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DLN: 93493136039791

 $_{\text{Form}}990$ 

Department of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047

Open to Public

A Fo	r the .	2009 calendar ye	ear, or tax year beginnin	g 07-01-2009  and ending 06-30-201	0		
<b>B</b> Che	eck if a	pplicable <b>Please</b>	C Name of organization THE UWM FOUNDATION	INC		D Employer iden	ntification number
<b>✓</b> Add	Iress ch					23-7337744	
┌ Nar	ne cha	nge print or	Doing Business As			E Telephone nun	mber
┌ Init	ıal retu	· ·		O box if mail is not delivered to street addre	ss) Room/suite	(414) 909-4	
┌ <sub>Ter</sub>	mınate	Instruc-	1440 East North Ave		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>G</b> Gross receipts \$	85,846,448
┌ Am	ended	return	City or town, state or co	ountry, and ZIP + 4		1	
☐ Apr	olication	n pending	MILWAUKEE, WI 53202				
,			 ame and address of princ	cinal officer	11/-> *		•
			IS STANG	cipal officer		us a group return ates?	TYes ▼ No
			E KENWOOD BLVD /AUKEE, WI 53211				
		11124	7A O REE, WI 33211			ll affiliates include	·
I Ta	x-exem	npt status 🔽 5010	(c) ( 3 ) ◀ (insert no )	4947(a)(1) or		o," attach a list  ( up exemption num	(see instructions) nber ►
	ebsit e	e: ► www uwmfdn	org		1 11(0) 313	ap exemption nam	
			ration Trust Association	Other ►	L Year of fo	ormation 1974 M :	State of legal domicile WI
	rt I		, ,	•			
Activities & Governance	3 4 5	UNIVERSITY FADEVELOPMENT ENTREPRENEUF  Check this box Number of voting Number of independent of the control of	ACILITIES TO SUPPOR , AND PROVIDE NEW S RIAL ACTIVITIES  If the organization dis		OEMICS AND ARCH, COMN of more than	PREGIONAL ECC MERCIALIZATIO 25% of its net as	SSETS 27 61 30
		-		from Part VIII, column (C), line 12 .		7a	
	ь	Net unrelated bu	siness taxable income f	rom Form 990-T, line 34		7b	0
					Pric	r Vaar	
	_	C t t t		- 4 -		or Year	Current Year
ā	8			e 1h)		11,057,820	11,417,274
enne	9	Program servic	e revenue (Part VIII, lın	e 2g)		11,057,820	11,417,274
Rayenue	9 10	Program service Investment inc	e revenue (Part VIII, lın ome (Part VIII, column	e 2g)		11,057,820	11,417,274 0 1,347,157
Revenue	9 10 11	Program service Investment inc Other revenue (	e revenue (Part VIII, lın ome (Part VIII, column (Part VIII, column (A), l	(A), lines 3, 4, and 7d)		11,057,820	11,417,274
Revenue	9 10	Program service Investment ince Other revenue ( Total revenue— 12)	e revenue (Part VIII, lin ome (Part VIII, column (Part VIII, column (A), l add lines 8 through 11 (	ne 2g)		11,057,820 1,593,831 -5,040 12,646,611	11,417,274 0 1,347,157
Revenue	9 10 11 12	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim	e revenue (Part VIII, lin ome (Part VIII, column (Part VIII, column (A), l add lines 8 through 11 (	(A), lines 3, 4, and 7d)		11,057,820  1,593,831  -5,040	11,417,274 0 1,347,157 59,436
Revenue	9 10 11 12 13 14	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), loadd lines 8 through 11 (column through 11 (column through	(A), lines 3, 4, and 7d)	e	11,057,820 1,593,831 -5,040 12,646,611	11,417,274 0 1,347,157 59,436 12,823,867
_	9 10 11 12	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), loadd lines 8 through 11 (column through 11 (column through	(A), lines 3, 4, and 7d)	e	11,057,820 1,593,831 -5,040 12,646,611	11,417,274 0 1,347,157 59,436 12,823,867
_	9 10 11 12 13 14	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to Salaries, other	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (equal to the column (Part I) or for members (Part I) compensation, employed	(A), lines 3, 4, and 7d)	e	11,057,820 1,593,831 -5,040 12,646,611 11,408,937	11,417,274 0 1,347,157 59,436 12,823,867 11,473,128 0
_	9 10 11 12 13 14 15	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to Salaries, other 10) Professional fur	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (equal to the column (Part I) or for members (Part I) compensation, employed	(A), lines 3, 4, and 7d)	e	11,057,820 1,593,831 -5,040 12,646,611 11,408,937	11,417,274 0 1,347,157 59,436 12,823,867 11,473,128 0 762,496
Expenses Revenue	9 10 11 12 13 14 15	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to Salaries, other 10) Professional fur Total fundraising ex	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (Part IX) or for members (Part IX) compensation, employed andraising fees (Part IX, column (D), expenses (Part IX, column (D),	(A), lines 3, 4, and 7d)	e	11,057,820 1,593,831 -5,040 12,646,611 11,408,937	11,417,274 0 1,347,157 59,436 12,823,867 11,473,128 0 762,496
_	9 10 11 12 13 14 15 16a b	Program service Investment ince Other revenue ( Total revenue— 12)  Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (Column (A), leadd lines 8 through 11 (Column (Part IX)) compensation, employed andraising fees (Part IX, column (D), s (Part IX, column (A), lines (Part IX,	(A), lines 3, 4, and 7d)	e	11,057,820 1,593,831 -5,040 12,646,611 11,408,937 639,407	11,417,274 0 1,347,157 59,436 12,823,867 11,473,128 0 762,496
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Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (equal to or for members (Part IX) compensation, employed andraising fees (Part IX, column (D), so (Part IX, column (A), linomembers (Part IX, colu	(A), lines 3, 4, and 7d)	e Beginnin	11,057,820  1,593,831 -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681 -162,070  g of Current fear	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (Part IX) or for members (Part IX) compensation, employed andraising fees (Part IX, column (D), s (Part IX, column (A), line Add lines 13–17 (mus expenses Subtract line 1 art X, line 16)	(A), lines 3, 4, and 7d)	e Beginnin	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current Year  80,380,600	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year 85,711,459
_	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue — 12) Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total assets (P	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (a), leadd lines 8 through 11 (b), leadd lines 8 through 11 (b), leadd lines 8 through 11 (Part IX) compensation, employed andraising fees (Part IX, column (D), lead lines 13–17 (mus expenses Subtract line 1 (Part X, line 16) (Part X, line 26)	(A), lines 3, 4, and 7d)	e Beginnin	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current Year  80,380,600  5,584,395	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue — 12) Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total assets (P	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), land lines 8 through 11 (a), land lines 8 through 11 (b) or for members (Part IX) compensation, employed andraising fees (Part IX, column (D), so (Part IX, column (A), lines (Part IX, column (A), lines (Part IX, column (A), lines (Part IX, column (B), lines (Part IX, column (A), lines (Part IX, column (A), lines (Part IX, lines (Part IX), lines (Part IX), lines (Part IX), lines (Part IX), lines (Part IX, lines (Part IX), lines (Part	(A), lines 3, 4, and 7d)	e Beginnin	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current Year  80,380,600	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year  85,711,459 5,671,192
Met Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total assets (P Total liabilities Net assets or for Signature B Under penalties of	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), land lines 8 through 11 (a), land lines 8 through 11 (b), land lines 9 through 12 (Part IX) compensation, employed andraising fees (Part IX), column (D), so (Part IX, column (A), lines 13–17 (mus expenses Subtract lines 1 (Part X, lines 16) (Part X, lines 26)	(A), lines 3, 4, and 7d)	Beginnin	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current fear  80,380,600  5,584,395  74,796,205	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year  85,711,459 5,671,192 80,040,267
S Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12) Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total assets (P Total liabilities Net assets or fu  Signature B  Under penalties of and belief, it is true  *******	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (Part VIII) or for members (Part IX) compensation, employed andraising fees (Part IX) oxpenses (Part IX, column (D), so (Part IX, column (A), lines 13–17 (mus expenses Subtract lines 1 (Part X, lines 16) (Part X, lines 26)	(A), lines 3, 4, and 7d)	Beginnin  schedules and s d on all informat	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current fear  80,380,600  5,584,395  74,796,205	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year  85,711,459 5,671,192 80,040,267
Met Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12)  Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities Net assets or for Signature B  Under penalties of and belief, it is true  ****** Signature of off	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), leadd lines 8 through 11 (Column (B)) and (Part IX) compensation, employed (Part IX) compensation, employed (Part IX) compensation, employed (Part IX) column (D), so (Part IX, column (A), line Add lines 13–17 (mus (Part X, line 16)).  art X, line 16) (Part X, line 26)	(A), lines 3, 4, and 7d)	Beginnin schedules and s d on all informat	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current Year  80,380,600  5,584,395  74,796,205	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year  85,711,459 5,671,192 80,040,267
S Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12)  Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total assets (P Total liabilities Net assets or fu  Signature B  Under penalties of and belief, it is true  ****** Signature of off Curtis A Stang (C	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), line add lines 8 through 11 (continue) and (Part IX) compensation, employed and assing fees (Part IX, column (D), so (Part IX, column (A), line Add lines 13–17 (mus expenses Subtract line 1 (Part X, line 26)	(A), lines 3, 4, and 7d)	Beginnin  schedules and s d on all informat	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current Year  80,380,600  5,584,395  74,796,205	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year  85,711,459 5,671,192 80,040,267
S Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12)  Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total assets (P Total liabilities Net assets or fu  Signature B  Under penalties of and belief, it is true  ****** Signature of off Curtis A Stang ( Type or print na	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), line add lines 8 through 11 (continue) and (Part IX) compensation, employed and assing fees (Part IX, column (D), so (Part IX, column (A), line Add lines 13–17 (mus expenses Subtract line 1 (Part X, line 26)	(A), lines 3, 4, and 7d)	Beginnin Schedules and sid on all information described to the described by the described b	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current fear  80,380,600  5,584,395  74,796,205	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year  85,711,459 5,671,192 80,040,267  te best of my knowledge r has any knowledge
He despets of Expenses of Expe	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment ince Other revenue ( Total revenue— 12)  Grants and sim Benefits paid to Salaries, other ( 10) Professional fur Total fundraising ex Other expenses Total expenses Revenue less ex  Total assets (P Total liabilities Net assets or fu  Signature B  Under penalties of and belief, it is true  ****** Signature of off Curtis A Stang ( Type or print na  Preparer's signature	e revenue (Part VIII, linome (Part VIII, column (Part VIII, column (A), line add lines 8 through 11 (a), liar amounts paid (Part IX) compensation, employed andraising fees (Part IX, column (D), so (Part IX, column (A), line Add lines 13–17 (mus expenses Subtract line 1 (Part X, line 16)	(A), lines 3, 4, and 7d)	Beginnin  schedules and s d on all informat	11,057,820  1,593,831  -5,040  12,646,611  11,408,937  639,407  760,337  12,808,681  -162,070  g of Current Year  80,380,600  5,584,395  74,796,205	11,417,274  0 1,347,157 59,436  12,823,867 11,473,128 0 762,496 0 924,021 13,159,645 -335,778  End of Year  85,711,459 5,671,192 80,040,267  te best of my knowledge r has any knowledge
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Form 990 (2009)

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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

2	Did the organization the prior Form 990	on undertake any significa O or 990-EZ?	ant program services	during the year		Yes ✓ No
	If "Yes," describe	these new services on Sc	hedule O			
3	Did the organization	on cease conducting, or n	nake significant chan	ges in how it cor		Yes ▽ No
	If "Yes," describe	these changes on Schedu	ıle O			
4	Section 501(c)(3)		ons and section 494	7(a)(1) trusts a	argest program services by ex re required to report the amount ervice reported	
4a	(Code	) (Expenses \$	3,481,608 includ	ing grants of \$	3,481,608 ) (Revenue \$	)
		RAMS SPECIAL PROJECTS INC ENCE BAG SERIES, AND INNER		UW-MILWAUKEE'S	PUBLIC RADIO STATION, HONORS PRO	OGRAM, PERFORMING ARTS
4b	(Code	) (Expenses \$	2,541,087 includ	ing grants of \$	2,541,087 ) (Revenue \$	)
	EDUCATION GENERAL STAFF	AL SUPPORT OF UW-MILWAUK	EE'S ADMINISTRATION, SO	CHOOLS, COLLEGES,	LIBRARY, ETC FOR THE BENEFIT OF I	rs students, faculty, and
4c	(Code	) (Expenses \$	4,414,470 includ	ing grants of \$	4,414,470 ) (Revenue \$	)
	SCHOLARSHIP PROG	RAMS FINANCIAL AID AWARDE	ED TO STUDENTS ENROLL	ED AT THE UNIVERS	ITY OF WISCONSIN-MILWAUKEE	
4d	Other program se	ervices (Describe in Sch	edule O ) <b>See also A</b> e	ditional Data fo	r Description	
	(Expenses \$	1,280,747 inc	uding grants of \$	1,035,9	63 ) (Revenue \$	)
4e	Total program se	rvice expenses►\$	11,717,912			

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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	Yes	
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		No
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	Yes	

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			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			
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?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Νο
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<del>l</del> a	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		Νο
Ь	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?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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?	5c		
ia	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c	Yes	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	1	i <b>I</b>		

1440 E North Ave Milwaukee, WI 53202 (414) 906-4645

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

Se	ction A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the governing body			
1a b	Enter the number of voting members of the governing body 1a 27  Enter the number of voting members that are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
4.0			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed MI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	Curtis Stang			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization'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, and current key employees 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 employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former of								r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►1  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	age i
\$100,000 in reportable compensation from the organization 1  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	24,14
Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Individual  January 13	
on line 1a? If "Yes," complete Schedule J for such individual	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Νo
	Νo
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	Νo
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization	
(A) (B) (C)	
Name and business address Description of services Compensation	lion
UWM PO Box 413 Milwaukee, WI 53211  Uarious Services 11,33	30,051
M&I Institutional Services	
111 East Kilbourn Ave Investment Advisory 11 Milwaukee, WI 53202	17,055
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

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\$100,000 in compensation from the organization >2

Form 9			f D					Page <b>9</b>
Part	<b>VIIII</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
	c	Fundraising eve	ents <b>1c</b>	15,515				
# #	d	Related organiz	rations 1d					
% <u>E</u>	e	Government grant	s (contributions) <b>1e</b>					
등등	<sub>f</sub>	All other contribution	ons, gifts, grants, and <b>1f</b>	11,401,759				
重量	'	sımılar amounts no	ot included above					
클	g		butions included in					
S E	h		s la-lf	🔸	11,417,274			
				Business Code				
Program Serwce Revenue	2a			Busiliess Code				
e.kel	Ь							
a a≛	٥							
Š								
Š	d							
æ	e							
₽	f	All other progra	am service revenue					
查	g	Total. Add lines	s 2a-2f					
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		1,779,832			1,779,832
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(11) Personal				
	6a   .	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	72,534,744					
		than inventory						
	b	Less cost or other basıs and	72,967,419					
	<sub>c</sub>	sales expenses Gain or (loss)	-432,675					
	d		s)	<u> </u>	-432,675			-432,675
	8a	Gross income f	rom fundraising		·			
Other Revenue		events (not inc \$ 15	luding ,515					
₹ >		of contributions	reported on line 1c)					
ş		See Part IV, lin	ne 18					
<u>.</u>	١.		a	114,598				
捶	b c		penses <b>b</b> (loss) from fundraising	55,162	59,436			59,436
_	9a		rom gaming activities	events ·	33,133			33,130
	-	See Part IV, lin						
	ь		penses b					
	С		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	Ь	Less cost of a	oods sold <b>b</b>					
	c		(loss) from sales of inve	entory 🛏				
		Miscellaneous		Business Code				
	11a							
	Ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines						
				►.				
	12	Total revenue.	See Instructions .		12,823,867	0	0	1,406,593

Form	990 (2009)				Page <b>10</b>
Part	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			<b>( )</b>	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,058,658	7,058,658		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,414,470	4,414,470		
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	204,627		204,627	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	359,567		290,234	69,333
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,213		46,213	
9	Other employee benefits	78,971		78,971	
10	Payroll taxes	73,118		67,810	5,308
11	Fees for services (non-employees)	1 = 1 = 2			
a	Management				
b	Legal	15,197		15,197	
c	Accounting	25,221		23,231	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
	Other	20,620		10.620	30,000
g 12	Advertising and promotion	39,630		19,630	20,000
13		5,648		4,352 54,050	1,296
	Office expenses	66,361		<del>                                     </del>	12,311
14	Information technology	186,979		47,638	139,341
15	•	445		445	
16	Occupancy	115		115	
17 18	Payments of travel or entertainment expenses for any federal,				
	state, or local public officials				
19	Conferences, conventions, and meetings	37,846		11,788	26,058
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,457		12,457	
23	Insurance	11,549		11,549	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	ANNUAL GIVING	310,134	244,784		65,350
ь	MISCELLANEOUS	207,587		170,601	36,986
c	Purchased services	30,518		518	30,000
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	13,159,645	11,717,912	1,035,750	405,983
26	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				

Pa	rt X	Balance Sheet			
-			(A)		(B)
	١,		Beginning of year	_	End of year
	1	Cash—non-interest-bearing	2,842,989	_	3,487,068
	2	Savings and temporary cash investments	40.000.407	2	7 100 000
	3	Pledges and grants receivable, net	10,333,437	3	7,482,093
Assets	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees  Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
	7	Notes and loans receivable, net		7	_
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,365	9	40,639
	10a	Land, buildings, and equipment cost or other basis Complete  Part VI of Schedule D  418,960			
	ь	Less accumulated depreciation	43,330	10c	37,394
	11	Investments—publicly traded securities	65,002,626	11	65,682,941
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,127,853	15	8,981,324
	16	Total assets. Add lines 1 through 15 (must equal line 34)	80,380,600	16	85,711,459
	17	Accounts payable and accrued expenses .	226,972	17	302,436
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es G	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>-</u> =		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	5,357,423	25	5,368,756
	26	Total liabilities. Add lines 17 through 25	5,584,395	26	5,671,192
<u></u>		Organizations that follow SFAS 117, check here ▶ 🗸 and complete lines 27			
Ð		through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	3,150,620	27	3,336,743
<u>е</u>	28	Temporarily restricted net assets	56,705,094	28	60,979,329
돧	29	Permanently restricted net assets	14,940,491	29	15,724,195
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
ö		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	33	Total net assets or fund balances	74,796,205	33	80,040,267
_	34	Total liabilities and net assets/fund balances	80,380,600	34	85,711,459

#### Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
	☐ 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 Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

#### OMB No 1545-0047

OMB No 1545-004

2000

2009

### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE UWM FOUNDATION INC Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

ns. Inspection
Employer identification number

22 7227744

Do	rt I	Done	on for Dul	blic Charity Stat	ua /All ora		must somr	aloto this no	23-733774							
				<b>blic Charity Stat</b> e foundation because						uctions						
1				on of churches, or as:					. )							
2	<u>'</u>			in <b>section 170(b)(1)</b>				<u> </u>								
3	<u>'</u>			perative hospital serv				n 170(b)(1)(	A )(iii)							
4	,			organization operate						NAN(iii) Ent	artha					
•	'			cy, and state	eu ili conjun	ction with a	nospital desc	.iibed iii <b>sect</b> i	ion 170(b)(1)	)(A)(III). EIII	er the					
5	<b>~</b>	An orga	nızatıon ope	erated for the benefit	of a college	or universit	ty owned or o	perated by a	governmenta	l unit descri	ed in					
	_			<b>A)(iv).</b> (Complete Pa												
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1)	(A)(v).							
7	Г	describ	ed in	t normally receives a <b>A)(vi)</b> (Complete Pa		l part of its	support from	a governmen	tal unit or fro	m the gener	al public	:				
8	$\sqcap$	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	<b>A)(vi)</b> (Con	nplete Part II	)								
9	$\sqcap$	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3%	of its support	from contribu	utions, memb	ership fees,	and gro	SS				
		receipt	s from activi	ties related to its ex	empt functio	ns—subjec	t to certain ex	xceptions, an	d (2) no more	than 331/3	% of					
		ıts supp	ort from gro	ss investment incom	ne and unrel	ated busine	ss taxable ın	come (less se	ection 511 ta	ıx) from busı	nesses					
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee <b>section</b> 5	<b>509(a)(2).</b> (C	omplete Part	III )							
10	$\sqcap$	An orga	nızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See <b>section 5</b>	609(a)(4).							
11 e f	Г	one or r the box a	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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  a													
g		check t Since A	hıs box	006, has the organiz							-	广				
				ectly or indirectly co	ntrols, eithe	ralone ort	ogether with p	persons desc	rıbed ın (ıı)		Yes	No				
		and (III)	below, the g	overning body of the	the suppor	ted organiza	ation?			11g(i	)					
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve <sup>?</sup>				11g(ii	)					
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı) a	bove?			11g(ii	)					
h		Provide	the followin	g information about t	he supporte	d organizat	ion(s)				•					
	(ij Nama Suppo rganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	Did you no organiza col (i) c	otify the tion in of your	(vi) Is th organizat col (i) org in the U	e tion in janized	Am	( <b>vii)</b> ount of oport?				
				instructions))	Yes	No	Yes	No	Yes	No						
Tota																

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if y	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support endar year (or fiscal year beginning	_		T	T		Т	
cale	in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	15,928,241	18,020,311	13,440,116	11,057,820	11	,432,789	69,879,277
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	15,928,241	18,020,311	13,440,116	11,057,820	11	,432,789	69,879,277
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							69,879,277
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	009	(f) Total
7	beginning in) A mounts from line 4	15,928,241	1,939,548	13,440,116	11,057,820	11	,432,789	69,879,277
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	3,754,061	1,939,548	2,340,648	2,091,180		,779,832	11,905,269
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							81,784,546
12	Gross receipts from related activit	ies, etc (See inst	ructions )	L		12		559,893
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	thırd, fourth, or fı	fth tax year as a !			
	ection C. Computation of Pu							
14	Public Support Percentage for 200	•	•	.1 column (f))		14		85 440 %
15	Public Support Percentage for 200					15		69 180 %
16a	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qu				ine 14 is 33 1/3%	or more	, check th	nis box <b>►</b> ▼
b	<b>33 1/3% support test – 2008.</b> If th	e organization did	not check the box	on line $13 \text{ or } 16$	a, and line 15 is 3	3 1/3%	or more, d	- <del>-</del>
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization means are to the organization means are	: <b>—2009.</b> If the organication meets the "fa	anızatıon dıd not c acts and cırcumst	heck a box on lın ances" test, chec	k this box and <b>st</b> e	op here.	Explain	<b>►</b>   ed
h	organization 10%-facts-and-circumstances test		anization did not c	heck a hov on lin	a 13 16a 16h a	r 1 7 a an	d line	<b>▶</b> □
	15 is 10% or more, and if the orga Explain in Part IV how the organiz supported organization	nization meets the ation meets the "fa	e "facts and cırcur acts and cırcumst	nstances" test, c ances" test The	heck this box and organization quali	l <b>stop he</b> fies as a	r <b>e.</b> publicly	<b>▶</b> ┌
18	<b>Private Foundation</b> If the organiza instructions	tion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and s	see	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** 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

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-7337744

Name: THE UWM FOUNDATION INC

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other progra	am services				
(Code	) (Expenses \$	1,280,747 ıncludı	ng grants of \$	1,035,963 ) (Revenue \$	)
INCLUDING HE SCHOOL EDUC	ALTH SCIENCES, ARCHITECTUR	E, ENGINEERING, ROGRAMS INCLUD	LETTERS & SCIEN DING SEMINARS,	RESEARCHERS IN VARIOUS SCHOOLS NCES, NURSING, AND GRADUATE LECTURES, AND PERFORMANCES SEE COMMUNITY	
(Code	) (Expenses \$	ıncludı	ng grants of\$	) (Revenue \$	)
	OMMUNITY SERVICE PROGRAMS OR THE ENRICHMENT OF THE MET		•	S, AND PERFORMANCES SPONSORED BY	/ UW-

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	(( tion ( hat a	che	′)		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Arthur Smith Chair	1 00	х		x				0	0	0	
Bruce T Block	1 00	×		x				0	0	0	
Vice Chair	1 00			_							
F William Haberman Secretary	1 00	X		×				0	0	0	
David J Lubar	1 00	Х		x				0	0	0	
Treasurer David D Buck											
Board Member	1 00	Х						0	0	0	
Tonit M Calaway Board Member	1 00	x						0	0	0	
Ricardo Diaz	1 00	х						0	0	0	
Board Member Christina H Fiasca	100	^									
Board Member	1 00	Х						0	0	0	
James C Fleming Board Member	1 00	Х						0	0	0	
Jacquelyn Fredrick Board Member	1 00	х						0	0	0	
Jacqueline Herd-Barber Board Member	1 00	Х						0	0	0	
Allan J Klotsche Board Member	1 00	Х						0	0	0	
Roger H Kriete Board Member	1 00	Х						0	0	0	
Ronald V Krızek Board Member	1 00	×						0	0	0	
Jacqueline Moore Bowles Board Member	1 00	Х						0	0	0	
H Carl Mueller Board Member	1 00	Х						0	0	0	
David O Nicholas Board Member	1 00	х						0	0	0	
Mark W Purnell Board Member	1 00	х						0	0	0	
Lorin PT Radtke Board Member	1 00	х						0	0	0	
John S Scheid Board Member	1 00	х						0	0	0	
Andrew R Schiesl Board Member	1 00	Х						0	0	0	
Avı A Shaked Board Member	1 00	Х						0	0	0	
John B Torinus Board Member	1 00	Х						0	0	0	
Gregg A Tushaus Board Member	1 00	Х						0	0	0	
Gregory J Uhen Board Member	1 00	×						0	0	0	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Component and Improved and Image in the Comment of										
(A) Name and Title	(B) A verage hours per week	o Individual trustee or director	on at Institutional Trustee	(cheo	)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Daryl J Waszak Board Member	1 00	х						0	0	0
Robert H Welke Board Member	1 00	х						0	0	0
Carlos E Santiago Chancellor, non-voting member	1 00			х				0	0	0
Lawrence J Schnuck President, Non-voting member	1 00			х				0	0	0
Curtis A Stang COO, non voting member	40 00			х				113,534	0	20,795
David H Gilbert President, non-voting member	40 00			х				66,950	0	3,348

DLN: 93493136039791

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

	ime of the organization			Employer ider	ntification number
				23-7337744	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(	c) or is a section 527	organization.
1	TI-A Complete if the organization is exempt under section 501(c) or Provide a description of the organization's direct and indirect political campaign activities Political expenditures  Volunteer hours  TI-B Complete if the organization is exempt under section 501(c)(3)  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  If "Yes," describe in Part IV  TI-C Complete if the organization is exempt under section 501(c) exempt the amount directly expended by the filing organization for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-PO Did the filing organization file Form 1120-POL for this year?  State the names, addresses and employer identification number (EIN) of all section 527 were made For each organization listed, enter the amount paid from the filing organization fund or a political action committee (PAC) If additional space is needed, provide information (a) Name  (b) Address  (c) EIN  (c) EIN	tivities in Part IV			
2	Political expenditures			▶	\$
3	V olunteer hours				
Pai	rt I-B Complete if the o	ganization is exempt und	er section 501(	c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization	under section 495	5	\$
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		┌ Yes
4a	Was a correction made?				☐ Yes ☐ No
ь	If "Yes," describe in Part IV				
Paı	rt I-C Complete if the or	ganization is exempt und	er section 501(	c) except section 50:	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2		organization's funds contributed t	o other organization	s for section 527 ▶	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter ho	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file	Form 1120-POL for this year?			↑ Tyes No
5	were made For each organiza contributions received that we	tion listed, enter the amount paid	from the filing organ	ızatıon's funds Also enter t	• •
	fund or a political action comr				separate segregated
	•	nittee (PAC) If additional space i	s needed, provide ir		(e) A mount of political contributions received
	•	nittee (PAC) If additional space i	s needed, provide ir	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	•	nittee (PAC) If additional space i	s needed, provide ir	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	•	nittee (PAC) If additional space i	s needed, provide ir	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	•	nittee (PAC) If additional space i	s needed, provide ir	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
	•	nittee (PAC) If additional space i	s needed, provide ir	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.

section 4911 tax for this year?

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election
	Check I If the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)	0	
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1	c and 1d)	0	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	0	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	0	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form 472	0 reporting	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount		733,248	790,434		1,523,682
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,285,523
c	Total lobbying expenditures		46,640	102,897		149,537
d	Grassroots non-taxable amount		183,312	197,609		380,921
e	Grassroots ceiling amount (150% of line 2d, column (e))					571,382
f	Grassroots lobbying expenditures					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b	)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493136039791

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal F	evenue Service Attach to Fo	orm 990. ► See separate instructions.			ınspeci	поп
	e of the organization		Emp	loyer identificati	on numbe	er
111	WHIT CONDATION INC		23-	7337744		
ar	Organizations Maintaining Donor A		ınds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	•		(h) Funda and ath		
,	Tatal number at and af year	(a) Donor advised funds	•	( <b>b)</b> Funds and oth	eraccou	nts
	Total number at end of year					
	Aggregate contributions to (during year) Aggregate grants from (during year)					
	Aggregate grants from (during year)					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradv	sea	☐ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV,	lıne 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertıfıe	d historic structu	re	
				Held at the E	nd of the	Year
_	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements	•	2b			
	Number of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year • Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds	ation easement is located <b>F</b>			┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year 🛌		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	durin	g the year ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial		•		
art	Organizations Maintaining Collection Complete If the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Ot	her Similar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	:h ın fu			≘,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan			
	Revenues included in Form 990, Part VIII, line 1	<del>-</del>		<b>▶</b> \$		
				· +		

**b** Assets included in Form 990, Part X

	Using the organization's accession and othe	r records, check any	y of th	ne foll	owing th	at are	a significa	nt u	se of its	collect	ion		ntinued)
	ıtems (check all that apply)			_									
а	Public exhibition		d	<u>'</u>		exch	ange progr	ams					
b	Scholarly research		e	Γ	Other								
c	Preservation for future generations												
	Provide a description of the organization's co	ollections and expla	ın hov	w they	further	the or	ganızatıon	's ex	empt pı	ırpose	n		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar		┌ Yes	<b>:</b>	┌ No
Part	Part IV, line 9, or reported an an						answere	d "Y	es" to	Form 9	90,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributi	ons or	other ass	ets r	iot		┌ Yes	;	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ıble		Г			An	ount		
с	Beginning balance							1c					
d	Additions during the year						 	1d					
	Distributions during the year							1e					
f	Ending balance						-	1f					
2a	Did the organization include an amount on Fo	orm QQO Dart V line	2717				L				Yes		
	-		2 2 1 '								1 68	•	, 140
Par	If "Yes," explain the arrangement in Part XIV <b>t V Endowment Funds.</b> Complete		n ans	were	d "Yes"	' to F	orm 990	Dar	FTV/ lu	ne 10			
1 41	Endownient i ands. Complete	(a)Current Year		)Prior			o Years Bacl				<b>(e)</b> Foo	ır Ye	ars Back
1a	Beginning of year balance	13,352,525		16	,819,718								
b	Contributions	587,149			432,985								
c	Investment earnings or losses	1,711,951		-3	,105,056								
d	Grants or scholarships												
e	Other expenditures for facilities and programs	297,471			795,122								
f	Administrative expenses												
g	End of year balance	15,354,154		13	3,352,525								
2	Provide the estimated percentage of the yea	r end balance held a	as										
а	Board designated or quasi-endowment												
ь	Permanent endowment ►												
	Term endowment ▶												
	Are there endowment funds not in the posse:	ssion of the organiza	ation	that a	re held a	and ad	lmınıstere	for	the				
	organization by	-									Y	es	No
	(i) unrelated organizations			•				•		. 3a(		_	No
	(ii) related organizations					•				3a(		4	N o
	If "Yes" to 3a(II), are the related organizatio							•		. 31	<u> </u>		
4 Part	Describe in Part XIV the intended uses of the Investments—Land, Buildings					0 Da	rt V Juno	10					
Fall	71 Investments—Land, Bundings	s, and Equipme	III. 3				· ·		(0) 10	sumulata	<u>.                                      </u>		
	Description of investment				) Cost or o		(b)Cost or basis (oth			cumulate reciation	(d	) Boo	ok value
<b>1</b> a L	and		•										
<b>b</b> B	Buildings		•										
	easehold improvements												
c L													
	quipment		•				41	8,960		381,	566		37,394
<b>d</b> E	Equipment	<u> </u>								,	566		37,394

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation f-year market value
Financial derivatives		Cost of ella-of	- year market value
Closely-held equity interests			
O ther			
Total. (Column (h) should equal Form 990. Part X col (B) line 12 )	,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIIII Investments—Program Related. See		12	
			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
			·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	otion		(b) Book value
DUE FROM AFFILIATES			7,812,362
ACCRUED INTEREST RECEIVABLE			214,046
CASH SURRENDER VALUE OF LIFE INSURANCE			870,033
SPLIT INTEREST CONTRIBUTIONS RECEIVABLE FROM	CHARITABLE REMAINDE	R TRUSTS	84,883
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1			8,981,324
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
DUE TO AFFILIATES	3,109,909		
DUE TO THE UNIVERSITY OF WISCONSIN-			
MILWAUKEE	1,881,639		
A GENCY PAYABLE UNDER FISCAL A GENT RESPONSIBILITIES	377,208		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	5,368,756		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,823,867
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,159,645
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-335,778
4	Net unrealized gains (losses) on investments	4	5,562,800
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	17,040
9	Total adjustments (net) Add lines 4 - 8	9	5,579,840
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,244,062
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	18,458,869
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 72,202		
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,635,002
3	Subtract line <b>2e</b> from line <b>1</b>	3	12,823,867
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	12,823,867
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	13,214,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>                                     </del>	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	}	55,162
3	Subtract line <b>2e</b> from line <b>1</b>	3	13,159,645
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4 <sub>C</sub>	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	13,159,645
<u>Par</u>	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 17040
Part XII, Line 2d - Other Adjustments		Special Event Expenses 55162 Change in value of split interest agreements 17040
Part XIII, Line 2d - Other Adjustments		Special Event Expenses 55162

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DLN: 93493136039791

OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	ne of the organization E UWM FOUNDATION INC						Employer ider	ntification number
							23-7337744	
Pa		tivities. Complet			tion answered "Yes" is part.	to Form	990, Part IV	, line 17.
1	Indicate whether the orga	nızatıon raısed funds	through a	any of the	following activities Ch	eck all th	at apply	
а	Mail solicitations			е	☐ Solicitation of nor	n-governi	ment grants	
b	Internet and e-mail so	olicitations		f	☐ Solicitation of gov	vernment	grants	
c	Phone solicitations			g	☐ Special fundraisir	ng events		
d	☐ In-person solicitation	S						
	Did the organization have or key employees listed in	n Form 990, Part VII	) or entity	ın conne	ection with professional	fundraisir	ng activities?	┌ Yes ┌ No
b	If "Yes," list the ten highe to be compensated at leas							
	(i) Name of individual or entity (fundraiser) (ii) Activity		(iii) fundrais custo contri contribi	er have dy or ol of	(iv) Gross receipts from activity	(or re	nount paid to stained by) iser listed in sol (i)	(vi) A mount paid to (or retained by) organization
			Yes	No		(.,		
Tota	al			<u> </u>				

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organizati 990-EZ, line 6a. List	on answered "Yes" to events with gross rece	Form 990, Part IV, lin cipts greater than \$5,0	e 18, or i 000.	report	:ed
			(a) Event #1  Women's Basketball Golf Outing (event type)	(b) Event #2  Men's Basketball  Golf Outing  (event type)	(c) O ther Events  3 (total number)	(d) Tot (Add col		
Ð	1	Gross receipts	21,930	39,800	68,383		130	0,113
Revenue	2	Less Charitable	7,640	7,875			1 !	5,515
	3	Gross income (line 1 minus line 2)	14,290	31,925	68,383		114	4,598
	4	Cash prizes			7,706		-	7,706
ဟ	5	Non-cash prizes	768	3	500			1,268
Expenses	6	Rent/facility costs	5,650	13,995			19	9,645
ă	7	Food and beverages						
Direct	8	Entertainment						
à	9	Other direct expenses .	7,984	6,781	11,778		2(	6,543
	10	Direct expense summary Add line	es 4 through 9 in column	(d)			5!	5,162
	11	Net income summary Combine lir	nes 3, column d, and line	10			59	9,436
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	)
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
စ္တ	2	Cash prizes						
sesued:	3	Non-cash prizes						
<u>ស័</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	∀es	∀es%     No	│ Yes% │ No			
		Direct expense summary Add lines						
	8	Net gaming income summary Com	oine lines I, column a, ai	nd line /	<u> </u>		Yes	No
9 a b	Is ti	er the state(s) in which the organiza he organization licensed to operate No," Explain				. 9a		
U		.o, Explain						
10a b		e any of the organization's gaming l Yes," Explain	icenses revoked, susper	nded or terminated during	the tax year?	10a		
11 12		s the organization operate gaming a				11		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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**General Information on Grants and Assistance** 

Schedule I

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

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

OMB No 1545-0047

DLN: 93493136039791

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization THE UWM FOUNDATION INC

Employer identification number

23-7337744

Form 990, Part I\	/, line 21 for any	o Governments and recipient that received 90) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	)00. Use
(a) Name and address of organization or government	<b>(Þ)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
University of Wisconsin- Milwaukee3230 E Kenwood Blvd Milwaukee, WI 53211	396006492	501(c)3	7,058,658				Teaching and departmental programs, community service, research, an special projects

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships	1718	4,414,470			
See Addıtıonal Data Table					

Part IV	Suppleme	<b>ental Information.</b> Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier		Return Reference	Explanation

**Employer identification number** 

# OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization THE UWM FOUNDATION INC

23-7337744

Pä	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art	аррисавіс		- 9				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	X		165,100				
5	Clothing and household	×		7,523				
_	goods			,,,,,				
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	×	26	578,445				
	Securities—Closely held stock .		20	370,443				
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	1	43,000				
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	Other ► ( <u>Equipment</u> )	X	9	577,508				
	O ther ▶()							
27	O ther ►()							
	O ther ▶ ()				1			
29	Number of Forms 8283 received for which the organization compl		<del>-</del> -		29		ا ــ برا	
30-	<ul> <li>During the year, did the organization</li> </ul>	ition recoil	e by contribution any propo	irty reported in Part I. lines	1 - 28 that it		Yes	No
302								
	must hold for at least three year			on, and which is not require	a to be used			No
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangement					2.	\ <sub>\ \ \ \ \</sub>	
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ŀ	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	UWM Development office solicits funds on behalf on the UWM Foundation

Schedule M (Form 990) 2009

Software ID: Software Version:

**EIN:** 23-7337744

Name: THE UWM FOUNDATION INC

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**DLN: 93493136039791**OMB No 1545-0047

2009

Open to Public Inspection

**SCHEDULE 0** 

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

Name of the organization THE UWM FOUNDATION INC Employer identification number

23-7337744

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Bruce Block works for Reinhart Boerner Van Deuren's c. His law firm may from time to time represent various companies the UWMREF Board members are affiliated with. Greg Uhen is President/Officer/Owner of Eppstein Uhen Architects, Inc. His firm has done past work for UWM and they are working with developers on current potential projects.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is reviewed by the finance committee then made available to the full Board at least two weeks in advance of filing

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

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

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

DLN: 93493136039791

2009

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** THE UWM FOUNDATION INC

				23-7337744	
Part I Identification of Disregarded Entities (Complete	e if the organization a	inswered "Yes" on	Form 990, Part	IV, line 33.)	
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	<b>tions</b> (Complete ıf th tax year.)	ne organization ans	swered "Yes" on	Form 990, Part IV,	line 34 because it had one
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
The UWM Real Estate Foundation Inc					
1440 E North Ave Milwaukee, WI 53202	Real Estate Development	WI	501(c)(3)	Line 5	N/A
94-7809136					
The UWM Research Foundation Inc					

1440 E North Ave IP Manager from UWM WI 501(c)(3) Line 5 N/A Mılwaukee, WI 53202 20-8297675 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	allocations? am		prtionate Code V—UBI		(j) General or managing partner?	
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f)	)		(-)	(5)		
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary a	ctivity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

chedule R (Form 990) 2009			Pa	ge :
Part V Transactions With Related Organizations (Complete of the	organization answered "Yes" on Form 990, Part IV, line 34, 35, or 3	36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	N
1 During the tax year, did the organization engage in any of the following transactions	s with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ty	1a		N
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b	Yes	
<b>c</b> Gift, grant, or capital contribution from other organization(s)		1c		N
<b>d</b> Loans or loan guarantees to or for other organization(s)		1d	Yes	
e Loans or loan guarantees by other organization(s)		1e		N
<b>f</b> Sale of assets to other organization(s)		1f		N
<b>g</b> Purchase of assets from other organization(s)		<b>1</b> g		N
h Exchange of assets		1h		N
i Lease of facilities, equipment, or other assets to other organization(s)		1i		N
j Lease of facilities, equipment, or other assets from other organization(s)		1 <u>j</u>		N
<b>k</b> Performance of services or membership or fundraising solicitations for other organization	anızatıon(s)	1k		N
I Performance of services or membership or fundraising solicitations by other orga	nization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets		1m	ì	N
n Sharing of paid employees		1n	Yes	
• Reimbursement paid to other organization for expenses		10		Ne
<b>p</b> Reimbursement paid by other organization for expenses		1p	Yes	
<b>q</b> Other transfer of cash or property to other organization(s)		1q		N
Other transfer of cash or property from other organization(s)		1r		N

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

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved
(1) UWM Research Foundation	В	150,000
(2) UWM Research Foundation	В	122,000
(3) UWM Real Estate Foundation	Р	86,000
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No
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