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# Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public  
Inspection

<b>A For the 2010 calendar year, or tax year beginning</b>		<b>, and ending</b>		
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>PFM Educational &amp; Scholastic Foundation</b> Number and street (or P O box, if mail is not delivered to street address) <b>Room/suite</b> <b>11933 W. Burleigh Street</b> City or town <b>state or country</b> <b>ZIP + 4</b> <b>Wauwatosa</b> <b>WI</b> <b>53222</b>		
<b>D Employer identification number</b> <b>76-0714819</b>		<b>E Telephone number</b> <b>(414) 774-0300</b>		
<b>G Accounting Method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <b>Other (specify) ►</b> _____		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>		
<b>I Website:</b> ► <b>N/A</b>				
<b>J Tax-exempt status (check only one) —</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000</b> A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return				
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>19,429</b></b>				
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,039
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,531
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	847
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	847
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	15,012	
c	Less: direct expenses from gaming and fundraising events	6c	9,799	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,213	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.</b>	9	9,630	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	12,750
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,185
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	393
	16	Other expenses (describe in Schedule O)	16	1,565
	17	<b>Total expenses. Add lines 10 through 16.</b>	17	16,893
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,263
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	79,519
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,241
	21	<b>Net assets or fund balances at end of year. Combine lines 18 through 20.</b>	21	75,497

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	85,194	22	81,422
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	
25 Total assets . . . . .	85,194	25	81,422
26 Total liabilities (describe in Schedule O) . . . . .	5,675	26	5,925
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	79,519	27	75,497

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Provide and enhance the learning activities for students through scholarships and grants to attend institutions of higher education.

(Grants \$ ) If this amount includes foreign grants, check here ►  28a 16,892

29

(Grants \$ ) If this amount includes foreign grants, check here ►  29a

30

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

32 Total program service expenses. (add lines 28a through 31a) ► 32 16,892

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
William J. Mazur 415 Lake 5 Drive Colgate WI 53017	Title President Hr/WK 00	0		
Mike Klaus 21850 Watertown Road Waukesha WI 53186	Title Vice President Hr/WK .00	0		
Thomas Randolph 13845 Thomas Drive New Berlin WI 53151	Title Secretary Hr/WK 00	0		
Charles Roamer S19 W29125 Cambria Road Waukesha WI 53188	Title Treasurer Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a  X  
35b

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 36  X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 37a  X  
37b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 38a  X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 38b

b Did the organization file Form 1120-POL for this year? 39a  X  
39b

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 40b  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 40e  X

39 Section 501(c)(7) organizations. Enter: 40

a Initiation fees and capital contributions included on line 9 40

b Gross receipts, included on line 9, for public use of club facilities 40

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40 , section 4912 ► 40 ; section 4955 ► 40

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40

41 List the states with which a copy of this return is filed. ► WI 41

42 a The organization's books are in care of ► ANick & Associates Telephone no. ► (414) 774-0300  
Located at ► 11933 W. Burleigh Street City Wauwatosa ST WI ZIP + 4 ► 53222 42b  X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42c  X

If "Yes," enter the name of the foreign country: ► 42c  X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43

If "Yes," enter the name of the foreign country: ► 43 

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ►   
and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  X

c Did the organization receive any payments for indoor tanning services during the year? 44c  X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d

	Yes	No
44a	<input type="checkbox"/> X	
44b	<input type="checkbox"/> X	
44c	<input type="checkbox"/> X	
44d	<input type="checkbox"/>	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

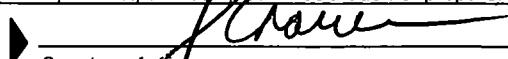
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge



7/19/2011

Sign  
Here

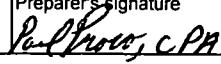
► Signature of officer

Date

► Chuck Roamer

Treasurer

► Type or print name and title

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Paul Provo, CPA		7/15/2011	<input type="checkbox"/>	
	Firm's name	► Anick & Associates			Firm's EIN ►
	Firm's address	► 11933 W Burleigh Street, Wauwatosa, WI 53222-3100			Phone no

May the IRS discuss this return with the preparer shown above? See instructions.

Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PFM Educational & Scholastic Foundation

Employer identification number

76-0714819

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. . . . .

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support
				Yes	No		
(A)							0
(B)							0
(C)							0
(D)							0
(E)							0
<b>Total</b>							0

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

(HTA)

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	20,275	27,025	20,000	19,400	2,039	88,739
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	20,275	27,025	20,000	19,400	2,039	88,739
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 . . . . .						88,739

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	20,275	27,025	20,000	19,400	2,039	88,739
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,337	2,946	1,110	975	1,531	9,899
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	7,267	5,580	10,064	7,148	6,060	36,119
11 Total support. Add lines 7 through 10 . . . . .						134,757
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	65.85%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	75.00%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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 purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b 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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PFM Educational & Scholastic Foundation

Employer identification number

76-0714819

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: , Cash Grant, 12,750.

Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 130

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 646

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Fees: 64

Form 990-EZ, Part I, Line 16, Other Expenses: Charitable Donations: 725

Form 990-EZ, Part I, Line 20, Net Assets: Unrealized Gains on Investments: 3,241

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable & Accrued Expenses: Beginning of  
year: 675, End of year: 675

Form 990-EZ, Part II, Line 26, Liabilities: Scholarship - Madison: Beginning of year: 375, End  
of year: 0

Form 990-EZ, Part II, Line 26, Liabilities: Scholarship - Marshland: Beginning of year: 750,  
End of year: 500

Form 990-EZ, Part II, Line 26, Liabilities: Scholarship - Milwaukee: Beginning of year: 3,875,  
End of year: 4,250

Form 990-EZ, Part II, Line 26, Liabilities: Scholarship - Central: Beginning of year: 0, End  
of year: 500

Name of the organization

PFM Educational &amp; Scholastic Foundation

Employer identification number

76-0714819

**Part V, Line 42a (990-EZ) - Books In Care Of**Check ("X") if a business is in possession of the books. The books are in care of Name Nick & Associates Telephone no. (414) 774-0300Located at 11933 W. Burleigh Street City Wauwatosa ST WI ZIP + 4 53222

Foreign Country \_\_\_\_\_

**Part V, Lines 42b and 42c (990-EZ) - Foreign Country Operations**

	Foreign Country Name	Check ("X") if the organization had authority over a financial account	Check ("X") if the organization maintained an office
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## Part I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations

	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Did you notify the organization of your support?		Is the organization in the United States?		Amount of support
				Yes	No	Yes	No	Yes	No	
1										0
2										0
3										0
4										0
5										0
6										0
7										0
8										0
9										0
10										0
11										0
12										0
13										0
14										0
15										0
16										0
17										0
18										0
19										0
20										0

**Reasonable Cause Explanation (990-EZ)****Part V (990-EZ) - Personal Benefit Contract(s) Involvement****Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed**

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U S Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input checked="" type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
 Madison, WI 53708-8935  
 FAX #: (608) 261-7083  
 Phone #: (608) 266-2112

1400 E. Washington Avenue  
 Madison, WI 53703  
 E-Mail: web@drl.state.wi.us  
 Website: http://drl.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### WISCONSIN SUPPLEMENT TO FINANCIAL REPORT ON FORM OTHER THAN FORM #308

This form requires a Federal Form 990 or other supporting document, and 2 different signatures.

**PLEASE TYPE OR PRINT IN INK**

NAME OF ORGANIZATION <u>PFM Educational &amp; Scholastic Foundation</u>	WISCONSIN REGISTRATION NUMBER			
ADDRESS (NUMBER AND STREET) OR P.O. BOX <u>11933 W Burleigh Street</u>	FEDERAL EMPLOYER I.D. NUMBER <u>76-0714819</u>			
CITY OR TOWN, STATE, ZIP CODE <u>Wauwatosa, WI 53222</u>	ORGANIZATION'S DAYTIME PHONE NUMBER <u>(414) 774-0300</u>			
INDICATE ORGANIZATION TYPE				
<input type="checkbox"/> Civic & Social Action <input checked="" type="checkbox"/> Education & Research	<input type="checkbox"/> Health Services <input type="checkbox"/> Human Services	<input type="checkbox"/> Culture <input type="checkbox"/> Other	ACCOUNTING METHOD	<input type="checkbox"/> Cash <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Accrual

ACCOUNTING PERIOD	Beginning Date	1/1/2010	Ending Date	12/31/2010
1	Public Support		1	2,039
	(Enter total direct public support such as: contributions, gifts, grants-but not government grants-and bequests received directly from the public. This line includes indirect public support, such as contributions received through solicitation campaigns conducted by federated fund-raising agencies like United Way, or affiliate organizations.)			
2.	Other Revenues		2	7,591
3.	Total Revenue (line 1 plus line 2)		3	9,630
4.	Expenses			
a	Expenses Allocated to Program Services	12,750		
b	Expenses Allocated to Management and General	4,143		
c	Expenses Allocated to Fund-raising			
d	Expenses Allocated to Payments to Affiliates			
e	Total Expenses	16,893		
5.	Excess or Deficit (line 3 minus line 4e)		5	-7,263
6.	Net Worth at Beginning of Year		6	79,519
7.	Other Changes in Net Assets		7	3,241
8.	Net Worth at End of Year		8	75,497

**PLEASE TYPE OR PRINT IN INK**

NAME OF INDIVIDUAL TO CONTACT REGARDING INFORMATION ON THIS FORM <u>Anick &amp; Associates</u>	DAYTIME TELEPHONE NUMBER <u>(414) 774-0300</u>
ADDRESS (NUMBER AND STREET) <u>11933 W Burleigh Street</u>	
CITY OR TOWN, STATE, ZIP CODE <u>Wauwatosa, WI 53222</u>	

## Wisconsin Department of Regulation &amp; Licensing

ADDITIONAL QUESTIONS	YES	NO
9. Did your organization receive contributions over \$400,000 during the fiscal year? If so, you must file an audited financial statement and the opinion of an independent certified public accountant on the financial statement. If your organization received over \$200,000 in contributions, a review by an independent certified public accountant is required.		X
10. Have you attached a list of all officers, directors, trustees and the principal salaried employees? Include their name, address, title, and the date their term ends. Compensation must be clearly stated.		X
11. For solicitation in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization? If yes, indicate name and address.		X
12. Has there been a name change of the organization, change of address of the principal office or any branch office located in Wisconsin, change in the accounting period, change in the names of the persons within the organization who have final authority for custody or final distribution of contributions, or change in the articles, by-laws or statement of purpose? If yes, and not already submitted within 30 days, as required, give changes and attach document. If a corporation, and the name has changed, you must attach a copy of the name change amendment.		X
13. Is your organization authorized by any other governmental authority to solicit contributions? If yes, provide name and address of governmental authority.		X
14. Has your organization ever had its authority to solicit contributions denied, suspended, revoked or enjoined by a court or other governmental authority? If yes, attach an explanation.		X
15. Do you intend to accumulate an increasing surplus in net worth, rather than spend current revenue on the organization's stated purpose? If yes, attach an explanation.		X
16. Did the organization make a grant, award, or contribution to any organization in which any of its officers or directors hold an interest; or was it a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director receive anything of value not reported above as compensation? If yes to any of the above, attach an explanation.		X
17. Does your organization solicit contributions under any name other than the name listed in the first blank space on the reverse side? If yes, list here any additional name(s).		X

DESCRIBE THE CHARITABLE PURPOSES FOR WHICH CONTRIBUTIONS WILL BE USED OR ATTACH A DOCUMENT WHICH PROVIDES SUCH INFORMATION.

See attached Federal Form 990

**CERTIFICATION - TWO DIFFERENT SIGNATURES ARE REQUIRED BY LAW**

We swear and affirm that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct and complete.

Date 7/19/11	Title VP	Signature of President or Authorized Officer <i>Mike Klaus</i>
Date 7/19/11	Title Treas.	Signature of Chief Fiscal Officer <i>Karen</i>