdash			 		•			
DIRECTOR	1	Х						0.	0.	0.	
PETER HOLBROOK											
DIRECTOR	1	X				ļ		0.	0.	0.	
KELLI JONES	.									•	
DIRECTOR	1	Х			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
							<u> </u>				
	 	 	\vdash		<u> </u>	 	 	-			
	1										
		†	\vdash				1				
							L				
			T								
	<u> </u>		L								

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Page 8

Part VII Section A. Officers, Directors, Trus	(B)	l	LII		c)	es,	alli	(D)	(E)	(F)
Name and Title	Average	Posi	tion (-	-	hat a	pply)	Reportable		Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
										
			_							
					ļ					
			_							
	-		ļ							
	-									
		<u> </u>						72.041		
1 b Total							<u> </u>	73,241.	0.	0
2 Total number of individuals (including but not limite from the organization ► 0	a to tho	se II	stec	a ab	ove	wn	o re	ceived more than	\$100,000 in report	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust ndividua	tee,	key	emį	oloy	ee,	or hi	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of retune organization and related organizations greater transvidual	portable han \$15	e coi 50,00	mpe 007	nsa If 'Y	tion ′es′	and com	l oth	er compensation e Schedule J for	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens hedule .	satio <i>I <u>for</u></i>	n fre	om a	any e <i>rso</i>	unre <i>n</i>	elate	ed organization fo	services	5 X
Section B. Independent Contractors									#100.000 f	
Complete this table for your five highest compensation from the organization	led inde	pen	dent	cor	ntrac	ctors	s tha			
Name and business addres	s					·		Description (of Services	(C) Compensation
2 Total number of independent contractors (including	but not	lımı	ted	to th	1056	e list	ed a	above) who receiv	ed more than	
\$100,000 in compensation from the organization		10111	, Gu		.530	. 1131		LLUTO, IIIIO ICCCIV		

Pa	t VIII Statement of Revenue	,		-	
	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 160,481. f All other contributions, gifts, grants, and similar amounts not included above 1 f 411,261.				
CONTRI AND O	g Noncash contribns included in lns 1a-1f. \$	571,742.			
ш	Business Code	 			
ERVICE REVENU	2a PROGRAM FEES 611710 b c d	22,673.	22,673.		
A SE	<u> </u>	 		-	
RA	6 All alban annual annu	+			
200	f All other program service revenue	22 672			
<u>~</u>		22,673.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	83.			83.
	l				
	5 Royalties				
		╡			
	6a Gross Rents	-{			
	b Less: rental expenses	-			
	c Rental income or (loss) .				
	d Net rental income or (loss)	•			
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	_			
	b Less. cost or other basis and sales expenses.				
	c Gain or (loss)]			
	d Net gain or (loss)				
IVE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c)				
ж <u>ж</u>	See Part IV, line 18 a				†
분	b Less: direct expenses . b				
Ö	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b]			
	c Net income or (loss) from gaming activities	-			
	10 a Gross sales of inventory, less returns and allowances a				
	··· — · ·	_			i '
	b Less [,] cost of goods sold . b				ļ
	c Net income or (loss) from sales of inventory	<u> </u>			
	Miscellaneous Revenue Business Code	↓	-		
	11a MISCELLANEOUS 999999	1,763.			1,763.
	b				
	c				
	d All other revenue.				
	e Total. Add lines 11a-11d	1,763.			
	12 Total revenue. See instructions	596,261.	22,673.	0.	1,846.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do l 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	52,660.	52,660.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	73,241.	65,917.	3,735.	3,589
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	161,612.	158,072.	4,025.	-485
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	34,117.	26,881.	4,824.	2,412.
10	Payroll taxes	23,734.	19,056.	3,118.	1,560.
11	Fees for services (non-employees)				
	a Management				
t	Legat				
	Accounting	10,405.		10,405.	
	Lobbying .				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees		00.704		15 600
-	Other	45,466.	29,784.		15,682.
	Advertising and promotion	26 211	25,780.	354.	177.
13	Office expenses	26,311. 9,366.	9,366.	334.	1//.
14 15	Information technology Royalties	9,300.	9,300.		
16	Occupancy	29,540.	29,540.		
17	Travel	5,022.	5,022.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,022.	3,7022.		*
19	Conferences, conventions, and meetings	33,323.	33,323.		
20	Interest	1,013.		1,013.	
21	Payments to affiliates	<u></u>			
22	Depreciation, depletion, and amortization	5,696.		5,696.	
23 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)	2,444.	2,184.	130.	130.
ä	STIPENDS	14,728.	14,728.		·
	OTHER GRANTS TO ORGANIZATIONS	13,500.	13,500.		
	HEALTH PROMOTERS	7,950.	7,950.		
	PROGRAM PROMOTION	7,302.	7,302.		
	MISCELLANEOUS	7,222.	6,681.	541.	240
	All other expenses	8,416.	7,718.	349.	349.
25		573,068.	515,464.	34,190.	23,414.
∠ 6	Joint costs. Check here ► 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				

Page 11

Part X **Balance Sheet** (B) End of year (A) Beginning of year 40,740. 874 1 Cash - non-interest-bearing 20,272 2 60,152. Savings and temporary cash investments 40,980 12,586. 3 3 Pledges and grants receivable, net. . 2,351. 959 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 3,797 2.874 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. 10 a 29,274 Complete Part VI of Schedule D 17,860 12,164. 17,110 10 c 10b b Less: accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 2,000. 2,000. 15 Other assets. See Part IV, line 11 15 85,819. 133,790. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 33,548. 24,391 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 2,500 25 36,435. 36,048 60,826 Total liabilities. Add lines 17 through 25. 26 |X| and complete lines Organizations that follow SFAS 117, check here ▶ 27 through 29 and lines 33 and 34. 72,964. 49,771 ASSETS 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, and equipment fund 32

> 133,790. Form 990 (2009)

72,964.

49,771

85,819.

33

34

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2009) DIVERSE AND RESILIENT, INC. 30-0084	rm 990 (2009) DIVERSE AND RESILIENT, INC.	30-0084616
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Part XI Financial Statements and Reporting No Yes X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . **b** Were the organization's financial statements audited by an independent accountant? 2ь c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2 c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Consolidated basis Both consolidated and separate basis X Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Х 3a Audit Act and OMB Circular A-133? **b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

Page 12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

30-0084616 DIVERSE AND RESILIENT Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) q An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (iv) is the organization in col (i) listed in your (i) Name of Supported Organization (in) Type of organization (described on lines 1-9 above or IRC section (II) EIN (v) Did you notify (vi) Is the (vii) Amount of Support the organization in col (i) of organization in col (i) organized in the your support? (see instructions)) governing document? Yes No Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2009 DIVERSE AND RESILIENT, INC. 30-0084616

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support	ed the box on line	: 5, 7, 01 8 01 Fai	(1.)			
Cale	ndar yèar (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					· · · · · · · · · · · · · · · · · · ·	
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			_			
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	2
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 501	(c)(3)
	tion C. Computation of Pul			11 ask (A			<u> </u>
	Public support percentage for 20 Public support percentage from 3	• •	``	ne 11, column (f).		15	
	33-1/3 support test - 2009. If the	e organization did	not check the bo	ox on line 13, and	d the line 14 is 33	_	
ŀ	and stop here. The organization 33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or more	, check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est - 2009 If the omeets the 'facts-a	organization did n and-circumstance	ot check a box or s' test, check this	box and stop her	e. Explain in Pa	art IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies as	box and stop her s a publicly suppo	e. Explain in Parted organization	art IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA					Scl	nedule A (Form	990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 DIVERSE AND RESILIENT, INC.

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

(Complete only if you che	cked the box on li	ne 9 of Part I)				
Section A. Public Support						
Calendar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	289,877.	373,486.	478,676.	531,889.	571,742.	2,245,670.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	9,390.	7,975.	4,120.	16,237.	22,673.	60,395.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5	299,267.	381,461.	482,796.	548,126.	594,415.	2,306,065.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	50,000.	70,802.	224,416.	519,077.	197,391.	1,061,686.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	0.
year .	50,000.	70,802.	224,416.	519,077.	197,391.	1,061,686.
c Add lines 7a and 7b	30,000.	70,802.	224,410.	319,077.	101,001.	1,001,000.
8 Public support (Subtract line	ļ				·- ··	1,244,379.
7c from line 6)	<u> </u>	<u></u>			·	1,244,515.
Section B. Total Support	(a) 200E	(h) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Calendar year (or fiscal yr beginning in)	(a) 2005 299, 267.	(b) 2006 381, 461.	482,796.	548,126.	594,415.	2,306,065.
9 Amounts from line 6	299,201.	301,401.	402,190.	340,120.	334,413.	2,300,003.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	4.	32.	47.	162.	83.	328.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		32.				
	1	1				0.
c Add lines 10a and 10b .	4.	32.	47.	162.	83.	0. 328.
c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	4.	32.	47.	162.	83.	
 Net income from unrelated business activities not included inline 10b, 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). SEE PART IV 	3,334.	32. 4,537.	3,331.	906.	1,763.	328. 0. 13,871.
 Net income from unrelated business activities not included inline 10b, 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). SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 	3, 334.	4,537.	3,331.	906.	1,763.	328. 0. 13,871. 2,320,264.
 Net income from unrelated business activities not included inline 10b, 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) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and 	3,334. Is for the organization here	4,537. ation's first, secon	3,331.	906.	1,763.	328. 0. 13,871. 2,320,264.
 Net income from unrelated business activities not included inline 10b, 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). SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and Section C. Computation of Put 	3, 334. Is for the organized stop here blic Support P	4,537. ation's first, secon	3,331. d, third, fourth,	906.	1,763.	328. 0. 13,871. 2,320,264.
 Net income from unrelated business activities not included inline 10b, 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) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and Section C. Computation of Pu Public support percentage for 2 	3, 334. Is for the organized stop here blic Support P 009 (line 8, column	4,537. ation's first, secon ercentage n (f) divided by lin	3,331. d, third, fourth,	906.	1,763. s a section 501(c)	328. 0. 13,871. 2,320,264. (3) ► □
 Net income from unrelated business activities not included inline 10b, 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). SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and Section C. Computation of Put 	3,334. Is for the organized stop here blic Support P 009 (line 8, column 2008 Schedule A,	4,537. ation's first, secon ercentage n (f) divided by lin Part III, line 15	3, 331. d, third, fourth, o e 13, column (f))	906.	1,763. s a section 501(c)	328. 0. 13,871. 2,320,264. (3) ► □
 Net income from unrelated business activities not included inline 10b, 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). SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and Section C. Computation of Put 15. Public support percentage from Section D. Computation of Investment 	3,334. Is for the organized stop here blic Support P 009 (line 8, column 2008 Schedule A, vestment Incor	4,537. ation's first, secon ercentage (f) divided by lin Part III, line 15 ne Percentage	3, 331. d, third, fourth, o e 13, column (f))	906. or fifth tax year as	1,763. s a section 501(c)	328. 0. 13,871. 2,320,264. (3) ► □
11 Net income from unrelated business activities not included inline 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). SEE PART IV 13 Total support. (add ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 organization, check this box and Section C. Computation of Public support percentage from Section D. Computation of Invited Technology.	3, 334. Is for the organized stop here blic Support P 009 (line 8, column 2008 Schedule A, restment Incort for 2009 (line 10c,	4,537. ation's first, secon ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	3,331. d, third, fourth, of the 13, column (f))	906. or fifth tax year as	1,763. s a section 501(c)	328. 0. 13,871. 2,320,264. (3) ► □ 53.6% 67.4%
11 Net income from unrelated business activities not included inline 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) SEE PART IV 13 Total support. (add ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 organization, check this box and Section C. Computation of Public support percentage from Section D. Computation of Investment income percentage 18 Investment income percentage 19 a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this	3, 334. Is for the organized stop here blic Support P 009 (line 8, column 2008 Schedule A, vestment Income for 2009 (line 10c, from 2008 Schedule organization did not book and stop here.	4,537. ation's first, secon ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on lin The organization	3, 331. d, third, fourth, of the 13, column (f)) d by line 13, column 17 ne 14, and line 15 qualifies as a pu	906. or fifth tax year as mn (f)) is more than 33-1/3 iblicly supported of	1,763. s a section 501(c) 15 16 17 18 %, and line 17 is no organization	328. 0. 13,871. 2,320,264. (3) ►□ 53.6% 67.4% 0.0% 0.0%
11 Net income from unrelated business activities not included inline 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) SEE PART IV 13 Total support. (add ins 9, 10c, 11, and 12) 14 First five years. If the Form 9900 organization, check this box and Section C. Computation of Putal Public support percentage from Section D. Computation of Investment income percentage 18 Investment income percentage 19 a 33-1/3 support tests — 2009, If the	3, 334. Is for the organizated stop here blic Support P 009 (line 8, column 2008 Schedule A, restment Incomfor 2009 (line 10c, from 2008 Schedule organization did not book and stop here the organization dik this box and stop	4,537. etion's first, secon ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on lin The organization d not check a box b here. The organization	3, 331. d, third, fourth, of the 13, column (f)) d by line 13, column 17 ne 14, and line 15 qualifies as a purious purious purious at a purious purious at a p	906. or fifth tax year as mn (f)) is more than 33-1/3 iblicly supported of a, and line 16 is not a publicly support	1,763. s a section 501(c) 15 16 17 18 %, and line 17 is no organization nore than 33-1/3% orted organization	328. 0. 13,871. 2,320,264. (3) 53.6% 67.4% 0.0% 0.0% 1

Schedule A	(Form 990 or	990-EZ) 20	009 DIV	JERSE .	AND I	RESIL	IENT,	INC			30-00	84616	Page 4
Part IV	(Form 990 or Suppleme Part II, line	ntal Infor	mation. 7b; and	Comple Part III	te thi: , line	s part 12. Pr	to pro	vide thany of	ne expla ther add	anations re litional inf	equired by ormation.	y Part II, See ins	line 10; tructions.
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TEEA0404L 02/05/10

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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047

2009

Open to Public Inspection
Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

DIVERSE AND RESTLIENT, INC.

	-102 1113 11201212111, 1110.		3	0-0084616	
Par	t Organizations Maintaining Dono	Advised Funds or Other Similar Fur	ds or Accou	nts Complete	ıf
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		•	
		(a) Donor advised funds	(b) Fun	ds and other acco	ounts
1	Total number at end of year .	1	· · · · · · · · · · · · · · · · · · ·		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year).				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject		onor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or for	ds may be any other	 ∏Yes	— □ No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990.	Part IV. line	<u> </u>
	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., r		of an historically	important land a	irea
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of certified histo	•	
	Preservation of open space			-	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution in	the form of a c	onservation ease	ment on the
	last day of the tax year.				
				eld at the End of	the Year
_	Total number of conservation easements	•	2 a		
	Total acreage restricted by conservation easer		2 b		
	Number of conservation easements on a certification	•••	2 c		
	Number of conservation easements included in	• • •	2 d	<u>=</u>	
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organ	nization during the	e tax
4	Number of states where property subject to co	enservation easement is located >	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hant it holds?	ndling of violation	ons, Yes	No
	Staff and volunteer hours devoted to monitoring the year ▶				_
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easemer	nts \$		
8	Does each conservation easement reported or 170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	n line 2(d) above satisfy the requirements of se	ection	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	s conservation easements in its revenue and experso the organization's financial statements that of	nse statement, ar describes the or	nd balance sheet, a ganization's acco	and unting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Simila 8.	ar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	ent and balance ance of public se	e sheet works of a ervice, provide, in	art, historical Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	ic exhibition, education, or research in furthers	and balance sho ance of public se	eet works of art, lervice, provide the	nistorical e following
	(i) Revenues included in Form 990, Part VIII,	line 1		- \$	
	(ii) Assets included in Form 990, Part X	• •		►\$ ►\$	
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	for financial gair	n, provide the follo	owing
	Revenues included in Form 990, Part VIII, line	1.		►\$ ►\$	
b	Assets included in Form 990, Part X			- \$	

Schedule D (Form 990) 2009 DIVE	RSE AND RES	SILIENT.	INC		30-00	084616		Page 2
Part III Organizations Mainta				rical Treasures, o			ontinu	
3 Using the organization's acquisit items (check all that apply)								
a Public exhibition		d [_	r exchange programs				
b Scholarly research		e	Other					
c Preservation for future genei	ations	-						
4 Provide a description of the organ Part XIV.			-			ose in		
5 During the year, did the organiza assets to be sold to raise funds i						Yes		No
Part IV Escrow and Custodia	l Arrangemer	its Compl	ete if or	ganization answe	red 'Yes' to Form	990, Pa	rt IV,	line
9, or reported an amo	unt on Form 9	990, Part	X, line 2	<u>21. </u>				
1 a Is the organization an agent, trus included on Form 990, Part X?					her assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	complete th	ne followir	ng table.				
5						Amount		
c Beginning balance.	•	•	• •		1c			
d Additions during the year .		• •		•	1 d			
e Distributions during the year.		•			1 e			
f Ending balance	• •				1f	<u> </u>		
2a Did the organization include an a		990, Part X,	line 217			Yes	Ĺ	No
b If 'Yes,' explain the arrangement				·····				
Part V Endowment Funds Co	mplete if orga	<u>inization a</u>	answere	d 'Yes' to Form 9	90, Part IV, line 1	<u>0. </u>		
	(a) Current yea	r (b)) Prior year	(c) Two years bad	ck (d) Three years bac	k (e) F	our year	s back
1 a Beginning of year balance								
b Contributions								
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								1
g End of year balance.								
2 Provide the estimated percentage	e of the year end	l balance he	ld as					
a Board designated or quasi-endov	vment 🟲	*						
b Permanent endowment ▶	*							
c Term endowment ►	8							
	n the personner	s of the erec	ouzation t	hat are hold and adm	unistared for the			
3a Are there endowment funds not a organization by:	ii tile possessioi	i or the orga	inization t	nat are nelo ano aon	imistered for the	Г	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations list	ed as requir	ed on Sch	nedule R?		3b		
4 Describe in Part XIV the intended	=	-						
Part VI Investments-Land, B					(, line 10.			
Description of investment		Cost or other		(b) Cost or other	(c) Accumulated	(d) B	ook Va	alue

(investment) basis (other) Depreciation 1 a Land **b** Buildings . 9,218. 4,034. 5,184. ${\bf c} \ {\sf Leasehold} \ {\sf improvements}$ **d** Equipment 20,056. 6,980. 13,076. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 12,164.

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Schedule D (Form 990) 2009

Part VII	Investments-Other Securities See	Form 990, Part X, line	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial				
	ld equity interests .			· · · · · · · · · · · · · · · · · · ·
^				
				· · · · · · · · · · · · · · · · · · ·
				
		-		
		-		
			 	
Total. (Colu	mn (b) must equal Form 990 Part X, col (B) line 12) 🕒			
Part VIII	Investments-Program Related (See	<u>: Form 990, Part X, line</u>	e 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
			Cost or end-of-year mar	ket value
				· · · · ·
				<u>.</u>
Total (Colur	nn (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part X			
T dit ix		Description		(b) Book value
	(a) t	Description		(b) Book value
				
				
Total. (Co	lumn (b) must equal Form 990, Part X, col (B)	line 15) .	<u> </u>	
Part X	Other Liabilities (See Form 990, Par	t X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal In	come Taxes		7	
	ABLE ADVANCE	36,435.	1	
TOLL OND.	ADDI ADVINCE		Ή	
			1	
			+	
			-	
			-	
			4	
			4	
			_	
			1	
Total. (Colur	nn (b) must equal Form 990, Part X, col (B) line 25)	36,435.		
	Englants In Part VIV provide the text of the fe		financial statements that reports the	organization's liability

Schedule D (Form 990) 2009 DIVERSE AND RESILIENT, INC.

30-0084616

Page 3

Schedule D (Form 990) 2009 DIVERSE AND RESILIENT, INC.	30-0084616	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial States	ments	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		596,261.
2 Total expenses (Form 990, Part IX, column (A), line 25)		573,068.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		23,193.
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 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		23,193.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenu	ue per Return	
1 Total revenue, gains, and other support per audited financial statements.	1	596,261.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments . 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants . 2c		
d Other (Describe in Part XIV).		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	596,261.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV) . 4b		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	596,261.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Exper	nses per Return	
1 Total expenses and losses per audited financial statements .	1	573,068.
2 Amounts 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 Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	573,068.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b.	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	573,068.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complements and line 2, Part XIII, lines 2d and 4b Also complements and line 3, Part XIII, lines 2d and 4b Also complements and line 4, Part XIII, line	4, Part IV, lines Ib and 2 lete this part to provide an	en, Part V, ny additional
BAA TEEA3304L 02/02/10	Schedule D (Fo	orm 990) 2009

Schedule D (Form 990) 2009 DIVERSE AND RESILIENT, INC. Part XIV Supplemental Information (continued)	30-0084616	Page 5
Part XIV Supplemental Information (continued)		
•		

TEEA3305L 07/10/09

BAA

Schedule **D** (Form 990) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2009	Sched	02/10/10	TEEA3901L 02/10/10	lor Form 990.	the Instructions	ıction Act Notice, see	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
0						ions	3 Enter total number of other organizations
4	•				ganizations	3) and government or	2 Enter total number of section 501(c)(3) and government organization
PROMOTION ACTIVITIES			0.	12,000.		39-1336583	600 WILLIAMSON STREET ——————————————————————————————————
COLLVILLES				7001.02		0000001-00	HILMAONEE, MI JOSIE
HEALTH PROMOTION			,	1			MILWAUKEE LGBT COMMUNITY CENTER 315 W COURT STREET
ACTIVITIES			0.	9,500.		83-0403958	LA CROSSE, WI 54602
PROMOTION				,			1
HEALTH						01/11/1	ICRT RESOURCE CENTER
PROMOTION			0	6,000.		39-1144913	1800 APPLETON RD
HEALTH					:		GOODWILL INDUSTRIES OF THE FOX
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
0. Use	more than \$5,00	ecipient received	iis box if no one r	ian \$5,000. Check the		any recipient that received more than \$5,0 (Form 990) if additional space is needed	990, Part IV, line 21 for a Part IV and Schedule I-1
	V. Posomore do	RT IV	states SEE PART	use of grant funds in the United States SEE PART IV		procedures for monit	2 Describe in Part IV the organization's procedures for monitoring the
X Yes No	e, and	ne grants or assistance	antees' eligibility for th	the grants or assistance, the grantees' eligibility for the grants or assistance, and $$		ds to substantiate the egrants or assistance	1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?
	7020000				nce	ants and Assista	10
ation number	Employer identification number 20.0004616			!			Name of the organization

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 30-0084616 (e) Method of valuation (book, FMV, appraisal, other) PROGRESS REPORT ON ACTIVITIES BEFORE WE MAKE PAYMENT. WE ALSO DO AT LEAST ONE SITE WE REQUIRE FUNDED AGENCIES TO BILL US ON A QUARTERLY BASIS AND PROVIDE A DETAILED VISIT PER YEAR TO VERIFY ACTIVITIES. DURING THIS VISIT WE EXAMINE BROCHURES, (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (c) Amount of cash grant DIVERSE AND RESILIENT, INC. (b) Number of recipients ADVERTISEMENTS, AND DATA COLLECTED. (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

Schedule I (Form 990) 2009

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

DIVERSE AND RESILIENT, INC.	30-0084616
FORM 990, PART III, LINE 2 - NEW SERVICES	
DIVERSE_AND_RESILIENT_BEGAN_A_LESBIAN_AND_BISEXUAL_W	NOMEN'S LEADERSHIP INITIATIVE IN
THE_AREA_OF_REPRODUCTIVE_JUSTICE_WITH_SUPPORT_FROM_T	CHE_WOMEN'S_FUND_OF_GREATER
MILWAUKEE	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DES	CRIPTION
HIV PREVENTION FOR AFRICAN AMERICAN MSM, COMMUNITY C	DRGANIZING AND INFRASTRUCTION
DEVELOPMENT	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
BOARD WAS NOTIFIED OF THE AVAILABILITY OF THE DOCUME	ENT_TO_REVIEW. THE_OFFICERS_WERE
SPECIFICALLY SENT A COPY FOR THEIR COMMENT. THE MAY	2010 BOARD MEETING PROVIDED
OPPORTUNITY FOR COMMENT ON THE 990.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AN	D ENFORCEMENT OF CONFLICTS
BOARD MEMBERS REVIEW THE POLICY ANNUALLY AND SIGN AN	ATTESTATION FORM.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROV	VAL PROCESS FOR CEO, EXEC. DIR., OR TOP I
BOARD MINUTES DOCUMENT THE DISCUSSION AND DELIBERATI	ON OF CURRENT AND FUTURE
SALARIES THAT INCLUDED REVIEW OF SPECIFIC SIMILAR OR	GANIZATIONS WITH THEIR SALARY
HISTORIES AS DOCUMENTED IN 3 YEARS OF 990 FORMS. FUR	THER, THE SALARY RANGE SCHEDULE
WAS COMPARED TO THE MILWAUKEE MRA REPORT FOR 2009.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROV	VAL PROCESS FOR OFFICERS & KEY EMPLOY
BOARD MINUTES DOCUMENT THE DISCUSSION AND DELIBERATI	ON OF CURRENT AND FUTURE
SALARIES THAT INCLUDED REVIEW OF SPECIFIC SIMILAR OR	GANIZATIONS WITH THEIR SALARY
HISTORIES AS DOCUMENTED IN 3 YEARS OF 990 FORMS. FUR	THER, THE SALARY RANGE SCHEDULE

TEEA4901L 07/17/09

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
DIVERSE AND RESILIENT, INC.	30-0084616
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
THE PUBLIC COPY IS AVAILABLE BY WRITTEN REQUEST TO THE EXECUTIVE	VE DIRECTOR. IN 2009
ONE MAJOR DONOR AND FOUR FOUNDATIONS REQUESTED THESE AND COPIES	S WERE SENT TO THEM
WITH THE EXCEPTION OF THE NAMES OF MAJOR DONORS.	

Schedule O (Form 990) 2009		Page 2
Name of the organization	Employer identification number 30-0084616	"
DIVERSE AND RESILIENT, INC.	130 0004010	
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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

DIVERSE AND RESILIENT, INC.

30-0084616

DADT	ш	LINE 1	12 -	OTHER	INCOME
FARI	ш.	LIINE	12 -	UINER	INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
MISCELLANEOUS INCOME TOTAL	1,763.	906.	3,331.	4,537.	3,334.
	\$ 1,763.	\$ 906.	\$ 3,331.	\$ 4,537.	\$ 3,334.

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	Service		► File a separate application to	r each return.	_		
If you are	filing for an a	Automatic 3-Month	Extension, complete only Part I an	d check this box.			► X
	-		tomatic) 3-Month Extension, comple		n page 2 of th	us form)	<u> </u>
-	-	•	ady been granted an automatic 3-mo	•		•	n 8868
			sion of Time. Only submit original				
				, (cop.c	•		
A corporation	required to f	ile Form 990-T and	requesting an automatic 6-month e	xtension – check	this box and	complete	Part I only
All other corp income tax re		udıng 1120-C filers), partnerships, REMICS, and trusts	must use Form 7	004 to reques	t an exte	nsion of time to file
returns noted the additional Form 990-T	l below (6 mo l (not automa Instead, vou r	nths for a corporat tic) 3-month extens nust submit the ful	electronically file Form 8868 if you w ion required to file Form 990-T). How sion or (2) you file Forms 990-BL, 60 ly completed and signed page 2 (Pa e-file for Charities & Nonprofits	vever, you cannot 169, or 8870, grou	file Form 886 p returns, or a	58 electro a compos	nically if (1) you want ite or consolidated
	Name of Exempt	Organization				Employer	identification number
Type or							
print	DIVERSE AND RESILIENT, INC.				30-00	0-0084616	
File by the due date for	Number, street, a	and room or suite number	If a P O box, see instructions				
filing your return See		OLTON STREET					
instructions	City, town or pos	t office, state, and ZIP co	de For a foreign address, see instructions				
	MILWAUKE	E, WI 53202					
		filed (file a separa	te application for each return)		_		
X Form 990)		Form 990-T (corporation)		Form 47:	20	
Form 990)-BL		Form 990-T (section 401(a) or 40	8(a) trust)	Form 52		
Form 990)-EZ		Form 990-T (trust other than above	ve)	Form 60	69	
Form 990)-PF		Form 1041-A		Form 88	70	
Telephone If the orga If this is for check this the extension	No. ► 414- anization does or a Group Re s box ► ☐ sion will cove	-271-7800 s not have an office eturn, enter the org . If it is for part of r	PENNER & BENTON, LLP FAX No ► e or place of business in the United anization's four digit Group Exemption the group, check this box ► anization anization.	on Number (GEN) d attach a list with) If		
•			hs for a corporation required to file				
			the exempt organization return for	the organization n	amed above.		
		he organization's r	eturn for:				
	calendar year						
▶ ∐	tax year begi	nning	, 20 , and ending	, ²⁰ _			
2 If this ta	ax year is for	less than 12 month	s, check reason: Initial return	Final reti	urn 🔲 (Change in	accounting period
3a If this a nonrefu	pplication is f ndable credits	or Form 990-BL, 99 See instructions	90-PF, 990-T, 4720, or 6069, enter th	ne tentative tax, le	ess any	3a \$	0.
			990-T, enter any refundable credits ent allowed as a credit	and estimated tax	payments	3ь\$	0.
deposit	Due. Subtractions	ct line 3b from line pon or, if required,	3a Include your payment with this to by using EFTPS (Electronic Federa	form, or, if require I Tax Payment Sy	d, stem)	3c \$	0.
Caution. If yo payment instr		o make an electror	ic fund withdrawal with this Form 88	368, see Form 845	3-EO and Fo	rm 8879-E	EO for
BAA For Priv	vacy Act and	Paperwork Reduct	ion Act Notice, see instructions.			Fo	rm 8868 (Rev 4-2009