

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



Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1540

2009

Name of the organization		Employer identification number
Manpower Foundation	on. Inc.	39-6052810
Organization type (check o		
Filers of:	Section:	otro
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treat	ated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
	tion filing Form 990, 990-EZ, or 990-PF that received, duri ony one contributor. Complete Parts I and II	ing the year, \$5,000 or more (in money or
Special Rules	ny one contributor. Complete i arts i and ii	
sections 509(a)	01(c)(3) organization filing Form 990 or 990-EZ that met th (1) and 170(b)(1)(A)(vi), and received from any one contril (2) 2% of the amount on (i) Form 990, Part VIII, line 1h o	butor, during the year, a contribution of the greater
the year, aggre	01(c)(7), (8), or (10) organization filing Form 990 or 990-E gate contributions of more than \$1,000 for use exclusively poses, or the prevention of cruelty to children or animals.	for religious, charitable, scientific, literary, or
the year, contri aggregate to m year for an excl applies to this	01(c)(7), (8), or (10) organization filing Form 990 or 990-E butions for use <i>exclusively</i> for religious, charitable, etc., purore than \$1,000. If this box is checked, enter here the total <i>usively</i> religious, charitable, etc., purpose. Do not complet organization because it received nonexclusively religious, control organization.	arposes, but these contributions did not all contributions that were received during the te any of the parts unless the General Rule charitable, etc., contributions of \$5,000 or more
Caution. An organization 990-EZ, or 990-PF), but i	that is not covered by the General Rule and/or the Special must answer "No" on Part IV, line 2 of its Form 990, or c 90-PF, to certify that it does not meet the filing requirement	al Rules does not file Schedule B (Form 990, check the box on line H of its Form 990-EZ,

Schedule	R	(Form	ggn	990-E7	or 990-PF	١,	יפחחפי
ochedule	Ų	(COIIII	330 ,	33U-EZ,	UI 33U-FF,	, ,	2005

Page_	of	of Part I

Name of organization

Manpower Foundation, Inc.

Employer identification number 39-6052810

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Manpower Inc. 100 Manpower Place Milwaukee, WI 53212	\$680,000	Person Payroll Noncash (Complete Part II if there is
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) (a) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
· · ·		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B	(Form	990,	990-EZ.	or 990-PF)	(2009)

age	of	of	Part	11
~go	٠,	 		

Employer identification number

39-6052810

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	None -	 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) - Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) · Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) — Description of noncash property given	(c) FMV (or estimate) (see instructions)	- (d) Date received
	-		-

Page of of Part III Employer Identification number
39-6052810
(8), or (10) organizations the following line entry.
e, etc., tions.) ▶\$
Description of how gift is held

ransferor to transferee
Description of how gift is held
transferor to transferee
) Description of how gift is held
f transferor to transferee
transiero to ransieree
d) Description of how gift is held

Schedule'B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Manpower Foundation, Inc.

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and For organizations completing Part III, enter the total of exclusively religious, charitable

a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	<u></u>		-	
		(e) Transfer of g		
		(-,		
1	Transferee's name, address, a	ind ZIP + 4	Relationsh	ip of transferor to transferee
_	- +			-
_				
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Faill				
-				
_				
		(e) Transfer of	jift	
	7		Dalatione	
<u> </u>	Transferee's name, address,	and ZIP + 4	Kelations	hip of transferor to transferee
-			 	
-				
-				
(a) No. from	(b) Purpose of gift	(a) 11aa af aif		(d) Description of how gift is held
Part I	(b) Ful pose of glit	(c) Use of gif	'	(a) Description of non-girls non-
Part I	(b) Fulpose of gilt	(c) Use of gir		(d) Description of non-gine non-
Part I		(c) use or gr		(d) bestription of noting state and
Part I	(b) ruipose oi giit	(c) use of gn		(c) bestription of noting and state
Part I	-			(d) best-patricular stress stress stress
Part I		(c) Use or gr		(d) best provided as the same
Part I	-	(e) Transfer of	gift	
Part I	-	(e) Transfer of	gift	ship of transferor to transferee
Part I	-	(e) Transfer of	gift	
Part I	-	(e) Transfer of	gift	
Part I	-	(e) Transfer of	gift	
(a) No. from	-	(e) Transfer of	gift Relation	
	Transferee's name, address	(e) Transfer of	gift Relation	ship of transferor to transferee
(a) No. from	Transferee's name, address	(e) Transfer of	gift Relation	ship of transferor to transferee
(a) No. from Part I	Transferee's name, address	(e) Transfer of	giftRelation	ship of transferor to transferee
(a) No. from Part I	Transferee's name, address	(e) Transfer of	gift Relation	ship of transferor to transferee
(a) No. from Part I	Transferee's name, address (b) Purpose of gift	(e) Transfer of	gift Relation	ship of transferor to transferee
(a) No. from Part I	Transferee's name, address (b) Purpose of gift	(e) Transfer of (c) Use of g	gift Relation	ship of transferor to transferee - (d) Description of how gift is held
(a) No. from Part I	Transferee's name, address (b) Purpose of gift	(e) Transfer of (c) Use of g	gift Relation	ship of transferor to transferee
(a) No. from Part I	Transferee's name, address (b) Purpose of gift	(e) Transfer of (c) Use of g	gift Relation	ship of transferor to transferee - (d) Description of how gift is held
(a) No. from Part I	Transferee's name, address (b) Purpose of gift	(e) Transfer of (c) Use of g	gift Relation	ship of transferor to transferee - (d) Description of how gift is held