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## <sub>-orm</sub> 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.

2010
Open to Public Inspection

A F	or the	= 2010 calendar year, or tax year beginning SEP 1, 2010 and	ending A	UG 31, 2011	
В	Check if	C Name of organization		D Employer identification number	_
	Addre	UNITED PERFORMING ARTS FUND, INC.			
	Name change	Doing Business As		39-6100399	
	initial retum Termir ated	1 '	Room/suite	E Telephone number 414-273-8723	
	Ameno			G Gross receipts \$ 10,488,45	<del>6</del> .
F	Applic			H(a) Is this a group return	
	pendir			for affiliates? Yes X	No
		SAME AS C ABOVE			No
1 7	Гах-ех	empt status: X 501(c)(3)	or 527	7	
		e: ► WWW.UPAF.ORG		H(c) Group exemption number ▶	
		organization X Corporation Trust Association Other ▶	L Year	of formation 1966 M State of legal domicile	ΝI
P	art I	Summary			
Revenue NN Vactivities & Governance	1	Briefly describe the organization's mission or most significant activities $\overline{ ext{INVE}}$ SUPPORT OF THE PERFORMING ARTS IN SOUTHER	STMENT ASTERN	IN AND FINANCIAL WISCONSIN.	—
rua	2	Check this box   (If the organization discontinued its operations or dispose	sed of more	e than 25% of its net assets	_
ove	3	Number of voting members of the governing body (Part VI, line 1a)			<u> 26</u>
අ	4	Number of independent voting members of the governing body (Part VI, line 1b)	TIED		25
es	5	Total number of individuals employed in calendar year 2010 (Part V, line C		5	34
Σ	6	Total number of volunteers (estimate if necessary)	• 30	12 (1)	00
ST.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12, \	0120	7a 7a	0.
<u>×</u>	b	Net unrelated business taxable income from Form 990-T, line 34			0.
ş		[7]	OF	Prior Year Current Year	_
	8	Contributions and grants (Part VIII, line 1h)	DEN	9,130,444. 10,118,25	
Ç	9	Program service revenue (Part VIII, line 2g)		94,743. 123,02	<u>0.</u>
7°E	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		267,068. 104,70	
j		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	9,492,255. 10,345,98	
<b></b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,250,335. 7,529,35	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4)	-		0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,227,704. 1,463,62	<del>6</del> .
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)			0.
ē	1	Total fundraising expenses (Part IX, column (D), line 25)   695,79	04.		
ω	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		996,036. 793,05	8.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,474,075. 9,786,03	<u>6.</u>
	19	Revenue less expenses. Subtract line 18 from line 12		18,180. 559,95	<u>1.</u>
Net Assets or Fund Balances			Ве	ginning of Current Year End of Year	
sets	20	Total assets (Part X, line 16)		10,488,217. 11,504,47	
ad B	21	Total liabilities (Part X, line 26)	<u> </u>	6,740,096. 6,878,46	
		Net assets or fund balances Subtract line 21 from line 20		3,748,121. 4,626,01	<u>2 .</u>
	art II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedule			IS
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wi	nich preparer	r has any knowledge	
۵.		Signature of officer		Date	—
Sig		DEANNA L TILLISCH, PRESIDENT & CEO		55.0	
Her	е	Type or print name and title		9	—
_		Print/Type preparer's name Preparer's signature		Date / Check PTIN	—
Paid	i	JILL M. BOYLE		118/12 If self-employed	
	parer	Firm's name SCHENCK SC		Firm's EIN	
	Only	Firm's address 11414 W PARK PLACE STE 200			_
	•	MILWAUKEE, WI 53224		Phone no (414)463-441	1
May	the If	RS discuss this return with the preparer shown above? (see instructions)			No
	01 02-2		ons.	Form <b>990</b> (20	110)

Form	990 (2010) UNITED PERFORMING ARTS FUND, INC. 39-6100399 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	THE UNITED PERFORMING ARTS FUND, INC. MISSION IS TO SECURE COMMUNITY
	RESOURCES AND IMPROVE THE QUALITY OF LIFE THROUGH RESPONSIBLE
	INVESTMENT IN AND FINANCIAL SUPPORT OF THE PERFORMING ARTS IN
	SOUTHEASTERN WISCONSIN.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ 8,738,816. Including grants of \$) (Revenue \$)
	THE FUNDS THAT THE UNITED PERFORMING ARTS FUND DISBURSES TO ITS 34
	MEMBER AND AFFILIATE ORGANIZATIONS ENABLES THEM TO TOUCH A MILLION
	PEOPLE INCLUDING OVER 400,000 CHILDREN ANNUALLY THROUGH EXCEPTIONAL
	PERFORMANCES, STIMULATING EDUCATION AND COMMUNITY OUTREACH PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	,
4d	Other program services (Describe in Schedule O.)
TU	(Expenses \$ Including grants of \$) (Revenue \$)
4e	0.720.016
	Form <b>990</b> (2010)

## Part IV Checklist 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
_	similar amounts as defined in Revenue Procedure 98-19? 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
٠	Schedule D, Part III	8		Х
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		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
	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	116		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	•	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	146		х
4 <i>E</i>	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		**
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-:-		<del></del>
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I	17	Х	
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	Х	igsqcup
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь	222	<u> </u>
		Form	990	(2010)

39-6100399 UNITED PERFORMING ARTS FUND, Page 4 Form 990 (2010) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2º If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Х disqualified person during the year? If "Yes," complete Schedule L, Part I **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 X 25b Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 Х 27 Schedule L. Part III 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Schedule N. Part II

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

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

35 Is any related organization a controlled entity 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 Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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

Form 990 (2010)

X

Х

X

X

X

32

33

34 35

36

37

Form 990 (2010) UNITED PERFORMING ARTS FUND, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
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 2a 34			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4a</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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		├
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
•	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h	'	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	:	1
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990'in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  [3b]			1
	Enter the amount of reserves on hand  Did the except steep receive any payments for indeer tanging conuces during the tax year?	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	-	1
O	in 169, has it lieu a Form (20 to report these payments: if 179, provide an explanation in Schedule O		990	/2010\

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

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		Х
6	Does the organization have members or stockholders?		6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the			
	governing body?		7a	İ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken				
_	by the following:	,			
а	The governing body?		8a	X	Ì
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the	-		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	oned at the	9		Х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code I			
000	tion B. I onoies (This dection b requests information about policies not required by the internal re	evenue oddo)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chanters affiliates			
D	and branches to ensure their operations are consistent with those of the organization?	criapters, armates,	10ь		
44-	·	ling the form?	11a	Х	<del></del>
	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ing the form.	110		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	х	1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	.1.4	128		
р	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ala give rise	104	Х	
	to conflicts?	11.Va II da a. m.b. a	12b	_ ^	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe	40-	X	
	in Schedule O how this is done		12c	X	<del> </del> -
13	Does the organization have a written whistleblower policy?		13	<u> </u>	Х
14	Does the organization have a written document retention and destruction policy?		14	ļ	Α.
15	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Х	1
а	The organization's CEO, Executive Director, or top management official		15a	X	
ь	Other officers or key employees of the organization		15b	<u> </u>	
	If "Yes" to line 15a or 15b, 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 arrange	ment with a			v
	taxable entity during the year?		16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızatıon's			1
	exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure	··			
17	List the states with which a copy of this Form 990 is required to be filed ▶WI				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	「(501(c)(3)s only) availa	able for		
	public inspection. Indicate how you make these available. Check all that apply				
	X Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of interest polic	y, and fina	ancial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the orga	nization:	<b>-</b>	_
	LINDA J. EDELSTEIN - 414-270-4486				
	929 N. WATER STREET, MILWAUKEE, WI 53202	<del></del>			

032006 12-21-10 Form **990** (2010)

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

Check if Schedule O contains a response to any question in this Part VII

#### 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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B)			(C Pos				( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and mie	Average hours per week (describe hours for related organizations in Schedule O)	rustee or director	lnstitutional trustee		that			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JANE BELL	1 00	.,						0	0	0
AT-LARGE DIRECTOR	1.00	X						0.	0.	0 .
TINA CHANG	1 00	v						0	^	_
CAMPAIGN CO-CHAIR	1.00	X				-		0.	0.	0 .
JON VAN DRISSE	1 00	v		v					0	_
TREASURER	1.00	X		X				0.	0.	0.
SUSAN FRAUTSCHI	1.00	X						0.	0.	0.
AT-LARGE DIRECTOR	1.00	^		<del> </del>	<u> </u>	<del> </del>		<u> </u>	· ·	
PAUL MATHEWS	1.00	X						0.	0.	0.
AT-LARGE DIRECTOR	1.00	_	-					0.	<u> </u>	
MIKE JONES	1.00	X						0.	0.	0.
AT-LARGE DIRECTOR	1.00	^	-	-		-		0.	0.	0.
ALEC FRASER	1.00	X		X				0.	0.	0.
IMMEDIATE PAST CHAIRPERS	1.00	^	-			├─		0.	0.	
MARK MILLER	1.00	X		X				0.	0.	0.
SECRETARY RICHARD MEEUSEN	1.00	-	-			-				<u> </u>
CHAIRPERSON	1.00	X		Х				0.	0.	О.
KEVIN STEINER		1		-	_	-				
AT-LARGE DIRECTOR	1.00	X						0.	0.	ο.
AUSTIN RAMIREZ			$\vdash$							
AT-LARGE DIRECTOR	1.00	X	1				ĺ	0.	0.	0.
PAUL PURCELL						$t^-$	1			-
AT-LARGE DIRECTOR	1.00	X						0.	0.	0.
GARY POLINER										
AT-LARGE DIRECTOR	1.00	X		İ				0.	0.	0.
GALE KLAPPA	_						T			
AT-LARGE DIRECTOR	1.00	X		L			L	0.	0.	0.
SUSAN FRONK							Γ			
AT-LARGE DIRECTOR	1.00	X					L	0.	0.	0.
WADE HOBGOOD										
AT-LARGE DIRECTOR	1.00	X	<u>L</u> .			L_		0.	0.	0.
CHARLES HARVEY										
AT-LARGE DIRECTOR	1.00	X		l		<u>L</u>		0.	0.	0.
032007 12-21-10										Form <b>990</b> (2010)

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Part VII Section A. Officers, Directors	Trustees, Key E								rees (continued)	399 Page 6
(A)	(B)				<del></del>			(D)	(E)	(F)
Name and title	Average hours per	Position (check all that apply)					ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PATRICK NOBLE										_
AT-LARGE DIRECTOR	1.00	X	ļ			_		0.	0.	0.
STEVE RICHMAN									_	_
AT-LARGE DIRECTOR	1.00	X						0.	0.	0.
CARLENE ZIEGLER	1 20									
AT-LARGE DIRECTOR	1.00	X	_	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.
ANNE ZIZZO	1 00				ļ				_	
AT-LARGE DIRECTOR	1.00	X	_		<del> </del>	-		0.	0.	0.
JULIA TAYLOR AT-LARGE DIRECTOR	1.00	x						0.	0.	0.
MARK FURLONG										
AT-LARGE DIRECTOR	1.00	X						0.	0.	0.
GREGORY RYAN					-					
AT-LARGE DIRECTOR	1.00	Х				ļ	<u> </u>	0.	0.	0.
JULIE TOLAN										
AT-LARGE DIRECTOR	1.00	X		<u> </u>		ļ	<u> </u>	0.	0.	0.
BETH WNUK					ĺ		1			
AT-LARGE DIRECTOR	1.00	X					<u> </u>	0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Pa	rt VII, Section A							333,683.	0.	6,797.
d Total (add lines 1b and 1c)						<u> </u>		333,683.	0.	6,797.
2 Total number of individuals (including b	out not limited to th	ose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 in reportable	_

	compensation from the organization			1
			Yes	No
3	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	3		X
4	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	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A)	(B)	(C)		
Name and business address	Description of services	Compensation		
TAYLAR DEVELOPMENT				
735 N. WATER STREET, MILWAUKEE, WI 53202	TELEFUNDING SERVICES	108,316		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

Part VII Section A. Officers, Directors, Tru	EKT OKTILI	mol	~~		2 h	liah	ost	Companyated Employ	39-010	0333
/A\	(B)	III	yee	:5, a "	<u>na r</u> C)	nign	est	(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)					Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual frustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RISTINA GARCIA-THOMAS			_							
PRESIDENT	50.00			Х				243,936.	0.	0
JINDA EDELSTEIN	40.00			Ų.				90 747	0	6 707
EXECUTIVE VICE PRESIDENT	40.00			Х				89,747.	0.	6,797
			-							
									<u> </u>	
			_							
							_			
			_						<u>.</u>	
Total to Part VII, Section A, line 1c		1			I		I	333,683.		6 <b>,</b> 797

UNITED PERFORMING ARTS FUND, INC.

Pa	rt VI	11	Statement of Rever	nue					
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	3	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	t	>	Membership dues	1ь					
is, g	c	>	Fundraising events	1c	314,245.				
agi F	c	t	Related organizations	1d					
S.E	e	€	Government grants (contribut	ions) 1e					
ig s	f		All other contributions, gifts, gran						
듗칅			similar amounts not included abo	ve 1f 9,8	304,014.				
gg	ç	3	Noncash contributions included in lines	1a-1f \$					
Q @	r	<u>1</u>	Total. Add lines 1a-1f	<del></del>		10118259.			·
-				Ļ	Business Code				
ice	2 a	3							
e e	t	•							
m S	C								
<u>R</u> a	•	t							
Program Service Revenue	•								
_	f		All other program service revertoral. Add lines 2a-2f	enue L					·····
	3	_	Investment income (including	dividende interes	<del>-</del>				
	3		other similar amounts)	dividends, interes	>t, and ▶	50,659.			50,659.
	4		Income from investment of ta	x-exempt bond or	roceeds				· · · · · · · · · · · · · · · · · · ·
	5		Royalties	ot oxompt botto p.	<b>&gt;</b>				
	•		,,,,,,,,,,,,	(ı) Real	(II) Personal			11.	, , , ,
	6 a	а	Gross Rents	, and the second					
	t	b	Less: rental expenses						
		С	Rental income or (loss)		- 77				
			Net rental income or (loss)		<b>•</b>				
	7 a	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	92,314.					
	ı	b	Less. cost or other basis						
			and sales expenses	19,946.					
	•	С	Gain or (loss)	72,368.		70 000		•	72 260
			Net gain or (loss)	Г	<u> </u>	72,368.			72,368.
Other Revenue	8 (		Gross income from fundraising including \$ 314, 2 contributions reported on line Part IV, line 18	245 of e 1c). See	227,224.				
the	ı		Less: direct expenses	ь	122,523.	]			
O			Net income or (loss) from fun	draising events	<b>&gt;</b>	104,701.			104,701.
	9 6	а	Gross income from gaming a	ctivities. See					
			Part IV, line 19	а					
	ı	b	Less: direct expenses	b					
	(	С	Net income or (loss) from gar	ning activities	<u> </u>				
	10 i	а	Gross sales of inventory, less	returns					
			and allowances	a		_			
			Less: cost of goods sold	ьĮ		-			
		<u>c</u>	Net income or (loss) from sale	· · · · · · · · · · · · · · · · · · ·					
			Miscellaneous Reveni	je	Business Code	4			
	11 8								-
		b		<del></del>	-	-	-		
		C	All other revenue			-		<del>-</del>	
		d a	Total. Add lines 11a-11d	1					-
	12	c	Total revenue. See instructions			10345987.	0.	0.	227,728.
0320		_	. S.E. 10401140. God matrochons			<u> </u>		<u> </u>	Form <b>990</b> (2010)



## Part IX Statement of Functional Expenses

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

	All other organizations must composite include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,529,352.	7,529,352.		,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	, , ,			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			W <sub>1</sub> 11-11-11-11-11-11-11-11-11-11-11-11-11	· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	295,035.	187,521.	17,145.	90,369.
6	Compensation not included above, to disqualified		· ·	•	<u>-</u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	918,261.	457,078.	149,030.	312,153.
8	Pension plan contributions (include section 401(k)	22 255	10 700	2 221	7 040
	and section 403(b) employer contributions)	23,957.	12,728.	3,281.	7,948. 37,809. 37,292.
9	Other employee benefits	113,965.	60,547. 59,720.	15,609. 15,396.	37,809.
10	Payroll taxes	112,408.	39,720.	15,390.	31,292.
11	Fees for services (non-employees)		i		
a	Management				<del></del>
b	Legal	32,700.		32,700.	- 113
c d	Accounting Lobbying	0277000		327.000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,988.		8,988.	· · · · · · · · · · · · · · · · · · ·
g	Other	32,090.	5,000.	22,090.	5,000.
12	Advertising and promotion	93,941.	75,153.	,	18,788.
13	Office expenses	53,265.	26,821.	9,214.	17,230.
14	Information technology	49,699.	13,270.	11,580.	24,849.
15	Royalties				
16	Occupancy	76,816.	38,715.	15,056.	23,045. 9,797.
17	Travel	37,919.	23,845.	4,277.	9,797.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 (46	11 022		11 022
19	Conferences, conventions, and meetings	23,646.	11,823.		11,823.
20	Interest	<del></del>			
21	Payments to affiliates	17,459.		17,459.	
22	Depreciation, depletion, and amortization	27,722.	20,023.	3,042.	4,657.
23 24	Insurance Other expenses Itemize expenses not covered	21,122.	20,023.	3,012.	1,037
24	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			***************************************	
а	TELEFUNDING	127,029.	63,514.		63,515.
ь	DIRECT PROGRAM EXPENSE	75,033.	75,033.		<del></del>
c	BANK AND CREDIT CARD FE	50,516.		26,536.	23,980.
d	EVENTS AND DONOR BENEFI	43,560.	43,560.		
е	PRINTING & PUBLICATIONS	39,521.	33,593.		5,928.
f	All other expenses	3,154.	1,520.	113.	1,521.
25	Total functional expenses. Add lines 1 through 24f	9,786,036.	8,738,816.	351,516.	695,704.
26	Jaint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	solicitation				Form 990 (2010)

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	990 (		ING ARTS FUND, II	NC.	39-	6100399 Page <b>11</b>
Par	t X	Balance Sheet	<u></u>			(D)
	•			(A) Beginning of year		<b>(B)</b> End of year
		0		3,454,151.	1	5,336,292.
	1	Cash · non-interest-bearing	1,292,971.	2	293,666.	
	2	Savings and temporary cash investments	2,638,695.	3	2,088,497.	
	3	Pledges and grants receivable, net		1,337.	4	0.
	4	Accounts receivable, net	rootoro truotogo kov	1,007.	-	
	5	Receivables from current and former officers, di	t t			
		employees, and highest compensated employee of Schedule L	es. Complete Fait II		5	
	•		defined under section	<del>, ,,,,</del>	-	· ·· · · · · · · · · · · · · · · · · ·
	6	Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of section				
			1		6	
Ş	7	employees' beneficiary organizations (see instru Notes and loans receivable, net	Ctions)	<del></del>	7	
Assets	7	Inventories for sale or use			8	<del></del>
Ř	8	Prepaid expenses and deferred charges		4,357.	9	29,560.
	9	Land, buildings, and equipment, cost or other	1 1	2,00		
	iva		10a 268,842.			
	_	basis. Complete Part VI of Schedule D	10b 211,224.	71,452.	10c	57.618.
		Less: accumulated depreciation Investments · publicly traded securities	100 211/2210	3,025,254.	11	57,618. 3,698,844.
	11 12	Investments - publicly traded securities  Investments - other securities. See Part IV, line	11		12	
	13	Investments - order securities. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	10,488,217.	16	11,504,477.	
	17	Accounts payable and accrued expenses		6,740,096.	17	11,504,477. 6,878,465.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo				
abii		highest compensated employees, and disqualif				
۳		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		6,740,096.	26	6,878,465.
		Organizations that follow SFAS 117, check h	ere 🕨 🗓 and complete			
S		lines 27 through 29, and lines 33 and 34.				
ğ	27	Unrestricted net assets		2,577,060. 1,171,061.	27	3,403,929. 1,222,083.
Sala	28	Temporarily restricted net assets		1,171,061.		1,222,083.
Ā	29	Permanently restricted net assets			29	
Fu		Organizations that do not follow SFAS 117, or	heck here 🕨 🔲 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or e			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds	2 740 101	32	1 626 012
Z	33	Total net assets or fund balances		3,748,121.	33	4,626,012.
	1			: III /IXX / [ /	24	

4,626,012. 11,504,477. Form **990** (2010)

3,748,121. 10,488,217.

Total liabilities and net assets/fund balances

1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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		Х
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	36		

Form **990** (2010)

#### **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

Open to Public Inspection

Name of the organization

Employer identification number 39-6100399 UNITED PERFORMING ARTS FUND, 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 c Type III · Functionally integrated d \_\_\_\_ Type III · Other **b** Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	organization	(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
	<del></del> -								
					1				
	····								
otal									

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

INC.

39-6100399 Page 2

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") 10557291.10596682.8569099.9130444.9804014.4	18657530.
2 Tax revenues levied for the organ-	
ization'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 Total. Add lines 1 through 3 10557291.10596682. 8569099. 9130444. 9804014.4	18657530.
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)	4655376.
	4002154.
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 10557291.10596682. 8569099. 9130444. 9804014.4	8657530.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 273,507. 83,422. 60,756. 19,096. 50,659.	487,440.
9 Net income from unrelated business	10,,1100
activities, whether or not the	
business is regularly carried on	
10 Other income Do not include gain	
or loss from the sale of capital assets (Explain in Part IV.)  292,290. 267,068. 418,946.	978.304.
	0123274.
	163,835.
12 Gross receipts from related activities, etc. (see instructions)  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)	103,033.
organization, check this box and <b>stop here</b>	▶□
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	87.79 %
	92.00 %
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	<b>►</b> X
stop here. The organization qualifies as a publicly supported organization	
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	<b>▶</b> □
and stop here. The organization qualifies as a publicly supported organization	r more
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	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	zation _
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	000
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 100 and 100 a	U% Of
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	
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  Schedule A (Form 990)	

## 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.)

Se	ction A. Public Support	Sievi, piedes serin	oto i dit iii,				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 201	0 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		_				
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that			-			
	are not an unrelated trade or bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				<del> </del>		
J	furnished by a governmental unit to	[					ĺ
	· -						
	the organization without charge				<del> </del>	<del> </del>	
	Total. Add lines 1 through 5		-	-	<del>                                     </del>	<del>  -</del>	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<del>                                     </del>	<del>                                     </del>	
•	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				<del></del>	<del> </del>	
	Add lines 7a and 7b		<u> </u>			<del> </del>	
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	1	1		1	1	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 200 <u>8</u>	(d) 2009	(e) 201	10 (f) Total
	Amounts from line 6			<del></del>	<del> </del>	<del> </del>	<del></del>
10a	Gross income from interest, dividends, payments received on			ļ			
	securities loans, rents, royalties						
	and income from similar sources				<del>                                     </del>		
t	Unrelated business taxable income	ļ	ļ				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business		}				
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	organization,
	check this box and stop here				· <del></del>		<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<del> </del>
15	Public support percentage for 2010 (	line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	
Se	ction D. Computation of Inve	stment Incom	e Percentage			<del>, , _</del>	
17	Investment income percentage for 20	)10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18						18	%
19	33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, an	d line 17 is not
	more than 33 1/3%, check this box a						▶□
1	33 1/3% support tests - 2009. If the						1/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>▶</b>
	<del> </del>						

032023 12-21-10

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

UNITED PERFORMING ARTS FUND, INC.

Employer identification number

	UNITED PERFORMING		39-6100399
Pa			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
-	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		Yes No
Pai		panization answered "Yes" to Form 990. P	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	<del></del>	torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space	Treservation of a certification	med filstofic structure
2		find concentation contribution in the form	of a conceniation accoment on the last
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form	or a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total averbay of accompation accompate		
a	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	` '	2c
d	Number of conservation easements included in (c) acquired	after 8/1 //06, and not on a historic structu	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe	- · ·	Yes No
	violations, and enforcement of the conservation easements i		. — … — …
6	Staff and volunteer hours devoted to monitoring, inspecting,		•
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1700	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Da	conservation easements  *t III   Organizations Maintaining Collections o	f Art. Historical Transuras, or O	ther Similar Assets
ra	Complete if the organization answered "Yes" to Form	•	tilei Ollilliai Assets.
ıa	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		and the state of t
D	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

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Schedule D (Form 990) 2010

(d) Book value Description of investment (a) Cost or other (b) Cost or other (c) Accumulated basis (investment) basis (other) depreciation 1a Land **b** Buildings 15,767. 11,586. 4,181. c Leasehold improvements 253,075. 199,638. 53,437 d Equipment Other 57,618. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. Se	ee Form 990, Part X, line	12.		
. (	Description of security or category     (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year man	
(1) Financi	ial derivatives				
(2) Closely	r-held equity interests				
(3) Other		<u> </u>			<del></del>
(A)					<del>_</del>
(B)					-
(C)			<del> </del>		
(D)					
(E)(F)				· <del>-</del>	<del> </del>
(G)					
(H)					
(1)					
	b) must equal Form 990, Part X, col (B) line 12 ) ▶				
	Investments - Program Related. S	ee Form 990, Part X, line	13.		· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1)					
(2)					
(3)					<del> </del>
(4)					
(5)					
(6)					
<u>(7)</u> <u>(8)</u>	······				
(9)	·				<del></del>
(10)					
	b) must equal Form 990, Part X, col (B) line 13 )				
Part IX		15			
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> (8)		<del></del>	- <del> </del>		
(9)					
(10)					
	umn (b) must equal Form 990, Part X, col (B) lin	e 15.)		<b>•</b>	
Part X	Other Liabilities. See Form 990, Part X,				
1.	(a) Description of liability		(b) Amount		
(1) Fed	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	uma (h) must sould Farra 200 Part V and (D) to	0.25.)	·		
FIN 48 (A	umn (b) must equal Form 990, Part X, col (B) lin SC 740) Footnote In Part XIV, provide the text of the footnote t SC 740)	to the organization's financial state	ements that reports the organi	l ization's liability for uncertai	n tax positions under

	dule D (Form 990) 2010 UNITED PERFORMING ARTS FU				6100399	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Fin	ancial Stat	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		10,345,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		9,786,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			951.
4	Net unrealized gains (losses) on investments		4		317,	940.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			940.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a		10			891.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per l	Returi	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1	11,782,	<u>618.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	317,940	•		
b	Donated services and use of facilities	2b 1,	005,156	•		
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d	113,535	<u>.</u>		
е	Add lines 2a through 2d			2e	1,436, 10,345,	<u>631.</u>
3	Subtract line 2e from line 1			3	10,345,	987.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		╛		
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	10,345,	<u>987.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial State	ments With Ex	kpenses pe	r Retu	ırn	
1	Total expenses and losses per audited financial statements			1	10,904,	727.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					
а	Donated services and use of facilities	2a 1,	005,156	•		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIV)	2d	122,523	<u>.</u> ]		
е	Add lines 2a through 2d			2e	1,127,	
3	Subtract line 2e from line 1			3	9,777,	048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	_		
b	Other (Describe in Part XIV.)	4b	8,988	<u>.</u>		
С	Add lines 4a and 4b			4c		988.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,786,	<u>036.</u>
Par	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	l III, lines 1a and 4	, Part IV, lines	1b and	2b; Part V, line	4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor	nplete this part to	provide any a	dditiona	l information.	
PAF	RT V, LINE 4: THE UNITED PERFORMING ARTS	FUND (UPA	F) ESTA	BLIS	HED THE	
ראזר	DOWMENT FUND FOR THE SOLE BENEFIT OF UPAF	DONOB	DECTRIC	תקיי	ENDOWMEN	יחי
TOTAL	DOWNENT FOND FOR THE BOLL BENEFIT OF GIAL	• DONOR	KLDIKIC	1110_	Пирошин	11
FUN	NDS ARE INVESTMENTS HELD AT THE GREATER M	ILWAUKEE	FOUNDAT	ION.	ALL	
INI	VESTMENT INCOME EARNED BY THE ENDOWMENT F	UND MAY B	E ADDED	TO	THE	
PRI	INCIPAL, EXPENDED FOR CURRENT OPERATIONS,	OR GIVEN	TO MEM	BER_		_
ORGANIZATIONS AT THE DISCRETION OF THE BOARD OF DIRECTORS. THE LETTER OF						
AGF	REEMENT PERTAINING TO THE MANAGEMENT OF T	HE ENDOWM	ENT FUN	D PE	RMITS,	
UNI	DER CERTAIN CIRCUMSTANCES, THE DISTRIBUTI	ON OF THE	PRINCI	PAL		
				0 - 1	J. J. D / Carry 0	001 204A

Schedule D (Form 990) 2010 UNITED PERFORMING ARTS FUND, INC.  Part XIV Supplemental Information (continued)	39-6100399 Page 5
TO UPAF.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	122,523.
INVESTMENT FEES	-8,988.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	113,535.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	122,523.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES	8,988.

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

# 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.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

Employer identification number

UNITED	PERFORMING ARTS FU	JND,	IN	C	39-6100	399
Part I Fundraising Activities required to complete this pa	Complete if the organization answrt	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990⋅EZ	filers are not
<ul> <li>1 Indicate whether the organization rail</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, If</li> <li>b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e X Solicita  f Solicita g X Special  or oral agreement with any individual  Part VII) or entity in connection with particular or entities (fundraisers) pure	tion of tion of fundra (includer profess	non-g gover alsing ding o lonal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or X Yes	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
TAYLAR DEVELOPMENT, - 735 N		Yes	No			
WATER ST, MILWAUKEE, WI	TELEFUNDING		x	308,422.	108,316.	200,106.
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrib	<b>▶</b>	308,422.	108,316.	200,106. egistration
or licensing.						

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 UNITED PERFORMING ARTS FUND, INC. 39-6100399 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events MILLER LITE NONE (add col. (a) through RIDE FOR THE col (c)) (event type) (event type) (total number) 541,469. 541,469. Gross receipts 314,245. 314,245. Less: Charitable contributions 227,224. 227,224. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses 8,104. 8,104. Rent/facility costs 6,632. 6,632. Food and beverages 2,500. 2,500. Entertainment 105,287. 105,287. Other direct expenses 122,523, 10 Direct expense summary. Add lines 4 through 9 in column (d) 104,701 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add

Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain: Schedule G (Form 990 or 990-EZ) 2010 032082 01-13-11

27

O-L	edule G (Form 990 or 990-EZ) 2010 UNITED PERFORMING ARTS FUND, INC. 39-	6100399	D 2
	Does the organization operate gaming activities with nonmembers?	100399 Yes	Page 3
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	1es	NO
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in		-
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ь	olf "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 of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Calling Hallager comportation 2 4		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<b>-</b>	organization's own exempt activities during the tax year ▶ \$		D 4 III
	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
<u>(</u> I	) NAME OF FUNDRAISER: TAYLAR DEVELOPMENT,		
<i>(</i> T	) ADDRESS OF FUNDRAISER: 735 N WATER ST, MILWAUKEE, WI 53202		
(1	) ADDRESS OF FUNDRAISER: 735 N WATER ST, MILWAUKEE, WI 53202		
_			
	Schadula G (For	- 000 at 000	-E7\ 2010

**2 Employer identification number** 39-6100399 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant Q Ö ģ Q FINANCIAL SUPPORT OF or assistance INANCIAL SUPPORT INANCIAL SUPPORT FINANCIAL SUPPORT FINANCIAL SUPPORT X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OPERATIONS PERATIONS OPERATIONS OPERATIONS OPERATIONS recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government assistance or government assistance or government assistance or government of the process of the process of the process of organization (c) IRC section or graphicable or graphicable cash grant assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ٥. ö Ö ö Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 51,812 150,295 499,051 662,545 839,981 INC FUND, 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) ARTS 39-1634828 UNITED PERFORMING 39-1098132 39-1134735 39-6078185 39-1734312 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization MILWAUKEE BALLET COMPANY, INC. BEL CANTO CHORUS OF MILWAUKEE FLORENTINE OPERA COMPANY FIRST STAGE MILWAUKEE 325 W. WALNUT STREET MILWAUREE, WI 53202 MILWAUKEE, WI 53202 504 W. NATIONAL AVE MILWAUKEE, WI 53202 MILWAUKEE, WI 53202 MILWAUKEE, WI 53204 1661 N WATER STREET Name of the organization 770 N WATER STREET Department of the Treasury DANCEWORKS, INC 158 N BROADWAY Internal Revenue Service SCHEDULE (Form 990) Part 1 Part #

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3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032101 01-13-11

Enter total number of section 501(c)(3) and government organizations

23.

Q

FINANCIAL SUPPORT

OPERATIONS

ö

131,136

501(C)(3)

39-1323345

MILWAUKEE CHAMBER THEATRE, LTD

MILWAUKEE, WI 53202

N

158 N BROADWAY

Schedule I (Form 990) (2010)

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(	_	)
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Schedule I (Form 990) UNITED PERFORMING ARTS FUND, INC.  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	PERFORMING ther Assistance to Go	ARTS FUND,	INC. nizations in the U	nited States (Sche	dule I (Form 990), Par		39-6100399 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE CHILDREN'S CHOIR PO BOX 13065 WAUWATOSA, WI 53213	39-1989384	501(c)(3)	78,359.	.0			FINANCIAL SUPPORT OF OPERATIONS
MILWAUKEE PUBLIC THEATRE, INC 626 E KILBOURN AVE MILWAUKEE, WI 53202	23-7219570	501(c)(3)	87,652.	.0			FINANCIAL SUPPORT OF OPERATIONS
MILWAUKEE REPERTORY THEATER, INC. 108 E WELLS STREET MILWAUKEE, WI 53202	39-0946025	501(c)(3)	1,160,865.	°.			FINANCIAL SUPPORT OF OPERATIONS
MILWAUKEE SYMPHONY ORCHESTRA, INC 700 N WATER STREET MILWAUKEE, WI 53202	39-6023436	501(C)(3)	2,402,993.	0			FINANCIAL SUPPORT OF OPERATIONS
MILWAUKEE YOUTH SYMPHONY ORCHESTRA, INC - 929 N WATER STREET - MILWAUKEE, WI 53202	39-0973594	501(C)(3)	365,373.	0			FINANCIAL SUPPORT OF OPERATIONS
NEXT ACT THEATRE, INC. 342 N WATER STREET MILWAUKEE, WI 53202	39-1553360	501(C)(3)	151,221.	.0			FINANCIAL SUPPORT OF OPERATIONS
PRESENT MUSIC, INC 1840 N. PARWELL MILWAUKEE, WI 53202	39-1438119	501(C)(3)	176,381.	0			FINANCIAL SUPPORT OF OPERATIONS.
RENAISSANCE THEATER WORKS, INC 342 N WATER STREET MILWAUREE, WI 53202	39-1783607	501(C)(3)	99,004.	.0			FINANCIAL SUPPORT OF OPERATIONS
SKYLIGHT OPERA THEATRE CORPORATION 158 N BROADWAY MILWAUKEE, WI 53202 LHA	39-0975374	501(c)(3)	531,864.	0			FINANCIAL SUPPORT OF OPERATIONS Schedule! (Form 990)
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Schedule I (Form 990)	UNITED PE	REORMING	UNITED PERFORMING ARTS FUND,	INC.			35	39-6100399	Page 1
Part II Continuation of Grants and Other Assistance to Governments and	Grants and Other	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)	ת וו.)		
(a) Name and address of	dress of	( <b>p</b> ) EIN	(c) IRC section	(d) Amount of	of (e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant	ırant
organization or government	vernment		if applicable	cash grant	non-cash	valuation	non-cash assistance	or assistance	, ω

(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOULEVARD ENSEMBLE STUDIO THEATRE PO BOX 238 MILWAUKEE, WI 53201	39-1648375	501(C)(3)	12,110.	.0		7	FINANCIAL SUPPORT OF OPERATIONS
FESTIVAL CITY SYMPHONY 4240 N ARDMORE AVE MILWAUKEE, WI 53211	39-1777883	501(C)(3)	13,500.	0.			FINANCIAL SUPPORT OF OPERATIONS
IN-TANDEM THEATRE, INC 628 N 10TH STREET MILWAUKEE, WI 53233	39-1938277	501(C)(3)	33,365.	.0			FINANCIAL SUPPORT OF OPERATIONS
LATINO ARTS, INC 1028 S 9TH STREET MILWAUKEE, WI 53204	39-1548491	501(C)(3)	11,250.	0			FINANCIAL SUPPORT OF OPERATIONS
MILWAUKEE CHORAL ARTISTS 2512 E LINWOOD AVE MILWAUKEE, WI 53211	39-1989600	501(C)(3)	6,000,	0			FINANCIAL SUPPORT OF OPERATIONS
WAUKESHA SYMPHONY ORCHESTRA 234 W MAIN STREET, SUITE 9 WAUKESHA, WI 53186	39-6056460	501(C)(3)	9,750.	0.			FINANCIAL SUPPORT OF OPERATIONS
WILD SPACE DANCE COMPANY 350 E KILBOURN AVE, SUITE 550 MILWAUKEE, WI 53202	39-1602186	501(C)(3)	12,625.	0			FINANCIAL SUPPORT OF OPERATIONS
KO-THI DANCE COMPANY P.O. BOX 1093 MILWAUKEE, WI 53201	23-7228502	501(C)(3)	8,500.	o			FINANCIAL SUPPORT OF OPERATIONS
LHA							Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance 39-6100399 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. TO ENSURE STABILITY, AS WELL AS WILL RECEIVE A TOTAL OF \$7,388,532 AND \$140,820 WILL GO TO UPAF AFFILIATES. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE 2011-12 SEASON TO ITS MEMBER AND AFFILIATE GROUPS. UPAF MEMBER GROUPS THE ALLOCATION OF UNRESTRICTED OPERATING FUNDS TO UPAF MEMBER GROUPS IS \$7,529,352 (d) Amount of non-cash assistance I, PART I, LINE 2: UPAF IS DISTRIBUTING A TOTAL OF INC. (c) Amount of cash grant UNITED PERFORMING ARTS FUND, A FORMULA CONSISTING OF CORE FUNDS (b) Number of recipients Part III can be duplicated if additional space is needed. (a) Type of grant or assistance Schedule I (Form 990) (2010) SCHEDULE BASED ON Part III

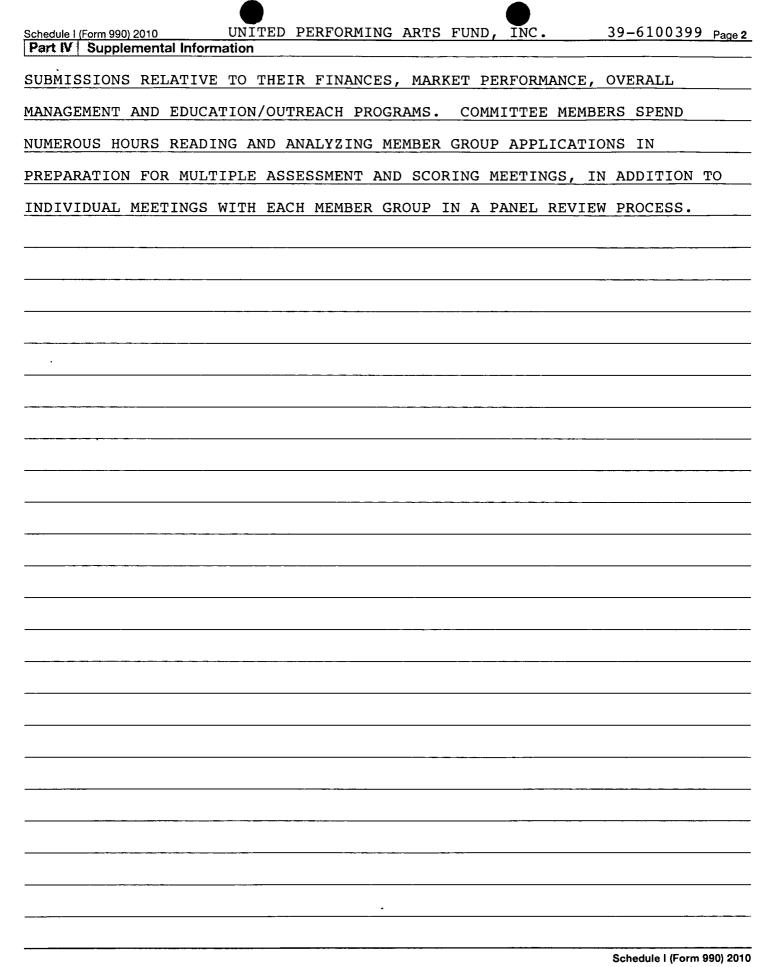
UPAF'S FUND DISTRIBUTION COMMITTEE EVALUATES MEMBER GROUPS' PROCESS, 032102 01-13-11

ADDITION, MEMBER GROUPS EARN FUNDS FOR THEIR PARTICIPATION IN, AND SUPPORT

ADDITIONAL FUNDS BASED ON AN ASSESSMENT OF ORGANIZATIONAL PERFORMANCE.

THROUGHOUT THIS RIGOROUS ALLOCATION REVIEW

OF, THE ANNUAL UPAF CAMPAIGN.



## SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

AND LAKE

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED PERFORMING ARTS FUND, INC.

Employer identification number 39-6100399

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Payments for business use of personal residence  Tax indemnification and gross-up payments  Results or for a person listed in Form 990,  Housing allowance or residence for personal use  Payments for business use of personal residence  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee Independent compensation consultant Form 990 of other organizations  Written employment contract Compensation survey or study Approval by the board or compensation committee			***************************************
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.	4-		v
a		4a	-	X
b		4b 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	46		
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a	Ì	X
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	ļ	X
_	If "Yes" to line 6a or 6b, describe in Part III.		1	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		X
٥	not described in lines 5 and 6? If "Yes," describe in Part III	<u>                                   </u>		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		X
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			**
9	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	<b>E</b>	162,436.	81,500.	0	0	0	243,936.	0
1 CRISTINA GARCIA-THOMAS (ii)	<u>(ii)</u>	0	0.	0.	0	0	0	0
	3							
2	<u>(ii)</u>							
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Schedule J (Form 990) 2010

#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public

Name of the organization

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

UNITED PERFORMING ARTS FUND, INC.

Inspection
Employer identification number

39-6100399

Schedule L (Form 990 or 990-EZ) 2010

Part I	<b>Excess Benefit</b>	t Transacti	ons (section	on 501(c)(3) and section	n 501(c)(4) organizatio	ns only).					
				on Form 990, Part IV,				V, line 40	)b		
1										(c) Corr	rected?
	(a) Name of dis	squalified per	son		(b) Description	of transa	iction			Yes	No
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2 Enter t	he amount of tax imp	osed on the	organization	managers or disqualifi	ed persons during the	Vearun	dor				
section		osea on the t	Jigariization	managers or disqualin	ea persons during the	year un	u <del>e</del> i	<b>▶</b> \$			
		on line 2	abava raim	bursed by the organiza	ation.			<b>→</b> \$			
3 Elitert	ne amount of tax, if a	iny, on line 2,	above, reim	bursed by the organiza	ation			•			
Part II	Loans to and/o	r From Int	orested	Porcone							
raite								_			
/=\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				on Form 990, Part IV,		l l		(f) Apr	roved	1	
	me of interested on and purpose		to or from nization?	(c) Original principal amount	(d) Balance due		In ault?	by bo	ard or	(g) W agreer	ritten
Polo	on and purpose			- umount			I		ittee?_	1	
		То	From			Yes	No	Yes	No	Yes	No
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Total			*	<b>▶</b> \$			<del> </del>		<del></del>		
Part III	Grants or Assis	stance Ber	nefiting la	nterested Persons	S.	<u> </u>		· · · · · · · · · · · · · · · · · · ·		<i></i>	••••••
			_	on Form 990, Part IV,							
le	) Name of interested			(b) Relationship between		and		(c) Am	ount an	d type of	 F
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule L (Form 990 or 990-EZ) 2010	· · · · · · · · · · · · · · · · · · ·				Page :
Part IV Business Transactions Involv	ring Interested Persons.				
. Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
ANNE ZIZZO	AT LARGE DIRECTOR O	37,500.	PROVIDES MA		X
				_	
					<u> </u>
Part V Supplemental Information					
Complete this part to provide addition	al information for responses to question:	s on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
			-		
(A) NAME OF PERSON: ANNE 2	ZIZZO				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	D ORGANIZAT	TION:		
AT LARGE DIRECTOR OF ORGAN	NIZATION AND CEO OF	ZIZZO GROUE	ADVERTISIN	G &	PR
(D) DESCRIPTION OF TRANSAC	CTION: PROVIDES MARK	ETING, BRAN	DING, CREAT	IVE	
DEVELOPMENT, ADVERTISING A	AND PUBLIC RELATIONS	SERVICES.			
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#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public inspection

100

UNITED PERFORMING ARTS FUND, INC. **Employer identification number** 39-6100399

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN INDEPENDENT AUDITOR IN CONSULTATION WITH THE UNITED PERFORMING ARTS FUND'S FINANCE AND OPERATIONS DIRECTOR. AFTER A DRAFT OF THE 990 IS PREPARED, THEUNITED PERFORMING ARTS FUND EXECUTIVE VICE PRESIDENT REVIEWS THE RETURN FOR ACCURACY. THEN, THE RETURN IS PRESENTED TO UPAF'S AUDIT AND COMPLIANCE COMMITTEE AND BOARD FOR FINAL APPROVAL AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS ANNUALLY ADMINISTERED TO ALL CURRENT UPAF BOARD, STAFF AND STANDING COMMITTEE MEMBERS FOR COMPLETION. RESULTS ARE COMPILED, REVIEWED AND ANY NECESSARY ACTIONS THAT NEED TO BE TAKEN TO MAINTAIN COMPLIANCE WITH THE POLICY ARE IMPLEMENTED IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15: THE CURRENT BOARD CHAIR, INCOMING BOARD CHAIR AND GOVERNANCE COMMITTEE MET, REVIEWED, DELIBERATED AND APPROVED THE CURRENT UPAF PRESIDENT'S CONTRACT AND COMPENSATION. THIS DELIBERATION HAPPENED OVER SEVERAL MONTHS BEGINNING IN MID AUGUST, 2011 WITH A FINAL APPROVED CONTRACT BY ALL PARTIES ACCEPTED IN NOVEMBER 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

317,940.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)