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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)

OMB No 1545-0047

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

Open to Public Inspection

AI	or the	2011 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identif	ication number
	Addres	OCONOMOWOC AREA FOUNDATION, INC.			1	
F	Name change	Doing Business As			75-326	56194
F	Initial	Number and street (or P 0, box if mail is not del	vered to street address)	Room/suite	E Telephone numbe	er
F	Termin-	101 W. PLEASANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	210	·	72-5805
	lated Amendo return				G Gross receipts \$	1,996,764.
	Applica	1			H(a) Is this a group i	return
_	pendini	F Name and address of principal officer PATT1	DEW		for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliates in	
	Tax-exe	mpt status x 501(c)(3) 501(c) ( )		or 527	If "No." attach a	a list (see instructions)
_		N/A			H(c) Group exempte	,
		<del>- · · · · · · · · · · · · · · · · · · ·</del>	sociation Other	L Year	<del></del>	M State of legal domicile WI
		Summary	<del></del>	<del></del>	<del></del>	<del> </del>
		Briefly describe the organization's mission or most	significant activities: SEE ST	ATEMENT	1	· · · · · · · · · · · · · · · · · · ·
Governance	' '	meny describe the digamization a mission of most				
ı.	2 6	Check this box   if the organization disco	e than 25% of its net a	ssets		
Ş.		lumber of voting members of the governing body			з	17
Ğ	1	lumber of independent voting members of the go	•		4	17
Activities &	1	otal number of individuals employed in calendary	- · · ·		5	0
<u>i</u>	1	otal number of volunteers (estimate if necessary)			6	0
₹	1	otal unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	0.
Š		let unrelated business taxable income from Form	• •		7b	
_	<del> </del> :	tot dillolated Scoll oce taxable interine neith entre		T	Prior Year	Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)			1,301,798	. 255,282.
		Program service revenue (Part VIII, line 2g)			0	. 0.
e ve	1	nvestment income (Part VIII, column (A), lines 3, 4	. and 7d)		138,859	. 296,748.
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		0	. 0.	
		otal revenue - add lines 8 through 11 (must equal			1,440,657	. 552,030.
_		Grants and similar amounts paid (Part IX, column (			345,760	. 547,569.
	1	Benefits paid to or for members (Part IX, column (A	· ·		0	. 0.
S	1	Salaries, other compensation, employee benefits (			0	. 0.
Expenses	16a I	Professional fundraising fees (Part IX, column (A),	11 /		0	. 0.
ē	Ь-	otal fundraising expenses (Part Recolumn (D), lin		,984.		
ũ	17 (	Other expenses (Part IX, column (A), lines\11/a-11d			85,898	. 110,591.
	18	otal expenses Add lines 13-17 (must equal Part I	X. column (A) line 25)		431,658	. 658,160.
		Povonue less expenses Subtract line 18 from line	12 12		1,008,999	. <106,130.>
10	3	L Unit	I IIT	В	eginning of Current Year	End of Year
ssets c	20	otal assets (Part X, line 16)	<u>v, U   </u>		6,990,543	6,539,001.
	. 21	Total liabilities (Part X, line 26)			80,588	. 80,848.
	22	Net assets or fund balances. Subtract line 21 from	line 20		6,909,955	6,458,153.
	art II	Signature Block				
		ties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is
ू true	e, correc	, and complete Declaration of preparer (of er than office	er) is based on all information of v	vhich prepare	r has any knowledge,	
3		JATT TO			4-1	13-10/
ے Sıو	gn	Signature of officer			Date	_
He	re	PATTI DEW, ASSISTANT TREASURER				
Signal He		Type or print name and title	· · · · · · · · · · · · · · · · · · ·	·	N-1	T DYIN
2		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pa	ıd				self empt	pyed
Pre	parer	Firm's name			Firm's EIN	
Us	e Only	Firm's address				
_					Phone no.	
Ma	v the IF	S discuss this return with the preparer shown ab-	ove? (see instructions)			L Yes

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:
•	SEE STATEMENT 1
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  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	The title organization contact and the title of the title
_	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 547,569. including grants of \$ 547,569. ) (Revenue \$
74	SEE STATEMENTS 1 & 3
4b	(Code) (Expenses \$
4c	(Code         ) (Expenses \$ including grants of \$
70	(COURT   / Lixbelloes a
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 547,569.
	Form <b>990</b> (2011

Form 990 (2011) OCONOMOWOC AREA FO
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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	L
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			ļ
	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 temporarily restricted endowments, permanent			}
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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	441		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 45		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<del>-</del> -
128	Schedule D, Parts XI, XII, and XIII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	х
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		X
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
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	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u>.</u>	<u> </u>

Form 990 (2011) OCONOMOWOC AREA FOUNDATION,
Part IV Checklist of Required Schedules (continued)

			Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		. ,	
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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			v
	Schedule K If "No", go to line 25	24a		<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2 <del>4</del> u		
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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)			۱
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	х	<del></del>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<del>                                      </del>
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<del>                                     </del>
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			١
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	<del>  ^-</del> -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	<del>                                     </del>	<del></del> -
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Note. All Form 930 filets are required to complete schedule o			2011)

Form 990 (2011) OCONOMOWOC AREA FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response to any question in this Part V			<u></u>
be Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable   Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  bill at least one is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-life (see instructions)  3b. If If Yas, 1 has it field a Form 950 For five year If 17%, provide an explanation in Schedule 0  4a. A tary time during the calendar year, did the organization have an interest in, or a signature or other fundability of the financial account; or other financial				Yes	No
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Einder the number of employees reported on Form W.9, Transmittal of Wage and Tax Statements, field for the cellendar year ending with or within the year covered by this return  1 If a least one is reported on Interest and 2 as it greater than 250, you may be required to e-file (see instructions)  3 Least a least a second of the seco	<b>1</b> a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 0			ĺ
Capabiling winnings to pruse winners?   1c   x   2c   2c   Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.   2a   0   0   1   1   1   1   1   1   1   1	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  by I stal teast one is reported on line 2a, did the organization field required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  3 bit he organization have unrelated business gross income of \$1,000 or more during the year?  3 bit he vise, "has it field a Form 990 f for this year? If "No," provide an explanation in Schedule O  3 bit he organization and a foreign country (such as a bank account, securities account, or other financial accounts)  5 bit "Yes," enter the name of the foreign country.  5 cen instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5 was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 bit "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 bit "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 constitutions that were not tax deductible?  6 bit "Yes," to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 bit "Yes," did the organization include with every solicitations and express statement that such contributions or gifts were not tax deductible?  9 bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 bit the organization receive a payment it excess of 35 made party as a contribution and party for goods and services provided to the payor?  7 bit "Yes," did the organization include with every solicitation an express statement that such contributions or did to the payment of the payment of the probability of t	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
Heat for the calendary year ending with or within the year covered by this return    Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)   All the sum of lines 1 and 2a is greater than 3a is a sum of the sum of the and instruction of the sum of the annual account; see instructions for filing requirements for Form 15 90 22 1. Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form 15 P 90 22 1. Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form 15 P 90 22 1. Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form 15 P 90 22 1. Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form 15 P 90 22 1. Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form 15 P 90 22 1. Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form 15 P 90 22 1. Report of Foreign Bank and Financial Accounts   See instructions for end to a character of the companies of the support of the su		(gambling) winnings to prize winners?	1c	Х	
b if at least one is reported on line 2a, ad the organization file all required federal employment tax returms?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 4-rife (see instructions)  3	<b>2</b> a				l
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 0			1
38 Du the organization have unrelated business gross income of \$1,000 or more during the year?  59 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  50 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)?  50 If "Yes," the retire the name of the foreign country Such as a bank account, securities account, or other financial Accounts  51 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  52 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  53 Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  54 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  55 Did to the organization include with every solicitation an express statement that such contributions origits were not tax deductible?  55 Did the organization shat may receive deductible contributions under section 170(c).  56 Did the organization shat may receive deductible contributions under section 170(c).  57 Did the organization shat may receive deductible contributions under section 170(c).  58 Did the organization shat may receive deductible contributions under section 170(c).  59 Did the organization receive a psyment in excess of \$75 made party is a contribution and party for goods and services provided to the payor?  50 Did the organization receive application in a did the organization and party to goods and services provided to the payor?  50 Did the organization contribution of the wable of the goods or services provided?  51 Did the organization received a contribution of qualified intellectual property, did the organization file form 1098-C?  59 Department of the organization services of the production of the o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<b></b>
b if "Yes," has it flied a Form 990-T for this yea? if "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)?  5 b if "Yes," enter the name of the foreign country.  5 ce instructions for filling requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 c If "Yes," to line 5a or 5b, did the organization life Form 88681?  5 c 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?  5 c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 organizations that may receive deductible contributions under section 170(c).  8 of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 organizations that may receive deductible contributions under section 170(c).  10 of the organization series a payment in excess of \$75 made partly as a contribution and partly tor goods and services provided to the payor?  10 of the organization organization more they shall be goods or services provided?  11 of the organization organization more than excess of \$75 made partly as a contribution on a personal benefit contract?  12 of the organization organization more than every any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 of the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?  15 of the organization received a contribut					1
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 countly (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90-21. Report of Foreign Bank and Financial Accounts  Was the organization are you to a prohibited tax shelter transaction at any time during the tax year?  bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If 'Yes,' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 If 'Yes,' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 If 'Yes,' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If 'Yes,' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If 'Yes,' to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  To the organization receives applied in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  To Did the organization receives solicitation on of the value of the goods or services provided?  Organization receives applied in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  To Did the organization received a contribution of qualified intellectual property, did the organization file of the payor and to the payor and to the payor and to the payor?  To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of payor payor and payor	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the fire the name of the foreign country   ►			3b		<b></b>
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," bine Sa or 5b, do the organization file Form 8898-67?  5c 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?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5d Did the organization notify the donor of the value of the goods or services provided?  5d Did the organization notify the donor of the value of the goods or services provided?  5d Did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  5d If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-0?  5d Sponsoring organizations maintaining donor advised funds.  5d Did the organization make any taxable distributions under section 4966?  5d Did the organization make any taxable distribution of a donor, donor advisor, or related person?  5d Did the organization make any taxable distribution of a donor, donor advisor, or related person?  5d Did the organization make any taxable distribution or advised funds.  5d Did the organization org	4a				1
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13a  Note See the instruction 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  c Enter the amount of reserves on hand  13b  14a  X	9	Sponsoring organizations maintaining donor advised funds.			
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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 c Enter the amount of reserves on hand  13b 13c  14a X	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand 13b 13c  14a   X	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  2x  14a   X	10	· · · · · ·			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand  13b  13c  14a  X					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state?  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 c Enter the amount of reserves on hand  13b  14a X					1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13c  14a  X		, , .			
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?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13b  14a  X					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13b  14a  X	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  13b  13c  14a  X	120	·	122		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a  X			120		<b></b> -
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  13b  13c  14a  X		•			1
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  c Enter the amount of reserves on hand  13b  13b  13c  14a  X		· · · · · · · · · · · · · · · · · · ·	13a		<u> </u>
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 c Enter the amount of reserves on hand  13c  14a  X	u				<u> </u>
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13c  13c  14a  X	b				1
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	-				
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	С	•			<u>L</u> _
			14a		Х
		· · · · · · · · · · · · · · · · · · ·	14b		

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 17								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent  1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	х					
6	Did the organization have members or stockholders?	6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
-	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	х						
b	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 reached at the			-					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
b	Other officers or key employees of the organization	15b	Х						
	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 arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial						
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨							
	GREATER MILWAUKEE FOUNDATION, INC 414-272-5805								
	101 W. PLEASANT, STE. 210, MILWAUKEE, WI 53212								

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# 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

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

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

ack this have to author the expansation nor any related expansation compansated 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.

Check this box if neither the organization n	or any related	orga	nıza	tion	cor	nper	nsat	ited any current officer, director, or trustee					
(A)	(B)	(C)						(D)	(E)	(F)			
Name and Title	Position (do not check more than one					one	Reportable	Reportable	Estimated				
	hours per	box	box unless person is both an officer and a director/trustee)					compensation	compensation	amount of			
	week		Cer an	-		7,1103	,	from	from related	other			
	(describe hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	p so a	ee			sated		(W-2/1099-MISC)	(***271099****130)	organization			
	organizations	ruster	l trus		ee/	mpen		(11-2/1033 111100)		and related			
	ın Schedule	Individual frustee or director	Institutional trustee	_	mplo	st co	10			organizations			
	O)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(1) MEGAN WELSH													
CHAIR		х		х				0.	0.	0,			
(2) MARIBETH BUSH													
VICE CHAIR		х		Х				0.	0.	0.			
(3) DIEM T. NGUYEN													
SECRETARY		х		х				0.	0.	0.			
(4) TODD W. SIVAK													
TREASURER		х		х	L.			0.	0.	0.			
(5) PAUL MUELLER						Ī							
BOARD MEMBER		х						0.	0.	0.			
(6) GARETH HARWOOD				ŀ									
BOARD MEMBER		х	_					0.	0.	0.			
(7) LYNNE JORGENSEN													
BOARD MEMBER		х	L					0.	0.	0.			
(8) DONNA SCHLENDER		·											
BOARD MEMBER		Х		_		<u> </u>		0.	0.	0.			
(9) MARY SUE MCNAMEE	}					ł							
BOARD MEMBER		Х						0.	0.	0.			
(10) HILTON NEAL						ļ		İ					
BOARD MEMBER		х						0.	0.	0.			
(11) MAUREEN STAPLETON		1											
BOARD MEMBER		Х		$oxed{oxed}$		<u> </u>		0.	0.	0.			
(12) GINA MAGNUS													
BOARD MEMBER		Х	<u> </u>					0.	0.	0.			
(13) DAVID YOUNG			1										
BOARD MEMBER		X		L	L	<u> </u>		0.	0.	0.			
(14) KEITH FARLEY									1				
BOARD MEMBER		Х		_		lacksquare		0.	0.	0.			
(15) JOHN EIMON													
BOARD MEMBER		х	<u> </u>	<u> </u>	$ldsymbol{f eta}$	匚	<u> </u>	0.	0.	0.			
(16) NATE ZASTROW									_	_			
BOARD MEMBER		х	<u> </u>	_	<u> </u>	<u> </u>	_	0.	0.	0.			
(17) PATRICK SNYDER									_	_			
BOARD MEMBER		х	Ц_	Ц_	<u> </u>			0.	0.	0.			

Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mple	уес	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	Average hours per week  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						one h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	,	Es		
	week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer	Γ	Highest compensated employee	Ė	from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MIS		com fr org an	other pensa om th anizat d relat anizati	e ion ed
(18) ELLEN GILLIGAN													
ASSIST.SECRETARY (19) PATTI DEW	40,00	┝	_	Х	_	┢		0.	244,7	734.		23	831.
ASSISTANT TREASURER	40.00			x				0.	136,2	273.		20	805.
												·	
									<del></del>				
1b Sub-total								0.	381,0	007.	44,636		636.
<ul> <li>Total from continuation sheets to Part VI</li> <li>d Total (add lines 1b and 1c)</li> </ul>	I, Section A							0.	381.0		44,636.		
Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wi	no re	eceived more than \$100	),000 of reportable	e			0
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on	ſ		Yes	No
Inne 1a? If "Yes," complete Schedule J for si  For any individual listed on line 1a, is the su			omp	ensa	ation	n and	d otl	her compensation from	the organization		3		X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									idual for services	ŀ	4	x	
rendered to the organization? If "Yes," com					_		Cial	ed organization or indivi			5		х
Section B. Independent Contractors							-						
Complete this table for your five highest counties the organization. Report compensation for the organization.	•									pensa	ation 1	rom	
(A) Name and business		NO						(B) Description of s		С	(C ompe		n
												····	
2 Total number of independent contractors (iii \$100,000 of compensation from the organization from the organiz	•	ot li	mite	d to		se li 0	sted	d above) who received m	nore than			000	

Statement of Revenue (**D)** Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 255,282 85,032 g Noncash contributions included in lines 1a-1f \$ 255,282 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 109,998 109,998 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (ı) Securities 1,631,484. assets other than inventory b Less cost or other basis 1,444,734 and sales expenses 186,750 c Gain or (loss) 186,750 186,750. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d Total revenue. See instructions 552,030. 0. 296,748.

# Form 990 (2011) • OCONOMOWOC AREA FOUN Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX											
	not 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	( <b>D</b> ) Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the United States See Part IV, line 21	547,569.	547,569.									
2	Grants and other assistance to individuals in											
	the United States See Part IV, line 22											
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	United States See Part IV, lines 15 and 16	<u> </u>										
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees											
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages											
8	Pension plan accruals and contributions (include											
	section 401(k) and section 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)			İ								
a	Management											
b	Legal		1									
C	Accounting											
	Lobbying  Protocologic fundraising convince. See Part IV line 17											
e	Professional fundraising services See Part IV, line 17	11,724.		11,724.								
f	Investment management fees	11,741.		11,721.								
9	Other Advertising and promotion	4,136.		4,136.								
12 13	Office expenses	1,278.		1,278.								
14	Information technology			-,								
15	Royalties											
16	Occupancy											
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	15,968.		7,984.	7,984.							
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization											
23	Insurance											
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	ADMINISTRATIVE FEES TO	67,130.		67,130.								
b	PRINTING	9,056.		9,056.								
С	CUSTODIAL FEES	1,299.		1,299.								
d												
е	All other expenses											
25_	Total functional expenses. Add lines 1 through 24e	658,160.	547,569.	102,607.	7,984.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined	1										
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											

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Form 990 (2011)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		371,593.	2	258,737.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		84,026.	4	90,012.
	5	Receivables from current and former officers, direct	ctors, trustees, key			
		employees, and highest compensated employees	Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as de	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3				
		employers and sponsoring organizations of section				
		employees' beneficiary organizations (see instruct		•	6	
ets	7	Notes and loans receivable, net	,		7	
Assets	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges			9	
	1	Land, buildings, and equipment cost or other	1			
			10a			
	ь		10b		10c	
	11	Investments - publicly traded securities	100	6,534,924.	11	6,188,567.
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14	<u> </u>	
	15	Other assets See Part IV, line 11		0.	15	1,685.
	16	Total assets. Add lines 1 through 15 (must equal	6,990,543.	16	6,539,001.	
	17		in e 34)	2,588.	17	6,588.
	18	Accounts payable and accrued expenses  Grants payable		68,000.	18	64,000.
	19	Deferred revenue		19		
	20			20		
	ı	Tax-exempt bond liabilities	et IV of Sabadula D		21	
Liabilities	21	Escrow or custodial account liability Complete Pa			21	
를	22	Payables to current and former officers, directors,				
Lia		highest compensated employees, and disqualified	persons Complete Part II			
	00	of Schedule L	ad Albanial in pada pa		22	
	23	Secured mortgages and notes payable to unrelate	·			
	24	Unsecured notes and loans payable to unrelated t			24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24) Complete Part X of	10,000.	0.5	10,260.
	00	Schedule D		80,588.	25	80,848.
	26	Total liabilities. Add lines 17 through 25	and complete	00,300.	26	00,040.
<b>,</b>		Organizations that follow SFAS 117, check here	and complete			
ĕ		lines 27 through 29, and lines 33 and 34.		6,825,929.		6,368,141.
lau	27	Unrestricted net assets		84,026.	27	90,012.
Ba	28	Temporarily restricted net assets		04,020.	28	50,012.
Ρ̈́	29	Permanently restricted net assets			29	
Ę	ļ	Organizations that do not follow SFAS 117, che	ck here 🕨 📖 and			
Ö		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid in or capital surplus, or land, building, or equi	•		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	ome, or other funds		32	6 450 453
-	33	Total net assets or fund balances		6,909,955.	33	6,458,153.
	34	Total liabilities and net assets/fund balances		6,990,543.	34	6,539,001.

Form	1990 (2011) OCONOMOWOC AREA FOUNDATION, INC.	75-3266194		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	_			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		552	,030.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,160.
3	Revenue less expenses Subtract line 2 from line 1	3			,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,909	955.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,672.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6	,458	,153.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	Х
b	Were the organization's financial statements audited by an independent accountant?		2b		х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			İ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	2011)

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

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section OMB No 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number

		OCONOMOWOC	AREA FOUNDATION,	INC.					75-	-3266194		
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:) See inst	tructions				
The organ	ization is not a	private foundation	because it is (For lines	1 through 1	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(ı)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)(	A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ui	i). Enter th	ne hospital':	s name	∍,
	city, and stat	е										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II )									
6	A federal, sta	ite, or local governm	ent or governmental uni	t described	in sectio	n 170(b)(1	)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	oublic descr	nbed in	1
	section 170(b)(1)(A)(vi). (Complete Part II)											
в 🗀	A community	trust described in <b>s</b>	ection 170(b)(1)(A)(vı).	(Complete	Part II)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 <sup>-</sup>	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, an	d gross rec	eipts fi	rom
	activities rela	ted to its exempt fur	nctions subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support t	from gross i	investr	nent
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	ifter June 30	ე, 1975	5
	See section	<b>509(a)(2).</b> (Complete	Part III )									
10	An organizati	on organized and op	perated exclusively to te	st for publi	c safety S	See <b>sectio</b>	n <b>509</b> (a)(4	<b>I</b> ).				
11 X	An organizati	on organized and o	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carry	y out the p	purposes of	f one o	r
	more publicly	supported organiza	ations described in secti	on 509(a)(1	I) or section	on 509(a)(2	e) See <b>se</b> o	ction 509(a	a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h						
	a X Type	<b>b</b>	ا Type II o	: Ш Тур	e III - Func	tionally int	egrated		d L	Type III O	ther	
e 📖	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons oth	er than	1
		•	han one or more publicly		_				9(a)(1) or s	ection 509(	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	it it is a Ty	ре I, Туре	II, or Type	e III				
		rganization, check th										х
g			organization accepted ar							г	<del></del>	
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	lescribed	ın (ıı) and (ı	III) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(ı)		х
	(II) A family	member of a persor	n described in (i) above?							11g(II)		<u> </u>
	• •	•	person described in (i) of	• •						11g(iii)		Х
h	Provide the f	ollowing information	about the supported or	ganızatıon(	(s)							
		ı	(III) Type of	Li vi ii				l (vi) le	tho T			
• •	of supported	(ii) EIN	organization		rganization sted in your	(v) Did you organizat		(vi) Is organizatio	on in col. L	(vii) Am		
orga	anization		(described on lines 1-9	governing		(i) of your		(i) organiz	ed in the	supp	ort	
			above or IRC section (see instructions))	Vos	No	***		Yes	No			
CDBYWED	MILWAUKEE	<del></del>	(see manuonona))	Yes	No	Yes	No	162				
		39-6036407	501(C)(3)	x		x		x				0.
	TON, INC.	55-0030407	501(0)(3)					-	<del>                                     </del>			<del></del>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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)

Calendaryear (or fiscal year beginning in)    (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total fills, representation, contributions, and membership fees received (Do not include any 'unusual grants')  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or or expended on its behalf or or expended on this behalf or expended on the behalf of the organization without charge the total contributions by each person (other than a governmental unit to the organization without charge the properties of the amount shown on line 11, column (f)  Fulls support, and the exceeds 2% of the amount shown on line 11, column (f)  A mounts from line 4  Gross income from inerest, dividends, payments received on securities losses, whether or not the business activities, whether or not the business activities, whether or not the business is regularly comed on 10 Other normo Do not include gain or loss from the sale of capital assets (Explain in Part IV)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here section 0. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  16 Support percentage from 2010 Schedule) supported organization of 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, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Services the 5 from time 4  8 Gross income from interest, dividends, payments received on securities loans, entits, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not method by the comparization of Public Support Percentage  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  15 First five years. If the Form 990s 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.  5 Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) dwided by line 11, column (f))  15 First five yeaport test - 2011. If the organization odd not check the box on line 13, file, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization  15 Alto 13 1/3% separated for the first and circumstances test - 2011. If the organization of dinot check a box on line 13, file, or 17a, and line 15 is 06% or more, and if the organization meets the "facts and circumstances test - 2011 (li	Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Tax revenues levied for the organization is 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.  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. Selvinest Investigation of the column of the co	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities fournished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support, Sileuractives 5 sentines 4  Section B. Total Support 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from amiliar sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11. Total support, Add lines 7 through 10 12. Gross receipts from related 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) organization, check this box and stop here. The organization of Public Support Percentage 14. Public support percentage form 2010 Schedule, A. Part II, line 14 16. Public support percentage from 2010 Schedule, A. Part II, line 14 16. 33 1/3% support test - 2011. 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 15. 15. 16. 15, or 17a, and line 14 is 10% or more, and if the organization meets the "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 qualifies as a publicly supported organization 16. 10% -facts-and-circumstances test - 2010. If the organization did not check his box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances test - 2010. If the organiza		membership fees received (Do not						
installor'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  5. The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support. Solvies time 5 time 4  8. Gross income from interest, dividends, payments received on securines loans, rents, royaltes and income from smillar solvies, whether or not the business a schuldes of the solvies and income from unrelated business activities, whether or not the business activities, whether or not the business is regularly camed on 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11. Total support. Add lines 7 through 10  12. Gross receipts from related 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 SDII(c)(3) organization, check this box and stop here.  8. Section C. Computation of Public Support Percentage  14. Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15. Public support percentage for 2011 (line 6, column) (divided by line 11, column (f))  16. Public support percentage for 2011 (line 6, column) (divided by line 11, column (f))  17. Total support test - 2011. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualities as a publicly supported organization meets the "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 qualities as a publicly supported organization meets the "facts-and-circumstances test. The organization of did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the or		ınclude any "unusual grants ")						
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  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 (i)  6. Public support. Sequestive's from line 4  8. Gross income from interest, dividends, payments received on securities loans, erist, royalties and income from similar sources  9. Net income from interest, dividends, payments received on securities loans, erist, royalties and income from similar sources  9. Net income from unrelated business activities, whether or not the business is regularly carned on 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11. Total support. Add lines? Vinough 10  12. Gross receipts from related activities, et (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) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14. Public support percentage from 2010 Schedule, A, Part II, line 14  16. Public support percentage from 2010 Schedule, A, Part II, line 14  16. 33 173% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15. 31 173% support test - 2010. If the organization did not check has box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2010. If the organization did not check has box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2010. If the organization did not check has box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the org	2	Tax revenues levied for the organ-						
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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	18	Private foundation. If the organization	<u>in did not check a</u>	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instru	uctions

# Schedule A (Form 990 or 990-EZ) 2011 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

Section	on A. Public Support	now, please com	piete i art ii j			-	
	ar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	ifts, grants, contributions, and	() = 3 3 1	1	37,	, , , , , , , , ,	T	<b>`</b>
	embership fees received (Do not						
	clude any "unusual grants ")						
2 Gr	ross receipts from admissions,	<u> </u>					
	erchandise sold or services per-				}		
	rmed, or facilities furnished in						
	ny activity that is related to the ganization's tax-exempt purpose						
	ross receipts from activities that						
	e not an unrelated trade or bus-						
ine	ess under section 513						
4 Ta	ax revenues levied for the organ-						
122	ation's benefit and either paid to						
or	expended on its behalf		İ				
5 Th	ne value of services or facilities	· · ·					
fu	rnished by a governmental unit to						
th	e organization without charge						
6 To	otal. Add lines 1 through 5						
7a Ar	mounts included on lines 1, 2, and						
3	received from disqualified persons						
	nounts included on lines 2 and 3 received			·			
	om other than disqualified persons that ceed the greater of \$5,000 or 1% of the					•	
am	nount on line 13 for the year		ļ <del> </del>				
<b>c</b> Ad	dd lines 7a and 7b						
	ublic support (Subtract line 7c from line 6)  on B. Total Support			<u></u>	Ī		
Calenda	ar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Ar	mounts from line 6						
	ross income from interest,						
	vidends, payments received on ecurities loans, rents, royalties						
	nd income from similar sources						
<b>b</b> Ur	nrelated business taxable income						
(le	ess section 511 taxes) from businesses						
ac	quired after June 30, 1975					ļ	
c Ad	dd lines 10a and 10b						
	et income from unrelated business						
	ctivities not included in line 10b, hether or not the business is			ŀ			
	gularly carried on						
	ther income Do not include gain ross from the sale of capital						
	ssets (Explain in Part IV)						ļ
	otal support (Add lines 9, 10c, 11, and 12)		<u> </u>	l	<u> </u>		
14 Fı	irst five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	ion 501(c)(3) organi	zation,
	neck this box and stop here	- C D			<del></del>		
	on C. Computation of Publi					lar I	
	ublic support percentage for 2011 (li		•	column (t))		15	%
	ublic support percentage from 2010 on D. Computation of Inves					16	%
	vestment income percentage for 20					17	%
	ivestment income percentage from 2	•	•	rie 15, coluitii (1)		18	%
	3 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than		
	ore than 33 1/3%, check this box ar						▶ □
	3 1/3% support tests - 2010. If the	•					and
	ne 18 is not more than 33 1/3%, che						_ 1
	rivate foundation. If the organization						

# 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

OCONOMOWOC AREA FOUNDATION INC

Employer identification number 75-3266194

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	16	
2	Aggregate contributions to (during year)	139,150.	
3	Aggregate grants from (during year)	359,069.	
4	Aggregate value at end of year	1,736,754.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	_	X Yes No
6	Did the organization inform all grantees, donors, and donor a	<b>Y</b>	ed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		X Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		└── Yes └── No
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 170(h)(	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
Da	conservation easements t III   Organizations Maintaining Collections o	f Art Historical Treasures or Othe	er Similar Assets
rai	Complete if the organization answered "Yes" to Form		ci diimai Assets.
		······	at and halance sheet works of art
ıa	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public extension of the similar assets held for public extensions.)	,	
	•		e or public service, provide, irrr art xiv,
<b>h</b>	the text of the footnote to its financial statements that described the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		ducation, or research in furtherance or public	service, provide the following amounts
	relating to these items  (i) Revenues included in Form 990, Part VIII, line 1		<b>,</b> 's
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial of	
-	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	. Ty . To obby . Siding to triboo horrio	<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$
-	. wood and work of the the		· ·

Sche	dule D (Form 990) 2011 OCONOMOWOC	AREA FOUNDATION	, INC.				•	75-3266	194	Page 2
Par	t III   Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures,	or Othe	r Simil	ar Asse	<b>ts</b> (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following tha	at are a si	gnificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е	$\overline{}$	Other	• • •					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	nev further t	he organizat	ion's exer	mpt purpo	se in Par	t XIV	
5	During the year, did the organization solicit or	•		-	_					
	to be sold to raise funds rather than to be ma				•				Yes	☐ No
Par	t IV Escrow and Custodial Arrang					"Yes" to	Form 990	, Part IV.	line 9, or	
	reported an amount on Form 990, Par			J					•	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	ssets not	ıncluded			
	on Form 990, Part X?		, , , , , , , , , , , , , , , , , , , ,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowina 1	table						
_	, co, co, and an angent of an angent								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	orm 990 Part X line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV	, , , , , , , , , , , , , , , , , , ,								
Par		the organization an	swered	"Yes" to Fo	rm 990. Part	IV. line 1	0			
		(a) Current year		rıor year	(c) Two yea		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	6,898,384.	1-7:		(5)	,	,-, ,		3-7	
b	Contributions	220,002.								
c	Net investment earnings, gains, and losses	<48,924.	>		<del> </del>					
d	Grants or scholarships	545,069.								
	Other expenditures for facilities	,								
·	and programs									
f	Administrative expenses	79,809.								
g	End of year balance	6,444,584.								
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1	a. column (a	a)) held as	<u> </u>				
	Board designated or quasi-endowment	<b>,</b>	%	<b>3</b> , (						
b	Permanent endowment 100.00	%								
	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for th	ne organiz	ation		
	py.						5		Γ	Yes No
	(i) unrelated organizations								3a(ı)	х
	(ii) related organizations								3a(II)	х
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the	•								
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X	, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investri	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c))			ightharpoonup		0.

Schedule D (Form 990) 2011

(6)(7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote in Part XIV. provide the text of the footnote to the organization's financial statements that reports the organization's flability for Uncertain tax positions under 132053
01-23-12

Schedule I (Form 990) (2011) ê **Employer identification number** Open to Public, OMB No 1545-0047 Inspection (h) Purpose of grant 75-3266194 or assistance 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 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 ame and address of organization (b) EIN (c) IRC section or government (f) Method of ron-cash assistance (f) Method of ron-cash assistance assistance or government (hook, other) Does the organization maintain records to substantiate the amount of the grants or assistance, 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, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. o. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. OCONOMOWOC AREA FOUNDATION, INC. General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury SEE STATEMENT 3 Internal Revenue Service SCHEDULE (Form 990) Part Part II

(f) Description of non-cash assistance (e) Method of valuation (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 Part III can be duplicated if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant THE GRANTEE AGENCIES ARE QUALIFIED TO RECEIVE GRANT PAYMENTS, IN ADDITION, FOUNDATION, INC. ARE VERY FAMILIAR WITH THE GRANTEES AND PREDETERMINE THAT THE STAFF OF THE GREATER MILWAUKEE FOUNDATION VERIFY THE 501(C)(3) STATUS OF THE AGENCIES AND VERIFY THAT THE AGENCIES FURTHER THE CHARITABLE SCHEDULE I, PART I, LINE 2: THE DIRECTORS OF THE OCONOMOWOC AREA (b) Number of recipients PURPOSES OF THE GREATER MILWAUKEE FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III Part IV

Page 2

75-3266194

OCONOMOWOC AREA FOUNDATION, INC.

# **SCHEDULE J** (Form 990) '

**Compensation Information** 

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCONOMOWOC AREA FOUNDATION, INC.

Employer identification number

75-3266194

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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  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		
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 filing organization used to establish the compensation of the organization's			
-	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X 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			•
а	Receive a severance payment or change-of control payment?	4a		х
b		4b		х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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		х
	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			1
а	The organization?	6a		х
	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2011

75-3266194

Schedule J (Form 990) 2011

Part II 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W		-2 and/or 1099-MISC compensation	(C)	Q	(E)	(F)
(A) Name		(I) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported as deferred
			compensation	compensation				
	Ξ	0	0	0	0	0.	0	0.
1 ELLEN GILLIGAN	Ξ	221,733.	0	23,001.	0	23,831.	268,565.	0
	Ξ	0	0	0	0.	0	0	0.
2 PATTI DEW	Ξ	135,761	.0	512.	0	20,805.	157,078.	0
	Ξ							
3	(ii)							
	Ξ							
4	Ξ							
	Ξ							
co.	Ξ							
	Ξ							
9	Ξ							
	Ξ							
7	Ξ							
	Θ							
8	Ξ							2
	Ξ							
6	Ξ							
	Ξ							
10	Ξ							
	(:)							
11	Ξ							
	Ξ							
12	Ξ							
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13	Ξ							
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	Ξ							
15	Ξ							
	Ξ							
16	国							
(32112-01-23-12				28			Schedul	Schedule J (Form 990) 2011

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization

OCONOMOWOC AREA FOUNDATION, INC.

Employer identification number

75-3266194 Types of Property Part I (d) (a) (c) Number of Noncash contribution Method of determining Check if applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 85 032. MARKET VALUE х 9 Securities - Publicly traded Securities - Closely held stock 10 Securities Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х 30a the entire holding period? b If "Yes," describe the arrangement in Part II Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II

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If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2011)

Schedule M	(Form 990) (2011) OCONOMOWOC AREA FOUNDATION, INC.	75-3266194	Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by F the organization is reporting in Part I, column (b), the number of contributions, the number of its Also complete this part for any additional information.	Part I, lines 30b, 32b, and 33, ems received, or a combinati	and whether
SCHEDULE	M, PART I, COLUMN (B): OCONOMOWOC AREA FOUNDATION IS		
REPORTING	THE NUMBER OF CONTRIBUTORS RATHER THAN NUMBER OF INDIVIDUAL		
SECURITIE	S CONTRIBUTED ON SCHEDULE M.		
	- MAT-11		
<del>- ·-</del>			
-			
			<del></del>
-		<del></del>	
		<del></del>	
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_			

132142 01-23-12

Schedule M (Form 990) (2011)

## 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.

2011
Open to Public Inspection

Name of the organization Employer identification number OCONOMOWOC AREA FOUNDATION, INC. 75-3266194 FORM 990, PART VI, SECTION B, LINE 11. FORM 990 IS REVIEWED BY THE ADMINISTRATIVE & AUDIT COMMITTEE OF THE SUPPORTED ORGANIZATION-GREATER MILWAUKEE FOUNDATION, INC. BEFORE IT IS FILED. FORM 990, PART VI, SECTION B. LINE 12C. THE CONFLICT OF INTEREST QUESTIONARIES COMPLETED BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE GREATER MILWAUKEE FOUNDATION, INC.-THE SUPPORTED ORGANIZATION ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: SEE STATEMENT 2 FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS. NET UNREALIZED LOSSES ON INVESTMENTS. -351,657. CHANGE IN DEFERRED ASSET VALUE 5,985. TOTAL TO FORM 990, PART XI, LINE 5 -345,672.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 75-3266194

entity

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity OCONOMOWOC AREA FOUNDATION, INC. Name, address, and EIN of disregarded entity Name of the organization Part Part II

(a)	(q)	(0)	(p)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	ٽ
				501(c)(3))		Yes	ş
GREATER MILWAUKEE FOUNDATION, INC							
39-6036407, 101 W.PLEASANT, STE.210,	ISSUING GRANTS TO OTHER			COMMUNITY			
MILWAUKEE, WI 53212	NONPROFIT ORGANIZATIONS	WISCONSIN	501(C)(3)	TRUST			×
			-				

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

OCONOMOWOC AREA FOUNDATION, INC. Schedule R (Form 990) 2011

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

Page 2

75-3266194

Percentage ownership Schedule R (Form 990) 2011 General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Ξ Code V-UBI General of Pamount in box pariner?
20 of Schedule K-1 (Form 1065) Share of end-of-year assets Share of total Income ate allocations? Yes No Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>6</u> Direct controlling entity Share of total income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ Primary activity (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 01-23-12 Part IV

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

						Į
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				^	Yes No	اہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	ın Parts II-IV?		-	1
a Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity				<b>1</b> a	×	١.
<b>b</b> Gift, grant, or capital contribution to related organization(s)				đ	×	
c Gift, grant, or capital contribution from related organization(s)				<del>ا</del>	×	l
				₽	×	l
				9	×	١
						l
f Sale of assets to related organization(s)				#	×	i
g Purchase of assets from related organization(s)				19	×	1
				£	×	l
i Lease of facilities, equipment, or other assets to related organization(s)				; <del>-</del>	×	
J Lease of facilities, equipment, or other assets from related organization(s)				Έ	×	J
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥	×	١
<ol> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ol>	anization(s)			=	×	I
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			Ę	×	I
n Sharing of paid employees with related organization(s)				£	×	I
				,	>	
				₽,	<   >	1
<ul> <li>Peimbursement paid by related organization(s) for expenses</li> </ul>				<u>e</u>	<u> </u>	١
q Other transfer of cash or property to related organization(s)				19	×	
r Other transfer of cash or property from related organization(s)		:		1	×	l
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds			ı
(a) Name of other organization	(b) Transaction type (a·r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						1
				:		1
(3)						I
(4)						1
(5)						I
						l
(9)	3.4			ļ		1
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75-3266194

Schedule R (Form 990) 2011 OCONOMOWOC AREA FOUNDATION, INC.

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

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

(k) ·• srcentage wnership			ŀ		l	90) 2011
General or Pe managing partner?	,					R (Form §
(h) (i) (general or Percentage longing amanging of Schedulg K-1 partner?  Ves   No   (Form 1065)   Yes   No						Schedule R (Form 990) 2011
(h) Dispropor tonate allocations? Yes No						
(g) Share of end-of-year assets						
(f) Share of total						
(e) Are all partners sec 501(c)(3) orgs Yes No						
(d) he all Predominant income patiers sec (related, unrelated, excluded from tax under section 512-514)   yes   No						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) (b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e						

Oconomowoc Area Foundation, Inc. 2011 Form 990

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Part I, Line 1, Organization's Mission
Part III, Line 1, Statement of Program Service Accomplishmen
Part III, Line 4a, Exempt Purpose Achievements

Oconomowoc Area Foundation, Inc. was formed to operate as a supporting organization described in Sections 501(c)(3) and 509(a)(3) of the Internal Revenue Code to support. Greater Milwaukee Foundation, Inc. The Greater Milwaukee Foundation is a public charity described in Sections 509(a)(1) of the Internal Revenue Code.

As set forth in the Oconomowoc Area Foundation's Articles of Incorporation, "the corporation is organized and shall at all times hereafter be operated, exclusively for religious, charitable, scientific literary and educational purposes within the meaning of Section 501( c)( 3) of the Internal Revenue Code and exclusively for the benefit of, to perform the functions of and /or to carry out the purposes of the Greater Milwaukee Foundation by facilitating Greater Milwaukee Foundation's Programs within the Oconomowoc Area Such purposes may include, but are not limited to, soliciting and receiving contributions and bequests of an endowment or capital nature to carry out Greater Milwaukee Foundation's Programs by supporting charitable organizations and programs within the Oconomowoc Area. The corporation may accomplish its purposes directly or by making grants or other payments for Charitable Purposes to third parties."

Oconomowoc Area Foundation, Inc.

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2011 Form 990, Schedule O
Form 990, Part VI, Section B, Line 15
Executive Compensation Policy

Annually, the HR committee of the Greater Milwaukee Foundation requests comparable compensation data from its Chief Financial Officer for all foundation positions. The comparable compensation data will generally come from salary survey data provided by the Council on Foundations and specific comparables of similar foundations obtained from other surveys such as Management Research Associates data and the Non Profit Survey conducted by Management Research Associates and Guidestar. The Chief Financial Officer will cite comparables in a report and reference where data was obtained.

The HR committee will review the comparable data and make a recommendation to the full board for any changes in the CEO's compensation. The executive committee of the board must make the compensation decision without participation or discussions with the CEO. The CEO may answer questions of the board that may be used in later deliberations and decision making.

The board must document the basis for determination of the CEO'S salary. The documentation must contain the date and terms of the compensation transaction, who was present for the decision and what comparable data was used for the decision. The HR committee will be provided with a checklist to document process and decision. The HR committee will drive the process for decision making and assure the documentation is obtained and recorded in both the board minutes and the personnel file of the CEO.

A similar process will be used for other positions. However, the CEO and the CFO will be conferring on most other positions.

Oconomowoc Area Foundation, Inc 2011 Form 990 Schedule I, Part II- Grants and Other Assistance to Governments and Organizations in the United States

Grantee		Address Information	formation			Amount of Cash	
Name of Organization	EIN	Street	City	State	ZIP Code IRC Section		Purpose of Grant or Assistance
Arhuman Ere Department	785709-05	00 Box 146	Achioonia	IW.	53003 Government	00 000 5	•
	27-0399473	PO BOX 258066	Madison		53725 501(c)(3)	00 000,0	the concerning MAMII Vateran's truct to Washington D.C.
Best Buddies - Wisconsin	52-1614578	#14 10844 W Potter Boad	Waywatosa	. 3	53226 501(c)(3)	10 000 00	sustaining Best Buddles in the Oconomowor Community
Coscopied Community Charges	39-1412920	W380N6931 N Jake Bd	Oronomonor	3	53066 501(c)(3)	8 600 00	Making Moules Mobile
Froedlert Hospital Foundation Inc	39-1431192	9200 W Wisconsin Ave.	Wauwatosa	×	53226 501(c)(3)	8.000 00	Alzheimers programs and research
Greener Oconomowoc	26-3785820	439 E Harvard St,	Oconomowoc	×	53066 501(c)(3)	3,000 00	Oconomowoc City-Wide Bike Rack Installation
Holy Hall	39-0983088	1525 Carmel Rd,	Hubertus	×	53033 501(c)(3)	2,000 00	sustaining support
Immaculate Conception St. Mary's Church	39-0806246	108 Mc Henry St,	Burlington	ΙM	53105 501(c)(3)	(2,000 00)	sustaining support
Interfaith Senior Programs	39-1703862	210 NW Barstow St Ste 101,	Waukesha	M	53188 501(c)(3)	2,500 00	Transportation Collaborative for Greater Oconomowoc area
John K. MacIver Institute for Public Policy	26-2639114	44 East Mifflin St Ste 201,	Madison	M	53703 501(C)3	1,000 00	sustaining support
Lake Area Free Clinic Inc	39-2006388	856 Armour Road Ste B,	Осопотомос	×	53066 501(c)(3)	5,000 00	sustaining support
Lake Area Free Clinic Inc	39-2006388	856 Armour Road Ste B,	Oconomowoc	M	53066 501(c)(3)	1,500 00	sustaining support
Lake Area Free Clinic Inc	39-2006388	856 Armour Road Ste B,	Осопотомос	₹	53066 501(c)(3)	15,000 00	GI Services
Lake Country Caring, Inc	39-1983510	603 Progress Dr,	Hartland	₹	53029 501(c)(3)	2,000 00	sustaining support
Lake Country Foundation, inc	39-1527923	142 E Capitol Dr,	Hartland	M	53029 501(c)(3)	15,000 00	the Hartland Food Pantry
Lake Country Foundation, Inc	39-1527923		Hartland	₹	53029 501(c)(3)	2,000 00	the Hartland Rotary Endowment Fund
Lake Country Toys for Kids, Inc	27-1394357	N68 W37850 County Truck K,	Осопотомос	₹	53066 501(c)(3)	2,000 00	sustaining support
Milwaukee School of Engineering	39-0477970	1025 N Broadway,	Milwaukee	₹	53202 501(c)(3)	4,000 00	sustaining support
MPTV Friends	39-6081120	700 W State St,	Milwaukee	₹	53233 501(c)(3)	1,000 00	sustaining support
Oconomowoc Area Senior Center	39-1631929	210 Main St,	Oconomowoc	×	53066 501(c)(3)	2,000 00	sustaining support
Oconomowoc Arts Center	39-6003743	641 E Forest St,	Осопотомос	≅ :	53066 Government	2,000 00	sustaining support
Oconomowoc Arts Center	39-6003743	641 E Forest St,	Oconomowoc	₹ ₹	53066 Government	5,000 00	Milwaukee Ballet/Oconomowoc Center Partnership
Oconomowoc Chamber Orchestra	26-4530447	962 Valentine Road,	Осопотомос	<b>S</b> :	53066 501(c)(3)	5,000 00	Lake Country Project 2011
Oconomowoc Historical Society	39-13/6661	103 W Jefferson St, PO Box 969	Oconomowac	₹ 3	53066 501(c)(3)	4,000 00	sustaining support
Oconomowoc Memorial Hospital Foundation	39-12/164/	/91 Summit Ave,	Oconomowac	₹ :	53066 501(c)(3)	10,000 00	Angels Grace Hospice "On Angels Wings Sponsorship", no goods or service
Oconomowoc Public Education Foundation	20-8858261	PO Box 444,	Ocenemowoc	₹ ₹	53066 501(5)(3)	10,000 00	Performing Arts Center Enhancements project
Occupancy Bublic Education Foundation	20-0630201	PO BOX 444,	Oconomiawoc	<b>X X</b>	53066 501(5)(3)	00 160,0	the challenge grant that Orer/technology for OASO elementary schools
Oconomowoc Public Education Foundation	20 5075107	PO BOX 444,	Осополюжос	. A	53056 501(5)(3)	32,478 38	the challenge grant thru Orer/Dano uniforms for UASU right school band
Ocenomowoc Scholarship Fund	39-1701920	PO BOX 824, BO Box 561	Ocenemowec	<b>A</b> 3	53056 501(c)(3)	25,000 00	Schöldranip rund 2012 uchtele saniscement
Occupantion Cores Association	39-1604828	P.O. Box 586	Oconomowoc	· §	53066 501(c)(3)	50 000 00	Project Kirk Start
Oconomowoc Socret Association	39-1604828	P O Box 586	Oconomowoc	· >	53066 501(c)(3)	25,000 00	sustaining support
Older Adults Task Force of Oconomowoc, Inc	39-1480509	PO Box 832,	Oconomowoc	iw	53066 501(c)(3)	15,000 00	the Oconomowoc Food Pantry
Our Saviors Lutheran Church	39-0990352	145 E Lisbon Rd,	Oconomowoc	≅	53066 501(c)(3)	1,300 00	support for the Sunday School Program and sanctuary beautification
Park Lawn Elementary School	39-6003743	300 Park Lawn Street,	Осопотомос	W	53066 Government	10,000 00	
Rogers Memorial Hospital Foundation	39-1363507	34700 Valley Rd,	Осопотомос	₹	53066 501(c)(3)	100,000 00	sustaining support
Salvation Army of Waukesha	39-0806889	445 Madison St,	Waukesha	₹	53188 501(c)(3)	2,000 00	the "All Year Long Services Program"
Saxeville Fire Department	23-7289248	W4895 S County Rd A,	Wild Rose	₹	54984 Government	2,000 00	sustaining support
Schoolhouse Players, Inc	39-1103730	PO Box 484,	Hartland	₹ ₹	53029	1,500 00	Schoolhouse Players 2011-2012
Second Chance Partners for Education	39-166/442	892 Main St Ste E,	Pewaukee	Ā <b>3</b>	530/2 501(5)(3)	12,000 00	Occohomowoc Education Center second-year expansion
Shappin' Ministries	20.0016821	300 Tosemite Rd,	Oconomowoc		53006	00 000,30	
St Charles Congregation	39-0016071	ana Circle Dr,	Hartland		53029 501(c)(3)	25,000 00	the balls and start of haby grand proces
St. Lienne Catholic Parish	39-0819999	995 Silver lake St	Oconomowoc	: 3	53006 501(c)(3)	8.000 00	St. Vincent de Paul Society at St. Jerome's
St John's Lutheran Church	45-3220735	PO Box 41.	Ashippun	×	53003	3,000 00	the Ashippun Bread Basket
St Olaf's Lutheran Church	39-1453561	W653 Roosevelt Rd,	Rubicon	₹	53078 501(c)(3)	4,000 00	sustaining support
St Paul's Episcopal Church of Oconomowoc	39-6052816	N982 Hwy P,	Осопотомос	<u>×</u>	53066 501(c)(3)	3,000 00	sustaining support
St Vincent de Paul Center	39-0909537	W359 N5848 Brown St,	Oconomowoc	W	53066 501(C)3	2,000 00	sustaining support
The Catholic Community Foundation	39-2005163	637 E Erie St,	Milwaukee	×	53202 501(c)(3)	1,000 00	sustaining support
The Road Home Dane County	31-1618925	128 E Olin Ave,	Madison	₹	53713 501(C)3	1,000 00	sustaining support
The Wisconsin Philharmonic, Inc	39-6056460	234 W Main St Ste 9,	Waukesha	§ §	53186 501(c)(3)	5,000 00	Love & the Sea Season Opening Concert
Town of Ashippun	39-6005781	PO Box 206, M/332N6786 County 84 C	Asnippun	. W	55005 GOVERNMENT	00 000,5	the historical committee
I puted Way to Wankesha Combo Inc	39-0886376	1717 Paramount Or PO Box 1041	Waukesha			00 000 \$	sustaining support
Wisconsin Lions Foundation. Inc	39-0988901	3834 County Road A,	Rosholt		m	1,300 00	general camp improvements and current needs of the Wisconsin Lions Ca
Women's Center-Waukesha	39-1269698	505 N East Ave,	Waukesha	×	53186 501(c)(3)	1,000 00	sustaining support
Young Life Arrowhead	84-0385934	151 E Capitol Dr,	Hartland	N.	53029 501(c)(3)	5,000 00	

Oconomowoc Area Foundation, Inc. 2011 Form 990 Schedule B Part II, Noncash Property

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No. from Part I	Description of Noncash property given	F	MV (or estimate)	Date Received
5	200 shares of Protective Life Corp	\$	4,217	12/15/2011
5	200 shares of Petsmart	\$	9,745	12/15/2011
5	300 shares of Kirby Corp	\$	18,698	12/15/2011
5	150 shares of Henry Jack & Associates	\$	4,918	12/15/2011
5	200 shares of Carlisle Co	\$	8,271	12/15/2011
5	250 shares of Bristow Group	\$	11,101	12/15/2011
5	200 shares of Arrow Electronics	\$	6,843	12/15/2011
	Total FMV	\$	63,793	