			EXTENDED TO MAY 15, 2				
	0	00	Return of Organization Exempt F	From Ir	ncome Tax		OMB No. 1545-0047
Forn	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			ons)	2021
Department of the Treasury			Do not enter social security numbers on this form a		Open to Public		
Depai Intern	rtment al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and			-	Inspection
AF	or th	e 2021 calend	ar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 202	2	
Вс	heck if	C Name o	forganization		D Employer ident	ificati	on number
_	Addre						
		je THE	UWM FOUNDATION, INC.		00 7007		
	_chang	Doing b	usiness as	<u> </u>	23-7337		
	return	Number		Room/suite	E Telephone numb 414-906		15
Final return term			EAST NORTH AVENUE		G Gross receipts \$		<u>-</u> 59,842,856.
	ated Amer returr		own, state or province, country, and ZIP or foreign postal code AUKEE, WI 53202		H(a) Is this a group		
	Appli dion		nd address of principal officer: DAVID GILBERT		for subordinat		
-	pend		AS C ABOVE		H(b) Are all subordinates		
TI	ax-ex	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach	a list.	See instructions
			UWM.FOUNDATION		H(c) Group exempt	ion nu	imber 🕨
		f organization:	X Corporation Trust Association Other >	L Year	of formation: 1974	M St	ate of legal domicile: WI
Pa	irt I	Summary					
8	1		be the organization's mission or most significant activities: THE 1				
Governance			ION, INC. IS TO SUPPORT THE EDUCAT				
erné	2		★ ► if the organization discontinued its operations or dispos	sed of more	1	1	
jove	3		• • • • • • • • • • • • • • • • • • • •			3	<u> </u>
	4		dependent voting members of the governing body (Part VI, line 1b)			•	38
ies	5		of individuals employed in calendar year 2021 (Part V, line 2a)				35
Activities &	6		of volunteers (estimate if necessary)				0.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11				0.
		Net unrelated		<u></u>	Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		17,681,300		29,357,240.
Revenue	9		ice revenue (Part VIII, line 2g)		0		0.
eve	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)		5,412,330	•	10,043,851.
Ĕ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,590		10,328.
	12	Total revenue	• add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,105,220	_	<u>39,411,419.</u>
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		17,818,977		<u>19,870,933.</u>
	14	•	to or for members (Part IX, column (A), line 4)		0		0.
sə	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>1,196,939</u>		<u>1,319,298.</u>
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) • <u>1,171,96</u>		0	•	0. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
ă		Total fundrais	ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,1/1,9</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1 047 010	<u></u>	A Second Se
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,847,010 20,862,926		$\frac{2,439,362}{23,629,593}$
	18 19	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		2,242,294		15,781,826.
or		nevenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	_	End of Year
ets c	20	Total assets (F	Part X, line 16)	2	48,807,614		26,454,661.
Ass	21	•	(Part X, line 26)		22,966,481		19,744,302.
Net Assets	22		fund balances. Subtract line 21 from line 20		25,841,133		06,710,359.
Pa	rt II	Signature	e Block			-	
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of r	ny kno	wledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	ich preparer l	has any knowledge.		
					D_+-		
Sigr			e of officer		Date		
Here	e		IS STANG, CHIEF OPERATING OFFICER print name and title				· · · · · · · · · · · · · · · · · · ·
		<u> </u>	· · · · · · · · · · · · · · · ·		ate Check		PTIN
Paid		Print/Type pre	parer's name Preparer's signature SOLOMON MARDAKHAEV SOLOMON MARDAKHA				P01806552
Prep		Firm's name		<u>v v ru</u>			-0758449
Use			170 N. RADNOR-CHESTER RD, SUITE	200			
	- j		RADNOR, PA 19087		Phone no. 6	10.	565.3930
Mav	the I		s return with the preparer shown above? See instructions			-	

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LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) THE UWM FOUNDATION, INC.	23-7337744	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	·····	X
1	Briefly describe the organization's mission: THE MISSION OF THE UWM FOUNDATION, INC. IS TO SUPPORT THI	R RDUCATIONA	т.
	LITERARY, AND SCIENTIFIC ENDEAVORS OF THE UNIVERSITY OF	<u></u>	<u> </u>
	WISCONSIN-MILWAUKEE BY RECEIVING, MANAGING, AND DISTRIBU	FING GIFTS T	0
	BENEFIT THE UNIVERSITY'S STUDENTS, FACULTY, PROGRAMS, ANI		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
•	If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	tes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 8,471,923. including grants of \$ 8,471,923.) (Revenue	ıe \$	<u> </u>
	EDUCATION: GENERAL SUPPORT OF THE UNIVERSITY OF WISCONS		
	ADMINISTRATION, SCHOOLS, COLLEGES, LIBRARY, ETC. FOR THE	BENEFIT OF	115
	STUDENTS, FACULTY, AND STAFF.		·
4b	(Code:) (Expenses \$ 5,706,350. including grants of \$ 5,706,350. (Revenue SCHOLARSHIP PROGRAMS: FINANCIAL AID AWARDED TO STUDENTS		0.)
	SCHOLARSHIP PROGRAMS: FINANCIAL AID AWARDED TO STUDENTS THE UNIVERSITY OF WISCONSIN-MILWAUKEE.	ENKOLUAD AI	
	THE UNIVERSITI OF WIGCONDIN MIEWAOADD.		
	(Code:)(Expenses \$ 4,764,100. including grants of \$ 4,764,100.) (Revenue		0.)
	EDUCATIONAL PROGRAMS: SPECIAL PROJECTS INCLUDING SPONSORS		,
	UNIVERSITY OF WISCONSIN-MILWAUKEE'S PUBLIC RADIO STATION,		
	PROGRAM, PERFORMING ARTS CONCERT HALL, SCIENCE BAG SERIES	3, AND INNER	
	CITY NURSING CLINIC.		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,322,617. including grants of \$ 928,560.) (Revenue \$	0.)	
<u>4e</u>	Total program service expenses ► 20,264,990.		
		Form 9	90 (2021)
132002	12-09-21 2		
	3		

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23-7337744 Page 3

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	990 (2021) THE UWM FOUNDATION, INC. 23-733	744	P	age 3
Par	t 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)?		v	
	If "Yes," complete Schedule A		X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	Х	
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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D. Part IX	11d		x
A	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
1 9 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120		12a		x
h	Schedule D, Parts XI and XII			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	**	X
13	· ·			X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
D	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	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		42		x
	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_15		
16	• • • • • • • • • • • • •			x
<i></i>	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		^
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		17	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	12-09-21	Form	990	(2021)

THE UWM FOUNDATION, INC.

Form **990** (2021)

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Form	990	(2021)

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	(conunded)		Yes	No
~	Did the exercise report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
04.5	Schedule J	20		
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	040		x
	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):		<u>.</u>	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	ľ		
	"Yes, " complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t M Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	10 C A 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	J 12-09-21	Form	990	(2021)
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2021.05080 THE UWM FOUNDATION. INC. 78665 1

Part VI Statements Regarding Other HIS Flungs and IaX Compliance (continued) 28 Enter the number of employees reported on Form W-3, Transmittal of Wags and Tax Statements. 28 10 It ateat one is reported on Ine 2a, did the organization file all required decial employment tax return? 28 30 Did the organization have unrolited business gross income of \$1,000 or more during the year? 38 31 Did the organization have unrolited business gross income of \$1,000 or more during the year? 38 41 Aray time during the calendar year. did the organization have an interest II, or a signature or other attrictions. 38 54 If "res," ensite the name of the foreign country lew is may to a signature or other functional account? 48 55 Xs If "res," ensite the name of the foreign country lew is a signature or other functional account? 58 54 Visa the organization have are used to schelet transaction? 58 X 55 Visa the organization have are used as or party to a prohibited tax schelet transaction? 59 X 6 Visa the organization have are used as organization an exprass statement that such contributions or grifts 59 X 6 Visa the organization have are orbital broas and survices provided? 70 X X	the second se	390 (2021) THE UWM FOUNDATION, INC.	23-7337	744	P	_{age} 5
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 38 b If at least on the expanded on line 2a, did the organization file at required derived employment tax refurme? 2a X b If the squared business goes and the organization file at required derived employment tax refurme? 2a X b If the organization have unrelated business goes and the organization are optimation on Schedule O 3a X b If the organization have unrelated business goes and the organization have an interact in c or signature or other authenty over, a financial account is as bank account, securities account, or other financial Account's (Pach as a bank account, securities account, or other financial Account's (Pach as bank account, securities account, or other financial Account's (Pach as bank account, securities account, or other financial Account's (Pach as bank account, securities account or the organization in Pach account and goes receipts that are normally greater than \$100,000, and did the organization information account and the account's (Pach as bank account, securities account and account's (Pach as bank account, securities account); 4a b If **es', if the organization in Ford MB6817 5a X c If **es', if the organization in Ford Bard account's provided the organization account securities account or the securities of the organization include with every solicitation an express statement that such conthinter (*a, *x, * fid the organization nease as provided or the se	Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Vac	No
Here of the calendar year anding with or within the year covered by this mutun Image: Cale Cale Cale Cale Cale Cale Cale Cale	0-	Enter the number of employees reported on Form W/3. Transmittal of Wate and Tax Statements	1		Tes	NO
b If at least one is reported on the 2a, did the organization file all required feederal employment tax returns? 2b X Abox if the sum of fanes 1 and 2a is greater than 500, youre by fore either to 400 and 300 mices entrauctions 3a 3a 3b Did the organization have unrelated business gross income of \$1,000 or mon during the year? 3a 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountily fourts as bark account, accurities accountils accounts (FBAR). 4a 5a with the organization in a foring country (busing as bark account, accurities accounts and Financial Accounts (FBAR). 5a 5a with the organization in their (the organization in their (thes or is a party to a prohibited tax sheller transaction at any time during the tax year? 5a 5a do the organization in their (the organization in their (thes or is a party to a prohibited tax sheller transaction? 5a 5b di "res", ' did the organization include with every solication an spress statement that such contributions or gifts were not tax douctibles as charitable contribution? 5a 7b "res", ' did the organization include with every solication an spress statement that such contributions or gifts were not tax douctibles as the portan altroperty for which it was required to the form R822? 7a 7b 'f 'res', ' did the organization include with every solication an spress statement that accounting the organization second spress that are northwith and a contrast organization second spress that are northwith the organization second spress that are northwith the organization seco			2a 38			
Note: If the sum of fines 1 and 2s is greater than 250, you may be required to <i>e-file</i> . See instructions. Image: Control of the sum of fines 1 and 2s is greater than 250, you may be required to e-file. See instructions. Image: Control of the sum of fines 1 and 2s is greater than 250, you may be required to or the sum of the sum of the foreign country is word. Bit ways and, the congruing tho country see, difficulty and set as bark account, or other financial accounts (FBAP). 3b 5a If "Yes," enter the name of the foreign country is word is a party that way or is a party to a prohibited tax shells transaction at any time during the tax year? 5a X 5a Was the organization have an interval or prohibited tax shells transaction at any time during the tax year? 5a X 5a Was the organization have an interval greater than \$100,000, and did the organization solid and you contributions and greas requires that are on cranking greater than \$100,000, and did the organization solid any contribution and greas section that are on cranking greater than \$100,000, and did the organization solid any contribution and greas section that are on cranking provide? 7a X 0 If "Yes," indicate the organization have an indication an express statement that such contributions or gifts were not tax deductible? 7a X 0 If "Yes," indicate the organization near you contribution an greas statement that such control. 7a X 0 If "Yes," indicate the organization near you contribution sup				2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a						
b If "Yes," fast if tied a Form 900-Tor this year. (if the organization have an interest in, or a signature or other subtody over, a financial account in strength ocurthy level as bark account, securities account, or other financial accounts (FBAP), be if "Yes," enter the name of the foreign country level as bark account, securities account, or other financial accounts (FBAP), be if "Yes," enter the name of the foreign country level is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a prohibited tax shafter transaction at any time during that usy war? (if a Geometric Country level) is a contribution or gifts were not tax deductible contractions on express statement that such contributions or gifts were not tax deductible? (if a Vias, "if d the organization neelee deductible contractions and express transactions and express that any transactions and express that any transaction and express that a contraction of the tax ware? (if a Vias, "if a Vias," if d the organization is a strengt, or darked tax depace of tax gifts personal property for which it was required to firs form 882? (if a Vias," if a Vias,		- · · · · ·		3a		X
In transition account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X bit transit end han and of the foreign country is the transaction at any time during the tax year? 5a				3b		
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		12-05-21				• •

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Form 990 (2021)
Part VI	Gov

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	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 on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	X

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			· · · ·		1. 1.1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		01	,		
b	Enter the number of voting members included on line 1a, above, who are independent	<u>1b</u>	2'	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other		X	[
_	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					x
			filed	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			<u>4</u> 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X
6	Did the organization have members or stockholders?			0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7a		x
-	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		
b				7ь		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-					
		Vonac.			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
_				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X	
b	Describe on 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	X	
b						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent			1. 1. j
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				iri Sainn an s	1
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	ih a			
	taxable entity during the year?			16a	्र भाषा	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	-)		•
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	S		l	<u>s</u> : :
0	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 WI	1 000				- 1 -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	10 990-	(section 501(c)(3)	s oniy)	availai	DIE
	for public inspection. Indicate how you made these available. Check all that apply.					
10	X Own website Another's website X Upon request Other (explain		•	d finar	nial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, constitution available to the public during the tax year		interest policy, an	u iman	101	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke and				
20	CURTIS STANG - 414-906-4645	no allu				<u> </u>
	1440 EAST NORTH AVENUE, MILWAUKEE, WI 53202					
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Form 990 (2021) THE U	UWM FOUNDATION,	INC.	23-7337744 F	- _{age} 7				
Part VII	Compensation of Offic	cers, Directors, Trustee	s, Key Emplo	oyees, Highest Compensated					
	Employees, and Independent Contractors								
	Check if Schedule O contains	s a response or note to any line	in this Part VII						
Section A	Officers, Directors, Trustee	es. Key Employees, and High	est Compensate	ed Employees					

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	Jiga	Iuza		<u>COII</u> C)	ipen	Sale	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both r/trus	an	compensation from	compensation from related	amount of other
	week (list any	to						the	organizations	compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			censal		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	ee com		1099-NEC)		and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	ırmer			organizations
(1) DAVID GILBERT	26.00	ਵ	<u> </u>	8	×.	ΞS	3	···-		
PRESIDENT: EX-OFFICIO	27.00			x				282,496.	0.	51,516.
(2) BRIAN D. THOMPSON	1.00						-			
PRESIDENT - UWM RESEARCH FOUNDATION	40.00					x		249,109.	0.	23,442.
(3) CURTIS STANG	37.00									
COO; EX-OFFICIO	15.00			X				163,519.	0.	34,140.
(4) JESSICA SILVAGGI	1.00									
VICE PRESIDENT - UWM RESEARCH FOUNDA	40.00					X		119,411.	0.	33,343.
(5) ENRIQUE PAHM	50.00									
IT SYSTEMS MANAGER						X		101,409.	0.	41,435.
(6) LAWRENCE J. SCHNUCK	1.00							_	_	_
CHAIR		X		X				0.	0.	0.
(7) JOHN KISSINGER	1.00									-
VICE CHAIR		X		X				0.	0.	0.
(8) CHRISTINA FIASCA	1.00									•
SECRETARY	1.00	X		X				0.	0.	0.
(9) WILLIAM B. COLEMAN	1.00								•	•
TREASURER	1 00	X		X	<u> </u>			0.	0.	0.
(10) MICHAEL ALDANA	1.00							•	•	•
DIRECTOR	1 00	X			<u> </u>			0.	0.	0.
(11) DAVID BARNETT	1.00							0.	0.	0
DIRECTOR (12) JAMES BARRY III	1.00	X			<u> </u>			<u>U.</u>	0.	0.
DIRECTOR (THRU 12/2021)	1.00	x						ο.	0.	0.
(13) BRIAN BEAR, M.D.	1.00	~							0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) JAMES BLINKA	1.00									
DIRECTOR		x						0.	0.	0.
(15) ROBERT BUKOWSKI	1.00									
DIRECTOR (THRU 12/2021)		х						0.	Ο.	0.
(16) ELLEN CENSKY	1.00									
DIRECTOR		X						0.	0.	0.
(17) STEPHANIE CHEDID	1.00									
DIRECTOR		Х						0.	0.	0.
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THE UWM FOUNDATION, INC. ...

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(A)	(B)			(C				ompensated Employee (D)	(E)		(F)	
Name and title	Average	100		Posi heck n	tion		me	Reportable	Reportable	Es	timate	ed
	hours per	box	, unles	ss per	son is	both	an	compensation	compensation	an	nount	of
	week		cer an	dadi	rector	Trus	(ee)	from	from related		other	
	(list any hours for	Individual trustee or director						the	organizations		pensa	
	related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		om th anizat	
	organizations	ruster	l trus		ee/ee	npen		1099-NEC)	1033-1420)		d relat	
	below	dual t	institutional trustee		Key employee	st co: oyee	EL L	10001120)			anizati	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former					
18) LORI CRAIG	1.00											_
IRECTOR (THRU 12/2021)		X		_	_	_		0.	0.			0
19) JUSTIN CRUZ	1.00								0			^
IRECTOR 20) DONNA DROSNER	1.00	X			_	_		0.	0.			0
IRECTOR	1.00	x						ο.	0.			0
21) SCOTT HAAG	1.00											
IRECTOR (THRU 12/2021)		x						0.	ο.			0
22) JEFFREY HEMBROK	1.00							.				<u> </u>
IRECTOR		x						0.	0.			0
23) ROGER KAMAU	1.00				-1	-						
IRECTOR		x						0.	0.			0
24) MARGARET KELSEY	1.00											
IRECTOR		X						0.	0.	L		0
25) JOSEPH KERSCHNER, M.D.	1.00								_			-
IRECTOR (THRU 12/2021)	1.00	X			$ \rightarrow$			0.	0.			0
26) JOHN KERSEY	1.00											~
IRECTOR (THRU 12/2021)	l	X						0.	0.	10	2 0	0
1b Subtotal								915,944.	0.	<u>τ</u> α.	3,8	
c Total from continuation sheets to Part								0.	0.	10	3,8	0
										1 1 24		10
d Total (add lines 1b and 1c)								915,944.		18.	5,0	
2 Total number of individuals (including bu	t not limited to th						o re			18.	5,0	
	t not limited to th						o ree				Yes	ļ
2 Total number of individuals (including bu compensation from the organization	t not limited to th	ose	liste	d ab	ove)	wh		ceived more than \$100,	000 of reportable			
 2 Total number of individuals (including bu compensation from the organization 3 Did the organization list any former offic 	t not limited to th er, director, trust	ee, k	liste	d ab	ove) oyee	, or	higł	ceived more than \$100, hest compensated empl	000 of reportable	3		No
 2 Total number of individuals (including bu compensation from the organization 3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for the schedule of the s	t not limited to th er, director, trust r such individual	ose ee, k	liste key e	d ab	ove) byee	, or	high	ceived more than \$100,	000 of reportable			No
 2 Total number of individuals (including bu compensation from the organization 3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J fo</i> 	t not limited to th er, director, trust r such individual sum of reportabl	ee, k	liste key e ompe	d ab mplo	ove) byee	, or	high othe	ceived more than \$100, hest compensated empl er compensation from ti	000 of reportable loyee on he organization			No
 2 Total number of individuals (including bu compensation from the organization 3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J fo</i> 4 For any individual listed on line 1a, is the and related organizations greater than \$15 5 Did any person listed on line 1a receive or an antipation of the second secon	t not limited to th er, director, trust r such individual sum of reportabl 150,000? If "Yes, or accrue comper	ee, k e co " co nsatie	key e mpe mple on fr	d ab mplo nsat ete S om a	ove) oyee ion a chec	, or and dule	high oth J fo	ceived more than \$100, hest compensated empl er compensation from th or such individual	loyee on he organization	3	Yes	No
 2 Total number of individuals (including buccompensation from the organization 3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for 4 4 For any individual listed on line 1a, is the and related organizations greater than \$1 5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>complete Schedule J</i> for 10 and 10	t not limited to th er, director, trust r such individual sum of reportabl 150,000? If "Yes, or accrue comper	ee, k e co " co nsatie	key e mpe mple on fr	d ab mplo nsat ete S om a	ove) oyee ion a chec	, or and dule	high oth J fo	ceived more than \$100, hest compensated empl er compensation from th or such individual	loyee on he organization	3	Yes	X
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 2 Total number of individuals (including bu compensation from the organization 3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J fo</i> 4 For any individual listed on line 1a, is the and related organizations greater than \$¹⁵ 5 Did any person listed on line 1a receive of rendered to the organization? <i>If "Yes," ci</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest the organization. Report compensation for (A) 	t not limited to the er, director, trust r such individual sum of reportabl 50,000? If "Yes, or accrue comper <u>complete Schedul</u> compensated inco or the calendar ye	ee, k le co " col asatic <u>e J fo</u> lepee	key e mpe mpie on fr or su nder	d ab mplo msat ete S om a ch p nt co	ove) byee ion a chec any L erso	, or and dule	high oth J fo late	ceived more than \$100, hest compensated empler er compensation from the or such individual d organization or indivic at received more than \$ the organization's tax yn (B)	000 of reportable loyee on the organization dual for services	3 4 5 tion fro	Yes X	Nc X
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 2 Total number of individuals (including bu compensation from the organization 3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J fo</i> 4 For any individual listed on line 1a, is the and related organizations greater than \$¹⁵ 5 Did any person listed on line 1a receive of rendered to the organization? <i>If "Yes," ci</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest the organization. Report compensation for (A) 	t not limited to the er, director, trust r such individual sum of reportabl 50,000? If "Yes, or accrue comper <u>complete Schedul</u> compensated inco or the calendar ye	ee, k le co " col asatic <u>e J fo</u> lepee	key e mpe mpie on fr or su nder	d ab mplo msat ete S om a ch p nt co	ove) byee ion a chec any L erso	, or and dule	high oth J fo late	ceived more than \$100, hest compensated empler er compensation from the or such individual d organization or indivic at received more than \$ the organization's tax yn (B)	000 of reportable loyee on the organization dual for services	3 4 5 tion fro	Yes X	X
 2 Total number of individuals (including bu compensation from the organization 3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J fo</i> 4 For any individual listed on line 1a, is the and related organizations greater than \$¹⁵ 5 Did any person listed on line 1a receive of rendered to the organization? <i>If "Yes," ci</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest the organization. Report compensation for (A) 	t not limited to the er, director, trust r such individual sum of reportabl 50,000? If "Yes, or accrue comper <u>complete Schedul</u> compensated inco or the calendar ye	ee, k le co " col asatic <u>e J fo</u> lepee	key e mpe mpie on fr or su nder	d ab mplo msat ete S om a ch p nt co	ove) byee ion a chec any L erso	, or and dule	high oth J fo late	ceived more than \$100, hest compensated empler er compensation from the or such individual d organization or indivic at received more than \$ the organization's tax yn (B)	000 of reportable loyee on the organization dual for services	3 4 5 tion fro	Yes X	X
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Form 990	
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THE UWM FOUNDATION, INC.

23-7337744

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ai	nd H	ligh	est (Compensated Employe	es (continued)	· · · · · · · · · · · · · · · · · · ·
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours		neck	all	that	app	iy)	compensation	compensation	amount of other
	per							from the	from related organizations	compensation
	week (list any	ō				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	(11 2/1000 11100)	organization
	related	ee or	stee			nsate		(,		and related
	organizations	trust	hal tri		oyee	dwo				organizations
	below	Individual trustee or director	itution	Otticer	Key employee	Highest compensated employee	Former			
	line)	ig i	Insti	Offic	Key	High	P.			
(27) REBEKAH KOWALSKI	1.00									
DIRECTOR		X						0.	0.	0.
(28) MATT KULASA	1.00	ľ								
DIRECTOR		X						0.	0.	0.
(29) KERI MCCONNELL	1.00	1								
DIRECTOR	-	x						0.	Ο.	0.
(30) DAVID MISKY	1.00									
DIRECTOR		x						0.	0.	0.
(31) KENNETH MUNSON	1.00									
DIRECTOR		x						0.	0.	0.
(32) TOM MYERS	1.00									
DIRECTOR		x						0.	0.	0.
(33) MIKE ORGEMAN	1.00									
DIRECTOR	2.00	x						0.	0.	0.
(34) CYNTHIA RIGSBY	1.00									
DIRECTOR (THRU 12/2021)		x						0.	0.	0.
(35) MATTHEW D. RINKA	1.00									
DIRECTOR		x						0.	0.	0.
(36) RONALD SADOFF	1.00									
DIRECTOR		x						0.	0.	0.
(37) IGNATIUS SMETEK	1.00									
DIRECTOR (THRU 12/2021)		x						0.	0.	0.
(38) LISA J. VAN LANDEGHEM	1.00									
DIRECTOR		x						0.	Ο.	0.
(39) DENNIS J. WEBB	1.00									
DIRECTOR		X						0.	Ο.	0.
(40) PEGGY WILLIAMS-SMITH	1.00									
DIRECTOR		X						0.	0.	0.
	-									
									-	
						L				

132201 04-01-21

Form 990 (2021) THE UWM Part VIII Statement of Revenue

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THE UWM FOUNDATION, INC.

			Check if Schedule O contains a response	e or note to any line	in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
				C 01C				
Contributions, Gifts, Grants and Other Similar Amounts	1 :		Federated campaigns 1a	6,816.				
our	1		Membership dues 1b					
E.		с	Fundraising events 1c	33,277.				
L iff		d	Related organizations 1d					
o in			Government grants (contributions) 1e	98,018.				
Sis			All other contributions, gifts, grants, and					
it i		5	similar amounts not included above 1f	29,219,129.				
ég							a de la compañía de l	
ga		-	Noncash contributions included in lines 1a-1f	568,148.	00 257 040		A CONTRACTOR OF THE OWNER	
<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>		h	Total. Add lines 1a-1f	····	29,357,240.			
				Business Code				
e	2	а						
vio .	1	b						A
Ser		с						
EA					6			
Be		d						
Program Service Revenue		e						
-			All other program service revenue					
		g	Total. Add lines 2a-2f					
	з		Investment income (including dividends, inter	rest, and				
			other similar amounts)	▶	6,741,946.			6741946.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
	Ũ		(i) Real	(ii) Personal				
	~					No. Contraction of the second		
			Less: rental expenses 6b 0					
		С	Rental income or (loss) 6c 13,480	•				
		d	Net rental income or (loss)	▶	13,480.			13,480.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 23,697,023				North States	
	1	b	Less: cost or other basis					
e		~	and sales expenses					
Revenue		_	Gain or (loss)				The second second	
eve		C		·	3,301,905.			3301905.
Ĕ			Net gain or (loss)	▶	5,301,905.			5501905.
her	8	а	Gross income from fundraising events (not					
đ			including \$ 33,277. of					
			contributions reported on line 1c). See				4	
			Part IV, line 18	a 33,167.				
		b	Less: direct expenses 8	b 36,319.				
			Net income or (loss) from fundraising events		-3,152.			-3,152.
			Gross income from gaming activities. See					
	9	a	0 0					
			Part IV, line 19 9					
			Less: direct expenses 9	b				
			Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10)a				1988 1989 1989 1989 1989 1989 1989 1989
	1	b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory					
_		-		Business Code				
sn	44	_		Ducinication				
eo ne	11 :	-						
Miscellaneous Revenue								
Sev		С	The second secon					
Mis			All other revenue					
-		е	Total. Add lines 11a-11d	►	1			
	12		Total revenue. See instructions	▶	39,411,419.	0.	0.	10054179.

132009 12-09-21

Form 990 (2021)

Form 990 (2021)

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THE UWM FOUNDATION, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,164,583.	14,164,583.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,706,3 <u>50</u> .	5,706,350.		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				······································
4		·		العصفي حدد مرغضي متكفي	
5	Compensation of current officers, directors, trustees, and key employees	554,868.	138,717.	416,151.	
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	339,821.	79,960.	239,880.	19,981
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	102,331.	25,583.	76,748.	
9	Other employee benefits	200,144.	50,036.	150,108.	
0	Payroll taxes	122,134.	30,151.	90,454.	1,529
1	Fees for services (nonemployees):		·	·	
a					
b	Legal	24,649.		24,649.	
2	Accounting	102,424.		102,424.	
d					
e ∡	Investment management fees	253,787.	the second se	253,787.	
f		233,707			
g	column (A), amount, list line 11g expenses on Sch O.)	385,450.	13,409.	329,944.	42,097
_		303,430.	13,303.	525,544	
2	Advertising and promotion	22,283.	5,571.	16,712.	
3	Office expenses	19,599.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19,599.	
4	Information technology	19,599.		19,399.	
5	Royalties	146 001	26 700	110 101	
5		146,801.	36,700.	110,101.	
7	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	34,875.	315.	34,560.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	34,013.	8,503.	25,510.	
3	Insurance	20,447.	5,112.	15,335.	· · · · · · · · · · · · · · · · · · ·
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)		د . مربقه المربي المربقة ال المربقة المربقة		
а		796,387.			796,387
b		311,975.			311,975
С	DISCRETIONARY ALLOCATIO	56,513.		56,513.	
d	MEMBERSHIPS	30,533.		30,533.	
e	All other expenses	199,626.		199,626.	
5	Total functional expenses. Add lines 1 through 24e	23,629,593.	20,264,990.	2,192,634.	1,171,969
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

12

132010 12-09-21

Form 990 (2021)

2021.05080 THE NWM FOUNDATION. INC. 78665 1

132011 12-09-21

Form 990 (2021)

Assets

Liabilities

Fund Balances

Vet Assets or

12300509 147695 78665

Form 990 (2021)

THE UWM FOUNDATION, INC. Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Beginning of year End of year 1,378,522. 3,645,648. Cash - non-interest-bearing 1 1 248,975. 98,485. 2 2 Savings and temporary cash investments 12,192,282. 16,479,375. 3 Pledges and grants receivable, net 3 13,912. 367,845. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 **'**7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 89,002. 28,041. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other _10a 1,135,094. basis. Complete Part VI of Schedule D 400,699. 370,996. 10b 764,098. b Less: accumulated depreciation 10c 183,629,175. 11 163,743,477. Investments - publicly traded securities 11 33,505,283. 45,578,959. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,696,054. 10,795,545. 15 15 Other assets. See Part IV, line 11 226,454,661. 248,807,614. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 879,083. 464,884. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,120,000. 1,680,000. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 21,381,597. 17,185,219. of Schedule D 25 22,966,481 744,302 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 11,865,783. 1,324,113. 27 27 Net assets without donor restrictions 213,975,350. 205,386,246. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 225,841,133. 206,710,359. 32 32 Total net assets or fund balances 248,807,614. 226,454,661. 33 33 Total liabilities and net assets/fund balances

23-7337744 Page 11

(B)

(A)

Form	1990 (2021) THE UWM FOUNDATION, INC.	23-	-7337	744	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,411		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,629		
3	Revenue less expenses. Subtract line 2 from line 1	3	15	,781	.,82	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	225	,841	.,13	33.
5	Net unrealized gains (losses) on investments	5	-34	,338	3,63	39.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-573	,96	51.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	206	,710	1,35	59.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			N. Same	E.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			12.12	
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:			12.20	3	
	Separate basis X Consolidated basis Both consolidated and separate basis			19.00	10	2015
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	it			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					000 /	

Form **990** (2021)

132012 12-09-21

1 J

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Complete if the organ 49	nrity Status an nization is a section 50 147(a)(1) nonexempt cha Attach to Form 990 or I v/Form990 for instructi	I(c)(3) organization ritable trust. Form 990-EZ.	or a section		OMB No. 1545-0047
Name of the organizati						identification number
Part Reason	THE_UWM_FOUNDA for Public Charity Status.		complete this part \ S	ee instruction		3-7337744
	a private foundation because it is: (<u>.</u>	· · · · · · · · · · · · · · · · · · ·
1 A church, co 2 A school des	nvention of churches, or association of churches, or association as a section 170(b)(1)(A)(ii).	on of churches described (Attach Schedule E (Form	l in section 170(b)(n 990).)			
	a cooperative hospital service org search organization operated in co re:)(iii). Enter	the hospital's name,
5 X An organizati	ion operated for the benefit of a co (b)(1)(A)(iv). (Complete Part II.)	ollege or university owned	l or operated by a go	vernmental u	nit describe	ed in
	ate, or local government or governr			• •		
-	ion that normally receives a substa (b)(1)(A)(vi). (Complete Part II.)	antial part of its support f	rom a governmental	unit or from th	ie general j	public described in
	/ trust described in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9 An agricultur	al research organization described or a non-land-grant college of agric	l in section 170(b)(1)(A)	ix) operated in conju			
· _	ion that normally receives (1) more	than 33 1/3% of its supp	port from contribution	ns, membersh	ip fees, and	d gross receipts from
	ted to its exempt functions, subject	• •			•••	-
	unrelated business taxable income	e (less section 511 tax) fro	om businesses acqui	red by the org	anization a	ifter June 30, 1975.
	509(a)(2). (Complete Part III.) ion organized and operated exclus	ively to test for public sa	faty See section 50)Q(a)(4)		
	ion organized and operated exclus	•	•		rrv out the	purposes of one or
	y supported organizations describe	•	•		-	• •
lines 12a thro	ough 12d that describes the type of	of supporting organization	n and complete lines	12e, 12f, and	12g.	
a 🛄 Typel.As	upporting organization operated, s	supervised, or controlled	by its supported org	anization(s), ty	pically by	giving
	ted organization(s) the power to re	• • • • •	majority of the direc	tors or trustee	es of the su	pporting
	n. You must complete Part IV, So			d avancientia.	•(a) b b	
•••	supporting organization supervised management of the supporting org			-		-
	m(s). You must complete Part IV,			ntior or manag	le uie anbi	Joned
	nctionally integrated. A supportin		in connection with, a	and functional	ly integrate	d with,
its support	ed organization(s) (see instructions	s). You must complete l	Part IV, Sections A,	D, and E.		
d 🔄 Type III no	n-functionally integrated. A supp	porting organization oper	ated in connection w	ith its suppor	ted organiz	zation(s)
	functionally integrated. The organiz		-		an attentiv	eness
	nt (see instructions). You must con box if the organization received a					
	v integrated, or Type III non-functio			турет, турет	і, туре ш	
•						
	ing information about the supporte					
(i) Name of supp organizatior		(iii) Type of organization (described on lines 1-10	(iv) is the organization listed in your governing document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
		above (see instructions))	Yes No			
·····						
Total						

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		UNDATION,			23-733	
Part II Support Schedule for O	rganizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
(Complete only if you checked fails to qualify under the tests li			-	n failed to qualify u	nder Part III. If the	organization
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total

1	Gifts, grants, contributions, and membership fees received. (Do not	31039423.	21154703	27400770	17685118	29357240	126637254
-		51059425.	21124/02.	27400770.	1/005110.	27557240.	120037234
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			-			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	01000100	01154500	05400550	19605110	00058040	0000000
4	Total. Add lines 1 through 3	31039423.	21154703.	27400770.	17682118.	29357240.	126637254
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)						6036537.
6	Public support. Subtract line 5 from line 4.					۰. ۱۳۰۰ - ۲۰۰۰ میرون میرون میرون ا	120600717
See	ction B. Total Support	<u>-</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	31039423.	21154703.	27400770.	<u>17685118.</u>	<u>29357240.</u>	126637254
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2972628.	3685962.	4378263.	1968668.	3740250.	16745771.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						143383025
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	84.11 %
	Public support percentage from 2020		•			15	84.13 %
	33 1/3% support test - 2021. If the					ore, check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-	• •	• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
_18	Private foundation. If the organization		-	· ·			
							(Form 990) 2021

132022 01-04-22

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Schedule A (Form 990) 202

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
c							
Sec	tion B. Total Support				••		•
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
b							
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С							
11	activities not included on line 10b, whether or not the business is						
12	Other income. Do not include gain or loss from the sale of capital					-	
13							
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
						16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	include any "runsul grants.") 2 Gross receipts from admissions, mored of relations transmissions, any advity that is related to the organization's transmissions, any advity that is related to the organization's transmissions, there are not an unrelated trade or bus less under section 513 4 Tax revenues levide for the organization tration's benefit and either paid to or expanded on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit 5 The value of services or facilities furnished by a governmental unit to the organization's benefit 5 The value of services or facilities furnished by a governmental unit to the organization's benefit 5 The value of services or facilities furnished by a governmental unit to the organization's benefit 5 The value of services or facilities furnished by a governmental unit to the organization's benefit 5 Amounts included on lines 1. 2, and 5 Areabied from disqualified persons 5 Amounts included on lines 1. 2, and 5 Areabied from the set of the offset amounts on lines 3 to the paid cotion B. Total Support 1 Information (and addition the set of the offset amount on line 3 to the paid cotion B. Total Support 1 Information (and addition the set of the offset and income from inferest, dividend fits parents received on securities lears, rents, royatiles, and income from inferest, dividend fits addit for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization, check this board addition of Public Support Percentage 5 Public support percentage for 2020 (line 10, column (l), 17 5 Public support percentage for 2020 (line 10, column (l), 17 5 Public support percentage for 2020 (line 10, column (l), 17 5 Public support percentage for 2021 (line 10, column (l), 17 5 Public support percentage for 2021 (line 10, column (l), lind by line 13, column (l)) 5 Public support percentage for 2021 (line 10, column (l), lind by line 13, column (l)) 5 Publi						
18							
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
			-	-			▶∟_
b		+					
. -						-	
		n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ins		
13202	3 01-04-22		17	,		Schedule A	(Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *[f* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

2021.05080 THE UWM FOUNDATION. INC.

18

Schedule A (Form 990) 2021

	Yes	No
	1	
1		
i.		
2		
	1	
3a		
	·	
Зb		
3c		
4a		
4b		
1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	i, i	
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40		
40		
	<u></u>	1.1.1.1.1
<u>5a</u>		
		<u>.</u> .
<u>5b</u>		
<u>5c</u>		e
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6		
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8		
_	<u>L</u>	*
9 a		
	i	A. M. S.
9b		
i and	أحصيك	
9C		
	L 1	이 아이 승규네.
		an a
10a		
10a		

aı	Supporting Organizations (continued)	
	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	· · ·
	11c below, the governing body of a supported organization?	<u>11a</u>
b	A family member of a person described on line 11a above?	11b
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
	de la tra Dente Mil	110

Getail in Part VI. Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

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- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Supervised. or controlled and supportant organization.	_
Section C. Type II Supporting Organizations	

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ę.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			<u> </u>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	· · · · ·		:
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	fy the Inte	gral Part T	est during t	the year	(see instructions).
---	--	-------------	-------------	--------------	----------	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

С	The organization supported a governmental entity.	Describe in Part VI how	vou supported a governmental enti	tv (see instructions).
<u> </u>	The organization supported a governmental entity.	Describe in the trillow		

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

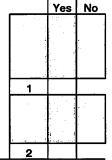
132025 01-04-22

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Yes No



Yes <u>No</u>

No

Yes

2a

2b

3a

3b

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 THE UWM FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	ار در در در ار میروند او ا	en de la substantia de la Antes de la substantia de l	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):		and the second sec	· · · · · · · · · · · · · · · · · · ·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		· ···· ·· ·· ·· ·· ·· ··
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	<u> </u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	مى بىلى بىلىغى بىلى بىلىغى بىلىغى	1
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	and the second secon Second second	
5	Income tax imposed in prior year	5	د میں اور میں اور	s
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally instructions).	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 THE UWM FOUND.		-i		3-7337744 Page 7
	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)	0
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)	(::)	10	(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			and the second	
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020			Sec.	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.			-20%	
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			1	States and states and
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
10 - 10	Excess from 2020				
-	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	THE U	JWM F	OUNDAT	LON,	INC.		23-7337744	Page 8
Part V	Supplemental Infor Part IV. Section A. lines 1	mation. , 2, 3b, 3c, lines 2 and	Provide t 4b, 4c, 5 3; Part IV	he explanatio a, 6, 9a, 9b, 9 /, Section E,	ons requi 9c, 11a, lines 1c,	red by Part II, lin 11b, and 11c; Pa 2a, 2b, 3a, and	art IV, Section B, Iir 3b; Part V, Iine 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Par	C,
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Identification of Excess Contributions Included on Part II, Line 5

23-7337744

2021

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOSEPH AND VERA ZILBER CHARITABLE FOUNDATION, INC.	2,900,000.	32,339.
LUBAR FAMILY FOUNDATION, INC.	4,060,000.	1,192,339.
NORTHWESTERN MUTUAL LIFE FOUNDATION, INC.	5,684,664.	2,817,003.
WM COLLINS KOHLER FOUNDATION	3,118,094.	250,433.
BADER PHILANTHROPIES INC	4,441,090.	1,573,429.
WEC ENERGY GROUP	3,038,655.	170,994.
		· · · · · · · · · · · · · · · · · · ·
	++	
Fotal Excess Contributions to Schedule A, Part II, Line 5	· · · · · · · · · · · · · · · · · · ·	6,036,537.

90	HEDULE D	Supplementa	al Financial Statements	5		OMB No. 1545-0047		
	n 990)	Complete if the organization	anization answered "Yes" on Form 990,			2021		
- Denart	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Partment of the Treasury Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.							
	Revenue Service		Inspection					
Nam	e of the organizati	on THE UWM FOUNDATION	TNC			identification number 3-7337744		
Par	t Organiza	ations Maintaining Donor Advise		or Ac				
		n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	(t	o) Funds an	d other accounts		
1	Total number at er	nd of year						
2	Aggregate value o	f contributions to (during year)						
3		f grants from (during year)						
4		t end of year				<u> </u>		
5	-	on inform all donors and donor advisors in v	-					
•	-	on's property, subject to the organization's				Yes No		
6	-	on inform all grantees, donors, and donor a loses and not for the benefit of the donor o						
	impermissible priv		donor advisor, or for any other purpose (•	Yes No		
Par		ation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, I	line 7.			
1		servation easements held by the organization						
		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a histor	rically impor	tant land area		
	Protection o	f natural habitat	Preservation of	a certifi	ied historic	structure		
	Preservation	n of open space						
2	•	through 2d if the organization held a qualif	ied conservation contribution in the form of	of a con				
	day of the tax year					at the End of the Tax Year		
а		onservation easements			<u>2a</u>			
b	•				<u>2b</u>			
C		vation easements on a certified historic stru			<u>2c</u>			
d		vation easements included in (c) acquired a			2d			
3		nal Register vation easements modified, transferred, rel				the tax		
0	year ►		sased, excligationed, or terminated by the	organiz	adon danng			
4		where property subject to conservation eas	ement is located >					
5		tion have a written policy regarding the per						
	violations, and enf	orcement of the conservation easements it	holds?			🗌 Yes 🗌 No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatior	easements	s during the year		
	▶							
7		es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion eas	ements duri	ing the year		
_	►\$							
8		vation easement reported on line 2(d) abov						
•)(4)(B)(ii)? be how the organization reports conservation				Yes No		
9	•	d include, if applicable, the text of the footn	•			the		
		ounting for conservation easements.	ore to the organization s infancial stateme	1113 1114	1 063011063			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Ot	her Si	milar Ass	sets.		
		the organization answered "Yes" on Form						
-1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balar	nce sheet w	orks		
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherand	ce of public			
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes these item	s.				
b	-	elected, as permitted under FASB ASC 95	•					
		sures, or other similar assets held for public	exhibition, education, or research in furth	erance	of public se	rvice,		
	-	ng amounts relating to these items:						
		ded on Form 990, Part VIII, line 1			* _			
2	••	ed in Form 990, Part X received or held works of art, historical trea	asures or other similar assets for financial			<u></u>		
2	-	ints required to be reported under FASB A		yanı, pi				
а	-	on Form 990, Part VIII, line 1	•		► \$			
		Form 990, Part X			► s			
		eduction Act Notice, see the Instructions				dule D (Form 990) 2021		
	10-28-21					-		

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PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Sche	dule D (Form 990) 2021 THE UWM	FOUNDATION	I, INC. Historical Tre	asures, or Oth		-7337744	
collection items (check all that apply): a b b construction c b construction c b construction collection collec	. 7.57							iue <u>a</u>)
a Public exhibition d Clean or exchange program b Scholary reservation e Other	3	• •		s, check any of the	ionowing that make	s significant doo	0.110	
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts total the organization and the organization accelection? Yes No Particle an amount on form 990, Part X, line 21. Total an amount on form 990, Part X, line 21. Yes No b If Yes' explain the arrangement in Part XIII and complete the following table. Amount Total c Beginning balance 10 Amount 10 Total 2a Did the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account tablity? Yes No b If Yes' explain the arrangement in Part XIII. Custoch there in the organization answered 'Yes' on Form 990, Part X, line 21. for secrew or custodial account tablity? Yes No d If Yes' esplain the arrangement in Part XIII. Custoch there in the organization answered 'Yes' on Form 990, Part X, line 21. for secrew or custodial account tablity? Yes No d If Contritutions 7,312,718,012. 110,666,018. 1044,888,503. 97,522,322. 222,741. 102. 110,718,912. 107,188,903. 97,522,322. 222,741. 103,717,9,328. 123,92,722. 126,181,17	а		d	Loan or exc	hange program			
c Previde a description of vfuure generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's content and the organization's collection? Yes No. Fart IVI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 590, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. Amount Image: Complete it the organization and explain how they further the organization answered "Yes" on Form 590, Part X, line 21. 16 Image: Complete it the organization and explain how they further the organization end explain how they further the organization has been provided on Part XIII. Conthore organization include an			-					
Provide a description of the organization's collections and explain how they further the organization's exempt prupose in Part XIII. During the year, did the organization solid or resolve donations of art, historical treasures, or other similar assets to be soid to raise funds ather than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included op Form 980, Part X, or Beginning balance C Beginning of year balance C Beginning of year balance C Statubiotions C			-					
5 During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be solid to raise funds raiter than to be maintained as part of the organization answered "Vet" on Form 950, Part IV, line 9, or reported an amount on Form 950, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included op Form 950, Part X? Yes No 0 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included op Form 950, Part X? Yes No 1 Is the organization and out in the value of the intermediary for contributions or other assets not included op Form 950, Part X? Yes No 2 Beginning balance 1 1 1 1 1 2 Beginning balance 1 1 1 1 1 1 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? No No 1	_	-	ollections and explain	how they further the	ne organization's e	kempt purpose ir	n Part XIII.	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. [Part M] Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. The is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included op Form 990, Part X, line 21. Yes No. b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Id	-	• •	-	-	-			
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included op Form 990, Part X, line 21. Ves No b If "Yes," explain the arrangement in Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included op Form 990, Part X, line 21, for secrew or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Image: Complete if the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part V, line 10. Ia Beginning of year balance [13, 176, 012, 110, 646, 018, 104, 648, 503] 97, 542, 732, 226, 27, 741, 102, 113, 766, 122, 110, 648, 503] 97, 542, 732, 26, 27, 741, 102, 123, 766, 22, 11, 300, 777, 4, 287, 004, 1, 1697, 338, dG rants or scholarships Image: Complete intermediate processes in 126, 724, 110, 143, 178, 012, 107, 188, 462, 104, 888, 503] 27,	•	•••					Yes	No No
Teported an amount on Form 990, Part X, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. The issue of point of the search of the	Pa							
op Form 960, Part X?								
op Form 960, Part X?	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets n	ot included		
b If ¹ Yes, [*] explain the arrangement in Part XIII and complete the following table: Amount Beginning balance Additions during the year Id <liid< li=""> Id</liid<>							🔲 Yes	🔲 No
c Beginning balance 10 d Additions during the year 16 e Distributions during the year 16 f Ending balance 16 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountil lability? Yes No b f' ves', evolain the arrangement in Part XIII. Check here if the expanation has been provided on Part XIII Part V" Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. 1a Beginning of year balance 143, 178, 0.12, 1.10, 686, 0.18, 1.04, 888, 503, 203, 223, 225, 123, 1275, 7312, 708, 5, 304, 287, 4, 700, 280, 6, 035, 203, 272, 741, 0.143, 0.14, 810, 0.32, 104, 888, 503, 272, 741, 0.143, 0.143, 0.10, 686, 0.18, 1.04, 0.43, 0.55, 3, 701, 0.98, 2, 976, 436, 878, 469, 0.141, 1378, 0.12, 1.10, 0.143, 1.78, 0.12, 1.10, 0.148, 462, 1.04, 888, 503, 27, 273, 286, 0.141, 1.01, 143, 1.78, 0.12, 1.07, 188, 462, 1.04, 888, 503, 27, 273, 286, 0.141, 1.01, 143, 1.78, 0.12, 1.07, 188, 462, 1.04, 888, 503, 27, 273, 286, 0.104, 0.000, % 2 Provide the estimated percentage of the current year end balance (line 1g, column (aj) held as: 80ard designated or quasiendowment b	b							
d Additions during the year 1d e Distributions during the year 1d 1 Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V" Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Yes Form 990, Part IX, line 10. Part V" Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Yes Converte year Edditions during the year back (e) four years back (e) four year years back (e) four years back (e) four years back (e) fou							Amoun	t
e Distributions during the year 1e 2a Distributions during the year 1f 2a Distributions during the year 1f 2a Distributions during the year 1f 2a Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit for years back Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (e) Four years back (f) force years back (f) Four years back (f) force years back (f) Four ye	c	Beginning balance				1c		
f Ending balance	d	Additions during the year				<u>1d</u>		
22 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Yes No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 7.312, 708, 5.304, 287, 47, 700, 200, 6, 035, 203, 203, 203, 203, 203, 203, 203, 203	е	Distributions during the year				<u>1e</u>		
b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10. (a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Three years back (f)							·	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Wo years back (d) Three years back (e) Four years back 1a Beginning of year balance (143, 178, 012, 110, 666, 018, 104, 888, 503, 97, 542, 732, 26, 181, 176, 7, 312, 708, 5, 304, 287, 4, 700, 280, 6, 035, 203, 272, 741, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 395, 800, 31, 230, 762, 1, 300, 777, 4, 287, 004, 1, 697, 838, -19, 300, 797, 4, 287, 004, 1, 697, 838, -19, 300, 797, 4, 287, 004, 1, 697, 838, -10, 300, 797, 4, 287, 004, 1, 697, 838, -10, 300, 797, 4, 287, 004, 1, 697, 838, -10, 300, 797, 4, 287, 004, 1, 697, 838, -10, 300, 797, 4, 287, 004, 1, 697, 838, -10, 300, 797, 4, 287, 004, 1, 697, 838, -10, 300, 797, 4, 287, 004, 1, 697, 838, -10, 300, 797, 4, 287, 004, 1, 697, 838, -10, 297, 64, 648, 503, 27, 273, 286, 297, 6436, 878, 469, -10, 126, 724, 110, 143, 178, 012, 107, 188, 462, 104, 888, 503, 27, 273, 286, 2000, % Pert Mitheline text and percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or ganizations .0000, % Yes, No Board designated or ganizatio		•					🔛 Yes	No No
(a) Current year (b) Prior year (c) Two years back (c) Three years back (c) Flore years back (c) Three years back								
1a Beginning of year balance 113,178,012. 110,686,018. 104,888,503. 97,542,732. 26,181,176. b Contributions 7,312,708. 5,304,287. 4,700,280. 6,035,203. 227,741. c Net investment earnings, gains, and tosses -19,395,800. 31,230,762. 1,300,777. 4,287,004. 1,697,838. d Grants or scholarships - -19,395,800. 31,230,762. 1,300,777. 4,287,004. 1,697,838. d Administrative expenses - - - 9,764,356. 878,469. g End of year balance 126,724,110. 143,178,012. 107,188,462. 104,888,503. 27,273,286. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ .0000 % % .0000 % % G The percentages on lines 2a, 2b, and 2c should equal 100%. as Are there endowment funds not in the possession of the organization that are held and administered for the organization by: .0010 % 3a(1) X 4 Description of property .00200	Pa	Endowment Funds. Complete					had to Fam	
b Contributions 7,312,708. 5,304,287. 4,700,280. 6,035,203. 272,741. c Net investment earnings, gains, and losses -19,395,800. 31,230,762. 1,300,777. 4,287,004. 1,697,838. d Grants or scholarships -19,395,800. 31,230,762. 1,300,777. 4,287,004. 1,697,838. e Other expenditures for facilities -19,395,800. 31,230,762. 1,007,77. 4,287,004. 1,697,838. e Other expenditures for facilities -19,395,800. 31,230,762. 1,007,188,462. 2976,436. 878,469. f Administrative expenses								
c Net investment earnings, gains, and losses -19,395,800. 31,230,762. 1,300,777. 4,287,004. 1,697,838. d Grants or scholarships								
Grants or scholarships								•
e Other expenditures for facilities and programs 4,370,810. 4,043,055. 3,701,098. 2,976,436. 878,469. f Administrative expenses 126,724,110. 143,178,012. 107,188,462. 104,888,503. 27,273,286. g End of year balance 126,724,110. 143,178,012. 107,188,462. 104,888,503. 27,273,286. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ .0000 % % Term endowment ▶ .0000 % % The percentages on lines 2a, b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii) X ii) Related organizations			-19,395,800.	31,230,762.	1,300,77	4,207,	,004. 1,	,057,030.
and programs 4,370,810. 4,043,055. 3,701,098. 2,976,436. 878,469. f Administrative expenses 126,724,110. 143,178,012. 107,188,462. 104,888,503. 27,273,286. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 100 % .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii) X j: U Unrelated organizations 3a(ii) X 3a(ii) X j: Vest on line 3a(ii), are the related organizations listed as required on Schedule R? 3a 3a Jab 4 Describe in Part XIII the intended uses of the organization's endowment funds. Image: Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Complete if the organization answerd "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10. Image: Complete if the organization answerd "Yes" on the basis (investment) Image: Complete if the organization answerd "Yes" on the basis (other) Image: Completei (d) Book value						_		
f Administrative expenses 126,724,110. 143,178,012. 107,188,462. 104,888,503. 27,273,286. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 100 % c Term endowment ▶ .0000 % (i) Unrelated organizations	е		4 370 810	4 042 055	2 701 000	2 976	426	979 160
g End of year balance 126,724,110. 143,178,012. 107,188,462. 104,888,503. 27,273,286. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 100 % % % c Term endowment ▶ .0000 % % c Term endowment ▶ .0000 % % c Term endowment ▶ .0000 % % (i) Unrelated organizations	-		4,370,810.	4,043,055.	5,701,090	2,370,	430.	070,403.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			126 724 110	143 179 012	107 199 463	104 888	503 27	273 286
a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 100 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X 3a(i) X (ii) Related organizations 3a(ii) X 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes" on line 3a(ii), are the related organization's endowment funds. 3b X Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land b Buildings 1 1 1 1 1 1 1 1 1 370, 996. e Other 0 1 1 1 370, 996. 370, 996. 370, 996.	-					101,000,		270,200.
b Permanent endowment ▶ 100 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) Unrelated organizations 3a(i) X (iii) Related organizations 3a(ii) X (iii) Related organizations 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds.	_		· · · · ·		ij) neio as:			
c Term endowment ▶	a L			70				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Part VI the intended uses of the organization's endowment funds. Yes No 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	0							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (i) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (ii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Other (c) Accumulated (d) Book value (d) Book value (d) Book value (e) Other (f) Book value (f) Book value (h) Buildings (h) Cost or other basis (other) (h) Book value (h) Buildings (h) Cost or other basis (other) (h) Book value (h) Buildings (h) Accumulated (h) Buildings (h) Accumulated	C		• -					
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other (c) Accumulated (c) Accumula	39		-	tion that are held a	nd administered fo	the organization	n	
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings	vu	•	obion of the organiza			and diganization		Yes No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a Land 1a Land b Buildings 1,135,094. 764,098. 370,996. e Other 0 0 0 0		•					3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		•						
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	ь							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4		•					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Pa							
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.		
b Buildings		Description of property				•	(d) Boo	k value
b Buildings	1a	Land				- and the second se		
c Leasehold improvements 1,135,094. 764,098. 370,996. e Other 270,006. 370,996. 370,996.								
d Equipment 1,135,094. 764,098. 370,996.	с							
e Other	d			1,13	5,094.	764,098	. 37	0,996.
	Tota			X. column (B). line 1	0c.)		37	0,99 <u>6</u> .

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 THE UWM FOUNDATION, INC.

Schedule D (Form 990) 2021 THE UWM FOOD Part VII Investments - Other Securities.	NDATION, INC.		5-1551144 Page 5					
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 000, Part IV, line 1	1b See Form 990 Part X line 12						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd of vear market value					
(a) Olassita hald assita laterate			, ,					
(2) Closely held equity interests(3) Other			· · · · · · · · · · · · · · · · · · ·					
(A) MONEY MARKET FUNDS	5,125,100.	END-OF-YEAR MARKE	T VALUE					
(B) DOMESTIC CORPORATE BONDS								
(C) FOREIGN BONDS	e,							
(D) PRIVATELY HELD STOCK	AD ANT THE WELD CHOCK AD ANT OF WEAD MADKED							
(E) LIMITED PARTNERSHIP			T VALUE					
(F) INTEREST	97,106.	END-OF-YEAR MARKE	T VALUE					
(G)	· · · · · · · · · · · · · · · · · · ·							
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	45,578,959.							
Part VIII Investments - Program Related.								
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.						
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value					
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) tine 13.)			n an					
Part IX Other Assets.								
Complete if the organization answered "Yes"	on Form 990, Part IV, line *	1d. See Form 990, Part X, line 15.	······					
(a)	Description		(b) Book value					
(1)								
(2)								
(3)		······································						
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.								
Complete if the organization answered "Yes"	on Form 990, Part IV, line	1e or 11f. See Form 990, Part X, line						
1. (a) Description of liability			(b) Book value					
(1) Federal income taxes								
(2) DUE TO AFFILIATES		· · · · · · · · · · · · · · · · · · ·	14,324,899.					
	VISCONSIN							
(4) – MILWAUKEE			2,740,286.					
(5) AMOUNTS PAYABLE UNDER FISC	CAL AGENT							
(6) RESPONSIBILITIES			120,034.					
—								

 (9)

 Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

 ▶

 17,185,219.

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

12300509 147695 78665

(7) (8)

Sche	dule D (Form 990) 2021 THE UWM FOUNDATION, INC.		23-7337744 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	· ·
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pai	t XIII Supplemental Information.		

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

PART V, LINE 4:

THE	ENDOWMENT	FUNDS	ENABLE	COLLEGES	AND	DEPARTMENTS	то	HIRE	FACULTY	

IMPLEMENT PROGRAMS, ADVANCE RESEARCH AND SUPPORT STUDENTS.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	ON	1B No. 1545-0047		
(Form 990)	Complete if the		2021								
Department of the Treasury		organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. Open to Public									
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	Employer	5 100	spection tification number		
Name of the organization		FOUNDATION, INC.					23-733				
		Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, li	ne 1	•				
 Indicate whether the a Aail solicitation Mail solicitation Internet and Phone solicitation Phone solicitation In-person solicitation Did the organization key employees list 	e organization rais tions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		□ \	Yes be	□ No		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained b fundraiser ted in col. (i)	^(y)	(vi) Amount paid to (or retained by) organization		
			Yes	No							
		· · · · · · · · · · · · · · · · · · · ·						+			
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								十			
								╉			
								+			
···								+			
Total		· · · · · · · · · · · · · · · · · · ·									
		n is registered or licensed to solicit o		utions	or has been notified	it is (exempt from	regis	stration		
		·····									
							<u> </u>				
		······································									
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or 9	990-E	Ζ.		Sched	ule G	6 (Form 990) 2021		

132081 10-21-21

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23-7337744 Page 2 THE UWM FOUNDATION, INC. Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WOMEN'S BASEBALL (add col. (a) through 2 BASKETBALL GGOLF col. (c)) (total number) (event type) (event type) Revenue 66,444. 25,571 22,454. 18,419. 1 Gross receipts 14,581. 6,794. 11,902. 33,277. 2 Less: Contributions 10,990 15,660. 6,517. 33,167. Gross income (line 1 minus line 2) 3 4 Cash prizes 60. 1,880. 1,820. Noncash prizes 5 Expenses 24,323. 10,073. 6,500. 7,750. 6 Rent/facility costs 2,706. 113. 2,593. Direct 7 Food and beverages 7,410. 7,410. Entertainment 8 9 Other direct expenses 36,319. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► ,152 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes 3 Direct Rent/facility costs 4 Other direct expenses 5 Yes Yes % Yes % % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) R Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

132082 10-21-21

Schedule G (Form 990) 2021

Yes

No

Schedule G (Form 990) 2021	THE UWM FOUNDATION, INC.	23-7	337744	Page 3
	gaming activities with nonmembers?		Yes	No
	eneficiary or trustee of a trust, or a member of a partne			
	J?		Yes	No No
13 Indicate the percentage of gam				
			13a	%
			13b	%
	the person who prepares the organization's gaming/sp			
Name 🕨				
Address 🕨				
15a Does the organization have a c	ontract with a third party from whom the organization	receives gaming revenue?	Yes	🗌 No
b If "Yes." enter the amount of a	aming revenue received by the organization \blacktriangleright \$	and the amount		
	the third party ►\$			
c If "Yes," enter name and addre				
Name 🕨		· · · · · · · · · · · · · · · · · · ·		. <u> </u>
Address 🕨				
16 Gaming manager information:				
Name 🕨				
0				
Gaming manager compensatio	n 🕨 5			
Description of services provide	d 🕨			
Director/officer	Employee Independent cont	tractor		
17 Mandatory distributions:				
a Is the organization required un	der state law to make charitable distributions from the	gaming proceeds to		
retain the state gaming license	?		Yes	No No
	ns required under state law to be distributed to other e			
	ivities during the tax year 🕨 \$			
	ormation. Provide the explanations required by Part		III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also provide any additional information.	See instructions.		
				<u> </u>
132083 10-21-21	24	Schedu	le G (Form	990) 2021
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Schedule G (Form 990) THE UWM FOUNDATION, INC. Part IV Supplemental Information (continued)	23-7337744 Page 4
Part IV Supplemental Information (continued)	
	Schedule G (Form 990)
132084 11-18-21	

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SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.										15-0047 21 Public tion
Name of the organization	on							Employer	identification	
	THE UWM F		, INC.			·			23-733	<u>7744</u>
- A COLUMN	formation on Grants a								<u>۱</u>	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
criteria used to award the grants or assistance? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
	d Other Assistance to I							B/ B- 04	6	
	a Other Assistance to I nat received more than \$	-			-	anization answered "Y	es" on Form 990, Pan	(IV, IINE 21,	tor any	
	ldress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of gra or assistance	
THE UWM REAL ESTA INC 1440 BAST 1 MILWAUKEE, WI 532	NORTH AVENUE -	94-7809136	501(C)(3)	100,000.	0.			PROGRAMS	AND DEPAR , COMMUNIT RESEARCH A PROJECTS	Y
THE UWM RESEARCH : 1440 EAST NORTH A MILWAUKEE, WI 532	VENUE	20-8297675	501(C)(3)	228,000.	0.			PROGRAMS SERVICE,	AND DEPAR , COMMUNIT RESEARCH : PROJECTS	Y
UNIVERSITY OF WIS MILWAUKEE - 2200 BOULEVARD - MILWA	EAST KENWOOD	39-6006492	STATE OF WI	13,785,583.	0.			PROGRAMS SERVICE,	AND DEPAR , COMMUNIT RESEARCH A PROJECTS	Y
UWM ALUMNI ASSOC, 1440 EAST NORTH A MILWAUKEE, WI 532	VENUE	85-3903 <u>250</u>	501(C)(3)	51,000.	0.			PROGRAMS	OR ALUMNI , COMMUNIT AND SPECIA	Y
	er of section 501(c)(3) and the section solutions are sections and the sections are sections and the section sections are sections and the section sec	• •	-	e line 1 table				Þ		4.
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.				÷	Sched	lule I (Form 9	90) 2021

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	Schedule I (Form 990) 2021	THE	UWM	FOUNDAT
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ION. INC. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
3719	5,706,350.	0.		
	recipients	recipients cash grant	recipients cash grant cash assistance	

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

THE UWM FOUNDATION, INC. REVIEWS THE UNIVERSITY OF WISCONSIN-MILWAUKEE

EXPENSE REIMBURSEMENTS, WHICH THE UNIVERSITY OF WISCONSIN-MILWAUKEE ALSO

REVIEWS. THE UWM FOUNDATION, INC. ALSO REVIEWS EXPENSE PAID DIRECTLY IN

ACCORDANCE WITH THE FUND'S STATEMENT OF PURPOSE.

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23-7337744

Page 2

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	17
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	7 4	
(, -)		Compensated Employees		20	Z I	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	ľ	Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
	e of the organization		Employer i	identificatio	on nur	nber
	-	THE UWM FOUNDATION, INC.	23-7	733774	4	
Pa	rt Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o		nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			e Prog
	—	ation and gross-up payments X Health or social club dues or initiation feet				
		spending account Personal services (such as maid, chauffeu	ır, chef)		tar j i s	
						· .
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	X	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
	·					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				4 e
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				t sa s
		ation of the CEO/Executive Director, but explain in Part III.		1		
	Compensation			i i i		
	·	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
		•				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		<u>4a</u>		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
					:	
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n		,	
	contingent on the r	evenues of:				
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		<u>5b</u>		X
	If "Yes" on line 5a	or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		. 1	
	contingent on the r	-				
а	The organization?			<u>6a</u>		X
b	Any related organiz	ation?		<u>6b</u>		X
	If "Yes" on line 6a	or 6b, describe in Part III.				
7	•	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7	X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	•••••	8		X
9		id the organization also follow the rebuttable presumption procedure described in		·	• • · • • • • • • •	
	Regulations section	1 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2021

132111 11-02-21

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Schedule J (Form 990) 2021

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 on 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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)·(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DAVID GILBERT	(i)	246,546.	30,000.	5,950.	22,456.	29,060.	334,012.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BRIAN D. THOMPSON	(i)	207,709.	40,400.	1,000.	19,389.	4,053.	272,551.	0.	
PRESIDENT - UWM RESEARCH FOUNDATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CURTIS STANG	(i)	150,039.	13,000.	480.	12,822.	21,318.	197,659.	0.	
COO; EX-OFFICIO	ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JESSICA SILVAGGI	(i)	105,650.	10,000.	3,761.	9,709.	23,634.	152,754.	0.	
VICE PRESIDENT - UWM RESEARCH FOUNDA ((ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
((ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
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							<u> </u>		
	(i) (ii)		-						
I	W)		l		I	I		L	

Schedule J (Form 990) 2021

Page 2

23-7337744

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

DUES PAID FOR DAVID GILBERT - \$6,759

PART I, LINE 7:

A DISCRETIONARY BONUS IS PAID TO SOME INDIVIDUALS BASED ON ANNUAL

PERFORMANCE AND IS BOARD APPROVED. THE BONUS IS REPORTED ON PART II,

COLUMN(B)(II).

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

-

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

L **Open to Public** Inspection **Employer identification number**

Name	of the	organization

THE UWM FOUNDATION, INC.

23-7337744

Part	Types	of Property	

Par	t I	Types	s of Property							
				(a)	(b)	(c)	(d)			
				Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
				applicable		Form 990, Part VIII, line 1g	noncash contribu	nion an	iounts	3
1	Art	· Works of	art			· · · · · · · · · · · · · · · · · · ·				
2			treasures							
3			l interests							
4			blications	·						
5			nousehold goods							
		-	r vehicles							
6						·				
7			nes							
8			operty	x	24	568 1/8	SELLING PRI	CR		
9			blicly traded			500,140.	PULLING LUT			<u> </u>
10			osely held stock							
11			artnership, LLC, or							
					· ·					
12			scellaneous							
13			ervation contribution -							
			ures							
14			ervation contribution \cdot Other							
15			Residential							
16	Rea	al estate · C	Commercial							
17	Rea	al estate · C	Other	ļ						
18	Col	lectibles								
19	Foo	d inventor	у							
20	Dru	igs and me	dical supplies							
21	Тах	idermy								
22			acts							
23			cimens							
24			artifacts							
25			()							
26	Oth		()							
27			()			• • • • • • • • • • • • • • • • • • • •				
28		ier 🕨	(-		
29			rms 8283 received by the organi	zation during	the tax year for c	ontributions		-		
			organization completed Form 82	-	-				0	
									Yes	No
30a	Dur	ina the ves	ar, did the organization receive b	v contributio	n any property rep	orted in Part L lines 1 throug	h 28 that it			
000			at least three years from the date							
			ses for the entire holding period					30a		X
h			ibe the arrangement in Part II.	•						
31			nization have a gift acceptance	nolicy that re	ouires the review	of any nonstandard contribut	ions?	31	X	*
		-		-						
328		-	nization hire or use third parties		-	•		200		Х
L		tributions?		••••••				<u>32a</u>		
			ibe in Part II. tion didn't report on amount in a	alumn (a) fa	a hima of arana	for which column (a) is the	kođ			
33		-	tion didn't report an amount in c	:01 (C) 101	r a type of property	rior which column (a) is chec	Keu,		-	
	ues	cribe in Pa	IL II.					I.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

INC. THE UWM FOUNDATION, Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I,

•

COLUMN (B)

Schedule M (Form 990) 2021

132142 11-17-21

23-7337744

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990. 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 Form 990-EZ.	-EZ	OMB No. 1545-0047 2021 Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection identification number
	THE UWM FOUNDATION, INC.	23-7	337744
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	
SCIENTIFIC EN	DEAVORS OF THE UNIVERSITY OF WISCONSIN-MILWAU	KEE BY	
SCIENTIFIC EN	DERVORD OF THE UNIVERDITI OF WIDCORDIN MIDNED		
RECEIVING, MA	NAGING, AND DISTRIBUTING GIFTS TO BENEFIT THE	UNIVE	RSITY'S

STUDENTS, FACULTY, PROGRAMS, AND COMMUNITY. IN ADDITION, THE UWM

FOUNDATION PROVIDES LEADERSHIP, OVERSIGHT, AND DIRECTION TO ITS

AFFILIATED CORPORATIONS, THE UWM REAL ESTATE FOUNDATION, INC. AND THE

UWM RESEARCH FOUNDATION, INC. THESE CORPORATIONS CREATE NEW UNIVERSITY

FACILITIES TO SUPPORT STUDENT LIFE, RESEARCH, ACADEMICS AND REGIONAL

ECONOMIC DEVELOPMENT, AND PROVIDE NEW SOURCES OF REVENUE FROM RESEARCH,

COMMERCIALIZATION, AND ENTREPRENEURIAL ACTIVITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN ADDITION, THE UWM FOUNDATION PROVIDES LEADERSHIP, OVERSIGHT, AND

DIRECTION TO ITS AFFILIATED CORPORATIONS, THE UWM REAL ESTATE

FOUNDATION, INC. AND THE UWM RESEARCH FOUNDATION, INC. THESE

CORPORATIONS CREATE NEW UNIVERSITY FACILITIES TO SUPPORT STUDENT LIFE,

RESEARCH, ACADEMICS AND REGIONAL ECONOMIC DEVELOPMENT, AND PROVIDE NEW

SOURCES OF REVENUE FROM RESEARCH, COMMERCIALIZATION, AND

ENTREPRENEURIAL ACTIVITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATIONAL PROGRAMS: RESEARCH PROJECTS CONDUCTED BY FACULTY AND

RESEARCHERS IN VARIOUS SCHOOLS AT THE UNIVERSITY OF WISCONSIN-MILWAUKEE

INCLUDING HEALTH SCIENCES, ARCHITECTURE, ENGINEERING, LETTERS &

SCIENCES, NURSING, AND GRADUATE SCHOOL.

Schedule O (Form 990) 2021

Name of the organization THE UWM FOUNDATION, INC.	Employer identification numbe 23-7337744
EDUCATION: COMMUNITY SERVICE PROGRAMS INCLUDING SEMINARS,	LECTURES,
AND PERFORMANCES SPONSORED BY THE UNIVERSITY OF WISCONSIN-	MILWAUKEE FOR
THE ENRICHMENT OF THE METRO-MILWAUKEE COMMUNITY.	<u></u>
EXPENSES \$ 1,322,617. INCLUDING GRANTS OF \$ 928,560. RE	VENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:	
THERE ARE VARIOUS MILWAUKEE BUSINESS LEADERS THAT ARE PART	OF THE GOVERNING
BODY AND DUE TO THE SIZE OF THE CITY, BUSINESS RELATIONSHI	PS OCCUR. THE
CONFLICT OF INTEREST ANNUAL FORM ADDRESSES THESE RELATIONS	HIPS AND ANY
POTENTIAL CONFLICTS OF INTEREST.	

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE THEN MADE AVAILABLE TO THE FULL BOARD AT LEAST TWO WEEKS IN ADVANCE OF FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS CONFLICTS WITH THE UWM FOUNDATION, UWM REAL ESTATE FOUNDATION, UWM RESEARCH FOUNDATION, UNIVERSITY OF WISCONSIN - MILWAUKEE AND THE UWM ALUMNI ASSOCIATION. CONFLICTS ARE DISCLOSED FOLLOWING THE ANNUAL BOARD MEETING IN DECEMBER AND THEN REVIEWED BY THE EXECUTIVE COMMITTEE IN THE SPRING. DIRECTORS ARE THEN ASKED TO RECUSE THEMSELVES FROM A VOTE IF THEIR PARTICULAR CONFLICT MIGHT HAVE AN IMPACT ON THE DECISION BEING MADE BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE COMPENSATION OF

TOP MANAGEMENT OFFICIALS USING COMPARABLE CONTEMPORANEOUS DATA. 132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
THE UWM FOUNDATION, INC.	23-7337744

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ENDOWMENT RESTATEMENT

-5<u>73,961.</u>

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

THE FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED JUNE 20, 2021

HAVE BEEN RESTATED TO CORRECT AN ERROR MANAGEMENT DETECTED DURING

FISCAL 2022. IN FISCAL YEAR 2009, THE FOUNDATION ENDOWMENT LOANED

\$6,000,000 TO THE UWM REAL ESTATE FOUNDATION. IN JANUARY 2022,

MANAGEMENT DETERMINED THAT THE INTEREST EARNED ON THE NOTE RECEIVABLE

WAS NOT PROPERLY ALLOCATED BACK TO THE ENDOWMENT FUND ALONG WITH

EARNING ON THE INTEREST. THE ADJUSTMENT ON PART XI, LINE 9 REFLECTS

THE IMPACT OF THE CORRECTION.

Schedule O (Form 990) 2021

SCHEDULE R	Balatad Organizations	and Unrolated Da	rtnorchinc				/B No. 1545	-0047	
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.									
Department of the Treasury		ach to Form 990.				0	202	ublic	
Internal Revenue Service	Go to www.irs.gov/Form9901	ior instructions and the late	st information.				Inspecti		
Name of the organization THE UWM FOUND	ATION, INC.				Employer 23-7			mber	
Rart I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	on Form 990, Part IV, line 3	3.						
(a)	(b)	(c)	(d)	(e)			(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	me End-of-year	•••		ontrolling ntity	I	
	_								
	-								
					-		<u>-</u>		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	ecause it had one	or more related	tax-exer	mpt		
(a)	(b)	(c)	(d)	(e)	(f)		(3) 512(b)(13)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct contr	olling		12(b)(13) olled	
of related organization		foreign country)	section	status (if section	entity		ent	ity?	
				501(c)(3))			Yes	No	
THE UWM REAL ESTATE FOUNDATION, INC									
94-7809136, 1440 EAST NORTH AVENUE,					THE UWM				
MILWAUKEE, WI 53202	REAL BSTATE DEVELOPMENT	WISCONSIN	501(C)(3)	LINE 12A, I	FOUNDATION,	INC.	x		
THE UWM RESEARCH FOUNDATION, INC									
20-8297675, 1440 EAST NORTH AVENUE,	UNIVERSITY OF WISCONSIN -				THE UWM				
MILWAUKEE, WI 53202	MILWAUKEE IP MANAGER	WISCONSIN	501(C)(3)	LINE 12A, I	FOUNDATION,	INC.	X		
UNIVERSITY OF WISCONSIN - MILWAUKEE -	_			÷					
39-6006492, 2200 EAST KENWOOD BOULEVARD,									
MILWAUKEB, WI 53211	EDUCATION INSTITUTION	WISCONSIN			N/A		ļ	X	
THE UWM ALUMNI ASSOC - 85-3903250									
1440 EAST NORTH AVENUE					THE UWM				
MILWAUKEE, WI 53202	ALUMNI ORGANIZATION	WISCONSIN	501(C)(3)	LINE 7	FOUNDATION,	INC.	X		

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

Schedule R (Form 990) 2021

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132161 11-17-21 LHA

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

(a) Name, address, and EIN	(b) Primary activity	(C) Legal domicile	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of		h) ortionate	(i) Code V-UBI	(j) Gener	l or Perce
of related organization	,	domicile (state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule	partn	ing r? own:
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	4										
	4										
	4										
							ļ				_
	4										
	_										
										1	
	4										
									1	1 1	1

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Ig Type of entity Sha (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	i) tion o)(13) rolled ity?
		country)		0. 4000				Yes	No
					÷				

Schedule R (Form 990) 2021 THE UWM FOUNDATION, INC.

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations listed in	Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1a		X		
	b Gift, grant, or capital contribution to related organization(s)			1b	X			
С	c Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)			1d	X			
е	e Loans or loan guarantees by related organization(s)			1e		X		
f	f Dividends from related organization(s)			1f		X		
g	g Sale of assets to related organization(s)			1g		X		
h	h Purchase of assets from related organization(s)			1h		X		
i	i Exchange of assets with related organization(s)			1 i		X		
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		X		
-								
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k	X			
I	I. Destaurance of a metric construction when during the second state of a metric that the second state of the second state			11		X		
m	no Destances and a second and second s			1m		X		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X		
	o Sharing of paid employees with related organization(s)			10	X			
р	p Reimbursement paid to related organization(s) for expenses			1p		X		
q	g Reimbursement paid by related organization(s) for expenses			1q	X			
r	r Other transfer of cash or property to related organization(s)			1r	X			
<u> </u>	s Other transfer of cash or property from related organization(s)			1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete th	is line, including covered re	lationships and transaction thresholds.					
		(-)	(4)					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved
(1) THE UWM REAL ESTATE FOUNDATION, INC.	В	100,000.	FAIR MARKET VALUE	
(2) THE UWM RESEARCH FOUNDATION, INC.	В	228,000.	FAIR MARKET VALUE	
(3) THE UWM REAL ESTATE FOUNDATION, INC.	0	253,650.	COST	
(4) THE UWM RESEARCH FOUNDATION, INC.	0	812,784.	COST	
(5) UWM ALUMNI ASSOC, INC	В	51,000.	FAIR MARKET VALUE	
(6) THE UWM REAL ESTATE FOUNDATION, INC.	D	1,147,474.	FAIR MARKET VALUE	
132163 11-17-21			Schedul	e R (Form 990) 2021

PariWi Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of	ible as a Partnership. Con entity taxed as a partnershi		e organization answered "Yes" on Form 990, Part IV, line 37. which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)	* on Form	990, Part IV, line than five percent	37. of its activities (me	asured by	/ total assets or g	Jross re	svenue)
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclus	ion for certain inve	stment partnerships.							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) 0005.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations' Yes No	(h) (i) Dispropar- Dispropar- tionate amount in box 20 m attorations1 of Schedule K-1 _E Ves No (Form 1065) Y	(j) General or F managing partner? Yes NO	ر (k) ۱۹ Percentage ۱۹ ownership ۵
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Schedule	R	(Form	990) 2021
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THE UWM FOUNDATION, INC.

Part VII	Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.