



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type:
C Name of organization
COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY, INC.
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
478 E. GRAND AVENUE
 City or town, state or country, and ZIP + 4
WISCONSIN RAPIDS, WI 54494

D Employer identification number
39-1772651

E Telephone number
715-423-3863

G Gross receipts \$ **36,913,930.**

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.CFSWC.ORG**

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation **1993** **M** State of legal domicile **WI**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **WE PROMOTE STRATEGIC PHILANTHROPY, BUILD SOCIAL CAPITAL, AND LEVERAGE COMMUNITY RESOURCES**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of employees (Part V, line 2a) **18**

6 Total number of volunteers (estimate if necessary) **139**

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) **0.**

7b Net unrelated business taxable income from Form 990-T, line 34 **-534.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,562,159.	6,653,217.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,819,306.	1,959,239.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,120.	10,606.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,394,585.	8,623,062.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	813,851.	1,046,180.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	318,103.	606,190.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) 139,542.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	170,437.	636,937.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,302,391.	2,289,307.
19 Revenue less expenses - Subtract line 18 from line 12	2,092,194.	6,333,755.
20 Total assets (Part X, line 16)	28,596,540.	25,181,696.
21 Total liabilities (Part X, line 26)	1,641,250.	1,187,039.
22 Net assets or fund balances - Subtract line 21 from line 20	26,955,290.	23,994,657.

Part II Signature Block

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

Sign Here
 Signature of officer **Kelly Lucas** Date **9/29/09**
KELLY LUCAS, PRESIDENT & CEO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature **BRIAN SCHLAGENHAFT, CPA** Date **09/28/09**
 Firm's name (or yours if self-employed), address, and ZIP + 4 **WIPFLI LLP**
PO BOX 8010
WAUSAU, WI 54402-8010
 EIN **36-1772651**
 Phone no **715-845-3111**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Copy Processed
AUG 04 2010 10:30 AM

SCANNED AUG 18 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

WE PROMOTE STRATEGIC PHILANTHROPY, BUILD SOCIAL CAPITAL, AND LEVERAGE
COMMUNITY RESOURCES FOR THE COMMON GOOD. WE ENVISION A RESILIENT,
THRIVING COMMUNITY THAT EMBRACES AND SUPPORTS ALL PEOPLE.

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 ☐ No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 1,308,534. including grants of \$ 1,046,180.) (Revenue \$)
THE FOUNDATION PROMOTES COLLECTIVE AND STRATEGIC PHILANTHROPY
PRINCIPALLY IN THE GREATER SOUTH WOOD COUNTY AREA IN CENTRAL WISCONSIN.
THIS RURAL AREA INCLUDES NINE MUNICIPALITIES LOCATED IN PARTS OF TWO
COUNTIES. IN 2008 OVER 330 GRANTS WERE APPROVED (EXCLUDING AGENCY
GRANTS SUBJECT TO FAS 136) BENEFITTING OVER 160 TAX-EXEMPT
ORGANIZATIONS. ALSO IN 2008, OVER 200 SCHOLARSHIPS WERE APPROVED
BENEFITTING 149 RECIPIENTS. THE FOUNDATION ALSO HAS SEVERAL FUNDS THAT
BENEFIT THE COMMUNITY BY DIRECTLY SUPPORTING ACTIVITIES SUCH AS A DRUG
COURT, CITY BAND CONCERTS, VARIOUS COMMUNITY CAPITAL CAMPAIGNS, ETC.
THE FOUNDATION'S GRANTMAKING STRATEGIES ARE ALIGNED WITH THE LONG-TERM
MISSION, VISION AND RELATED PROGRAMS NOTED IN LINES 1, 4B AND 4C.

4b (Code) (Expenses \$ 332,160. including grants of \$) (Revenue \$)
THE FOUNDATION PROMOTES BUILDING SOCIAL CAPITAL AND LEVERAGING
COMMUNITY RESOURCES IN SUPPORT OF A RESILIENT AND THRIVING COMMUNITY
THAT EMBRACES AND SUPPORTS ALL PEOPLE. THE FOUNDATION SEEKS TO
INCREASE COMMUNITY COLLABORATION, ADAPTIVE LEADERSHIP SKILLS AND
NONPROFIT ORGANIZATIONAL CAPACITY IN SUPPORT OF THIS VISION. PROGRAMS
OPERATED BY THE FOUNDATION INCLUDE AN ADVANCED LEADERSHIP INSTITUTE,
TEEN LEADERSHIP PROGRAMS, EDUCATIONAL WORKSHOPS AND TRAINING
OPPORTUNITIES (ORGANIZATIONAL, LEADERSHIP AND PROGRAM DEVELOPMENT;
COLLABORATION AND COMMUNITY ENGAGEMENT; EVALUATION EFFECTIVENESS,
ETC.), A COMMUNITY RESOURCE CENTER, A SERIES OF PUBLIC SPEAKERS,
CONVENING A NONPROFIT COUNCIL, BUILDING BETTER BOARDS, SPEAK YOUR
PEACE, ETC.

4c (Code) (Expenses \$ 98,265. including grants of \$) (Revenue \$)
IN PURSUIT OF A LONG-TERM STRATEGY OF CREATING A COHESIVE, INTEGRATED
SOCIAL SERVICES AND WORKFORCE DEVELOPMENT SYSTEM THAT FOSTERS NEW
SOLUTIONS FOR ECONOMIC GROWTH, IN OCTOBER OF 2008 THE FOUNDATION WAS
SELECTED AS ONE OF ONLY TWO RURAL ORGANIZATIONS NATIONWIDE CHOSEN BY
THE NATIONAL FUND FOR WORKFORCE SOLUTIONS (NFWs) TO LEAD A PROJECT
SITE. THE LOCAL NFWs INITIATIVE, WORKFORCE CENTRAL, IS DEVELOPING A
DUAL-CUSTOMER, SECTOR-BASED APPROACH FOR ADVANCING LOW-SKILLED,
LOW-WAGE WORKERS INTO JOBS WITH FAMILY SUSTAINING WAGES. ENHANCING
INTEGRATION OF SOCIAL SERVICES AND MOBILIZATION OF COMMUNITY
ORGANIZATIONS IS A CORE ELEMENT OF THIS PHILANTHROPIC-LED STRATEGY.
(CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 1,738,959. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
28a		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
28b		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
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		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
34	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
35	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		X
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		X
37		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0 if not applicable.		
1a	26		
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders.		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year: N/A		
12b			

Form 990 (2008)

COMMUNITY FOUNDATION OF GREATER SOUTH

Form 990 (2008)

WOOD COUNTY, INC.

39-1772651 Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	8	
b Enter the number of voting members that are independent	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
DAWN NEUMAN - 715-423-3863
478 E GRAND AVE, WISCONSIN RAPIDS, WI 54494

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCIS PODVIN DIRECTOR/CHAIR TO 12-08	2.00	X		X				0.	0.	0.
DEBORAH HICKEY DIRECTOR/SECRETARY AT 12	2.00	X		X				0.	0.	0.
DAWN NEUMAN DIRECTOR/TREASURER TO 5-	40.00	X		X				36,024.	0.	81.
JAKE CLOSE DIRECTOR	2.00	X						0.	0.	0.
SHELDON FERKEY DIRECTOR/TREASURER AT 12	2.00	X		X				0.	0.	0.
DENNIS CONWAY DIRECTOR/TREASURER 5-08	2.00	X		X				0.	0.	0.
GUADALUPE ANCEL DIRECTOR/VICE CHAIR	2.00	X		X				0.	0.	0.
HELEN JUNGWIRTH DIR/SECRETARY THEN CHAIR	2.00	X		X				0.	0.	0.
FRED SIEMERS DIRECTOR	2.00	X						0.	0.	0.
RUTH BARKER DIRECTOR	2.00	X						0.	0.	0.
ANN MURGATROYD SOE DIRECTOR	2.00	X						0.	0.	0.
KELLY LUCAS PRESIDENT & CEO	40.00			X				109,109.	0.	20,864.
MARY J. THORNBURG VP FINANCE TO 6-30-08	40.00			X				61,251.	0.	321.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								206,384.	0.	21,266.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on
line 1a? *If "Yes," complete Schedule J for such individual*
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization
and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to
the organization? *If "Yes," complete Schedule J for such person*

Yes	No
	X
	X
	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KI THOUGHTBRIDGE, LLC, 135 N PENNSYLVANIA ST, SUITE 1750, INDIANAPOLIS, IN 46204	PROVIDES CONSULTING AND FACILIATION SERV	117,181.
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►		1

**COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**

Form 990 (2008)

39-1772651 Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 15,349.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6637868.				
	g Noncash contributions included in lines 1a-1f \$	1626013.				
	h Total. Add lines 1a-1f	6,653,217.				
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		860,495.		860,495.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses	29376522 28276779 999.				
	c Gain or (loss)	1099743. -999.				
	d Net gain or (loss)		1,098,744.	1,098,744.		
	8 a Gross income from fundraising events (not including \$ 15,349. of contributions reported on line 1c) See Part IV, line 18	a 7,466.				
	b Less direct expenses	b 6,465.				
	c Net income or (loss) from fundraising events		1,001.	1,001.		
	9 a Gross income from gaming activities See Part IV, line 19	a 16,230.				
	b Less direct expenses	b 6,625.				
	c Net income or (loss) from gaming activities		9,605.		9,605.	
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code			
	11 a					
	b					
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		8,623,062.	1,099,745.	0.	870,100.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	912,501.	912,501.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	132,279.	132,279.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,400.	1,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	194,705.	74,948.	84,187.	35,570.
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	329,835.	196,873.	88,135.	44,827.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,097.	8,150.	2,209.	1,738.
9 Other employee benefits	25,236.	17,967.	2,998.	4,271.
10 Payroll taxes	44,317.	22,699.	15,147.	6,471.
11 Fees for services (non-employees)				
a Management				
b Legal	192.		192.	
c Accounting	6,495.		6,495.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,209.		131,209.	
g Other	150,031.	148,732.	590.	709.
12 Advertising and promotion				
13 Office expenses	59,967.	29,017.	23,312.	7,638.
14 Information technology	28,746.	14,413.	10,094.	4,239.
15 Royalties				
16 Occupancy	13,246.		13,246.	
17 Travel	34,702.	19,365.	3,067.	12,270.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,394.	50,110.	9,284.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,906.		14,906.	
23 Insurance	8,001.	2,612.	4,621.	768.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FUND PROGRAM ACTIVITIES	56,201.	56,201.		
b COMMUNICATION	33,169.	16,585.		16,584.
c OTHER PROGRAM EXPENSE	29,539.	29,539.		
d DUES AND SUBSCRIPTIONS	11,139.	5,568.	1,114.	4,457.
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	2,289,307.	1,738,959.	410,806.	139,542.
26 Joint Costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**

Form 990 (2008)

39-1772651 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	246,901.	1	57,294.
	2 Savings and temporary cash investments	4,098,349.	2	4,559,102.
	3 Pledges and grants receivable, net	18,839.	3	424,509.
	4 Accounts receivable, net		4	1,270.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,171.	9	16,458.
	10a Land, buildings, and equipment cost basis	158,099.		
	b Less accumulated depreciation Complete Part VI of Schedule D	102,158.		
		768,986.	10c	55,941.
	11 Investments publicly traded securities	23,304,565.	11	15,875,469.
	12 Investments other securities See Part IV, line 11		12	740,670.
	13 Investments program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	148,729.	15	3,450,983.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,596,540.	16	25,181,696.	
Liabilities	17 Accounts payable and accrued expenses	171,731.	17	31,280.
	18 Grants payable	111,363.	18	143,271.
	19 Deferred revenue		19	
	20 Tax exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,000.	23	5,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	1,353,156.	25	1,007,488.
	26 Total liabilities. Add lines 17 through 25	1,641,250.	26	1,187,039.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	26,689,866.	27	20,488,375.
	28 Temporarily restricted net assets	265,424.	28	3,506,282.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	26,955,290.	33	23,994,657.
	34 Total liabilities and net assets/fund balances	28,596,540.	34	25,181,696.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Department of the Treasury
Internal Revenue Service

nonexempt charitable trusts

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.

Employer identification number
39-1772651

The organization is not a private foundation because it is (Please check only one organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

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

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

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

h ☐ Provide the following information about the organizations the organization supports

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule A (Form 990 or 990-EZ) 2008 **WOOD COUNTY, INC.**

39-1772651 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2902852.	2663551.	9496223.	1562160.	6653217.	23278003.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2902852.	2663551.	9496223.	1562160.	6653217.	23278003.
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)						14872741.
6 Public Support. Subtract line 5 from line 4						8405262.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2902852.	2663551.	9496223.	1562160.	6653217.	23278003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	400,342.	606,837.	845,284.	971,694.	860,495.	3684652.
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 IV.)	420.				10,606.	11,026.
11 Total support. Add lines 7 through 10						26973681.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	31.16	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	37.14	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1–5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9–10c, 11 and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008Open to Public
InspectionName of the organization **COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**Employer identification number
39-1772651**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	68	48
2 Aggregate contributions to (during year)	1,765,931.	29,366.
3 Aggregate grants from (during year)	377,249.	40,300.
4 Aggregate value at end of year	4,289,539.	460,934.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day
of the tax year
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable
year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and
enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of
the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures,
or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to
these items
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under SFAS 116 relating to these items
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		158,099.	102,158.	55,941.
e Other				
Total Add lines 1a-1e (Column (d) should equal Form 990, Part X column (B), line 10(c))				55,941.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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 end-of year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
UNCONDITIONAL PROMISES TO GIVE - NET	3,227,678.
SPLIT INTEREST AGREEMENTS	223,305.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	
	3,450,983.

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD FOR AGENCIES	954,594.
SPLIT INTEREST AGREEMENTS	52,894.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	
	1,007,488.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,623,062.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,289,307.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,333,755.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-9,294,388.
9	Total adjustments (net) Add lines 4-8	9	-9,294,388.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,960,633.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	237,633.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-8,430,280.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	43,852.
e	Add lines 2a through 2d	2e	-8,386,428.
3	Subtract line 2e from line 1	3	8,624,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-999.
c	Add lines 4a and 4b	4c	-999.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,623,062.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,422,241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	999.
d	Other (Describe in Part XIV)	2d	135,130.
e	Add lines 2a through 2d	2e	136,129.
3	Subtract line 2e from line 1	3	2,286,112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	3,195.
c	Add lines 4a and 4b	4c	3,195.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,289,307.

Part XIV Supplemental Information

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

THE FINANCIAL STATEMENTS ARE CONSOLIDATED AND ALL AFFILIATE INCOME AND

EXPENSES MUST BE ELIMINATED IN ORDER TO RECONCILE TO THE TAX RETURN.

PART XI, LINE 8 - UNREALIZED LOSS ON INVESTMENT SECURITIES

PART XI, LINE 8 - ASSETS CONTRIBUTED TO SUPPORTING ORGANIZATION

PART XII, LINE 2D - REVENUE RELATED TO AFFILIATE

PART XII, LINE 4B - LOSS FROM SALE OF ASSETS

PART XIII, LINE 2D - EXPENSES FROM AFFILIATE AND LOSS ON ASSET IMPAIRMENT
RELATED TO AFFILIATE

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - CONTRIBUTION OF ASSETS TO AFFILIATE

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Open To Public Inspection

Employer identification number
39-1772651

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

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

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule G (Form 990 or 990-EZ) 2008

WOOD COUNTY, INC.

39-1772651 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		ROTARY AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	22,815.		22,815.
	2	Less: Charitable contributions	15,349.		15,349.
	3	Gross revenue (line 1 minus line 2)	7,466.		7,466.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	6,465.		6,465.
	8	Direct expense summary: Add lines 4 through 7 in column (d)			(6,465.)
	9	Net income summary: Combine lines 3 and 8 in column (d)			1,001.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue		16,230.	16,230.
	2	Cash prizes		6,600.	6,600.
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		25.	25.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No _____ %
	7	Direct expense summary: Add lines 2 through 5 in column (d)			(6,625.)
	8	Net gaming income summary: Combine lines 1 and 7 in column (d)			9,605.

9 Enter the state(s) in which the organization operates gaming activities: WI

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

THE GROUP SPONSORING THE EVENT OBTAINED THE LICENSE.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		X
10a		X
11	X	
12		X

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule G (Form 990 or 990-EZ) 2008

WOOD COUNTY, INC.

39-1772651 Page **3**

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

13a	.00 %
13b	100.00 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► MARY WIRTZ

Address ► 478 E GRAND AVENUE - WISCONSIN RAPIDS, WI 54494

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a **X**

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address

Name ► _____

Address ► _____

16 Gaming manager information

Name ► KIM AUMAN

Gaming manager compensation ► \$ 0.

Description of services provided ► DESIGNATED MEMBER RESPONSIBLE FOR RAFFLE EVENTS

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 9,605.

17a **X**

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

Name of the organization **COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**

Employer identification number
39-1772651

Open to Public
Inspection

Part I General information on Grants and Assistance

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?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I 1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL OF SOUTH WOOD COUNTY, INC. - 1040 8TH ST S - WISCONSIN RAPIDS WI 54495-0818	39-1255617	501(C)(3)	14,620.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA, SAMOSET COUNCIL - 3511 CAMP PHILLIPS - WESTON WI 54476	39-0813397	501(C)(3)	9,203.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WISCONSIN RAPIDS AREA, INC. - PO BOX 1175 - WISCONSIN RAPIDS WI 54495-1175	39-1745942	501(C)(3)	101,013.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE - 10515 E LAKEVIEW DR - SCOTTSDALE AZ 85258	86-0133718	501(C)(3)	18,000.	0.			GENERAL SUPPORT
CAMELOT THERAPEUTIC HORSEMANSHIP, INC. - 23623 N SCOTTSDALE RD #D3, PMB 258 - SCOTTSDALE AZ 85255	86-0444470	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO FL 32862-8222	95-6006173	501(C)(3)	7,000.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations							32.
3 Enter total number of other organizations							0.

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

Schedule I (Form 990) 2008

COMMUNITY FOUNDATION OF GREATER SOUTH

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

(a) Type of grant or assistance	(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 non cash assistance
EDUCATIONAL SCHOLARSHIPS FOR PERSONS GENERALLY RESIDING IN THE GREATER SOUTH WOOD COUNTY, WISCONSIN AREA.	142	129,379.	0.		
EDUCATIONAL SCHOLARSHIPS FOR PERSONS WHO MAY RESIDE BEYOND THE GREATER SOUTH WOOD COUNTY, WISCONSIN AREA.	6	2,900.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOR SCHOLARSHIPS, QUALIFYING RECIPIENTS ARE EVALUATED BASED ON FINANCIAL NEED, ACADEMIC RECORDS AND OTHER RELEVANT FACTORS AND AWARDS ARE DETERMINED BY COMMITTEES, APPROVED BY THE BOARD OF DIRECTORS AND PAYABLE DIRECTLY TO THE EDUCATIONAL INSTITUTION. FOR DONOR ADVISED GRANTS, A BOARD APPROVED SET OF INTERNAL GUIDELINES FOR DONOR ADVISED FUNDS IS ADHERED TO INCLUDING, BUT NOT LIMITED TO, CONFIRMING TAX EXEMPT STATUS, REVIEWING FORM 990'S WHEN AVAILABLE, RECEIVING ACKNOWLEDGEMENTS FROM THE DONOR WITH RESPECT TO THE REQUEST, SEEKING BOARD APPROVAL PRIOR TO AWARDDING THE GRANT, AND RECEIVING ACKNOWLEDGEMENTS FROM

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**

Employer identification number
39-1772651

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
CENTRAL WISCONSIN CULTURAL CENTER, INC. - PO BOX 322 - WISCONSIN RAPIDS, WI 54495-0322	39-1869751	501(C)(3)	8,213.	0.			GENERAL SUPPORT
CHILD CARE RESOURCE & REFERRAL OF CENTRAL WISCONSIN, INC. - 210 E JACKSON ST - WISCONSIN RAPIDS, WI 54494	39-1673734	501(C)(3)	16,000.	0.			GENERAL SUPPORT
CIRCLE OF LIFE COMMUNITY COALITION INC. - PO BOX 615 - MARSHFIELD, WI 54449	20-4077850	501(C)(3)	6,540.	0.			SUPPORT SHARE THE CARE PROGRAM
DOOR COUNTY YMCA, INC. 1900 MICHIGAN ST STURGEON BAY, WI 54235	39-1738982	501(C)(3)	25,000.	0.			SUPPORT STRONG KIDS' CAMPAIGN
FAMILY CENTER, INC. 500 25TH ST N WISCONSIN RAPIDS, WI 54494	39-1451595	501(C)(3)	14,147.	0.			GENERAL SUPPORT
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 1407 N 2ND ST - PHOENIX, AZ 85004	39-0862479	CHURCH	22,000.	0.			GENERAL SUPPORT
GIFT OF LIFE/ARIZONA, INC. AZ USA DISTRICT 5510, 5968 E SAPPHIRE LN - PARADISE VALLEY, AZ 85253	86-0529773	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES, INC. - 3910 CHESTNUT ST - WISCONSIN RAPIDS, WI 54494	39-1016314	501(C)(3)	5,965.	0.			GENERAL SUPPORT

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

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY, INC.**

Employer identification number
39-1772651

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
GRAND RAPIDS TOWN OF VOLUNTEER FIRE DEPARTMENT - 2410 48TH ST S - WISCONSIN RAPIDS, WI 54494	39-6005919	GRAND RAPIDS	9,650.	0.			SUPPORT FIRST RESPONDER PROGRAM
HEART OF WI COMMUNITY INCUBATOR 1120 LINCOLN ST WISCONSIN RAPIDS, WI 54494	39-1658199	501(C)(3)	6,509.	0.			GENERAL AND PROGRAM RELATED SUPPORT
WISCONSIN RAPIDS AREA SENIOR CENTER ASSOCIATION, INC - 220 3RD AVE S SUITE 3 - WISCONSIN RAPIDS, WI 54495-0322	39-1408099	501(C)(3)	42,441.	0.			GENERAL SUPPORT
MARICOPA COMMUNITY COLLEGES FOUNDATION - 9000 E CHAPARRAL RD - SCOTTSDALE, AZ 85281	86-0327449	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEKOOSA PUBLIC SCHOOLS 600 S SECTION ST NEKOOSA, WI 54457	39-6003616	NEKOOSA SCHOOL	7,806.	0.			SUPPORT EMERGENCY NEEDS OF LOW-INCOME CHILDREN
NORTH CENTRAL COMMUNITY ACTION PROGRAM, INC. - 1430 2ND ST N - WISCONSIN RAPIDS, WI 54494	39-1080179	501(C)(3)	5,269.	0.			GENERAL SUPPORT
OPPORTUNITY DEVELOPMENT CENTERS, INC. - 1191 HUNTINGTON AVE - WISCONSIN RAPIDS, WI 54494	39-1044318	501(C)(3)	19,001.	0.			GENERAL SUPPORT
PARK PLACE ADULT DAY SERVICES 220 3RD AVE S WISCONSIN RAPIDS, WI 54495	39-1533745	501(C)(3)	15,449.	0.			GENERAL SUPPORT

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

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**

Employer identification number

39-1772651

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004	86-0072608	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 52177 PHOENIX, AZ 85072	94-1156347	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SCOTTSDALE PREVENTION INSTITUTE, INC. - 8102 E JACKRABBIT RD #B - SCOTTSDALE, AZ 85260	86-0583997	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SOUTH WOOD COUNTY YOUTH HOCKEY ASSOCIATION, INC. - PO BOX 1263 - WISCONSIN RAPIDS, WI 54495-1263	39-1365572	501(C)(3)	6,500.	0.			PROGRAM RELATED SUPPORT
SOUTH WOOD COUNTY EMERGENCY PANTRY SHELF - FIRST CONGREGATIONAL CHURCH 311 2ND ST S - WISCONSIN RAPIDS, WI 54494	39-0862479	501(C)(3)	11,386.	0.			GENERAL AND PROGRAM RELATED SUPPORT
ST. MARY'S/WESTSIDE FOOD BANK ALLIANCE - 2831 N 31ST AVE - PHOENIX, AZ 85009	23-7353532	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TRI-NORSE SKI CLUB 1240 FRANKLIN ST WISCONSIN RAPIDS, WI 54494	39-1848529	501(C)(3)	5,000.	0.			SUPPORT INSTALLATION OF A NEW WELL AND ELECTRICAL
WISCONSIN HISTORICAL FOUNDATION, INC. - 816 STATE ST - MADISON, WI 53706	39-0921093	501(C)(3)	95,329.	0.			DESIGNATED TO SUPPORT EXECUTIVE DIRECTOR POSITION

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

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Employer identification number
39-1772651

TC9711T-65

3 Enter total number of other organizations

Part IV Supplemental Information

THE GRANTEE WITH RESPECT TO THE USE OF THE GRANT. FOR UNRESTRICTED GRANTS, A GRANTS COMMITTEE PERFORMS DUE DILIGENCE AND APPROVES ALL GRANTS IN ACCORDANCE WITH A SET OF BOARD APPROVED GUIDELINES (INCLUDING REVIEWING FORM 990'S, ETC.) AND THEY ALSO DETERMINE THE DEPTH AND FREQUENCY OF REPORTING FROM A GRANT RECIPIENT WITH RESPECT TO THE GRANT. FOR CERTAIN DESIGNATED FUNDS, A SIMILAR PROCESS IS PERFORMED BY A COMMITTEE OF STAFF MEMBERS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**

Employer identification number
39-1772651

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	1,624,513.	PROCEEDS FROM SALE
10 Securities - Closely held stock	X	1	1,500.	PROCEEDS FROM SALE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2008

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule M (Form 990) 2008

WOOD COUNTY, INC.

39-1772651

Page 2

Part II

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

SCHEDULE M, LINE 32B: IN CERTAIN INSTANCES, SUCH AS CONTRIBUTIONS OF
REAL ESTATE, COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY, INC.
UTILIZES ITS SUPPORTING ORGANIZATION COMMUNITY PROPERTY, INC. AS A
VEHICLE TO ACCEPT, MANAGE AND/OR LIQUIDATE SUCH ASSETS IN AN ORDERLY
FASHION. ALSO CONTRIBUTIONS OF STOCK WOULD BE SOLD BY WOODTRUST BANK.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.

Employer identification number

39-1772651

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

FOR THE COMMON GOOD. WE ENVISION A RESILIENT, THRIVING COMMUNITY THAT
EMBRACES AND SUPPORTS ALL PEOPLE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SEE FORM 990, PAGE 2, PART III, LINE 4C

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

ALSO IN 2008, THE FOUNDATION BEGAN PARTICIPATING IN THE KNIGHT
FOUNDATION COMMUNITY INFORMATION CHALLENGE, RESEARCHING WHERE AND HOW
LOCAL RESIDENTS GET THEIR INFORMATION AND THE TYPES OF INFORMATION THEY
SEEK, IN ORDER TO DETERMINE WHAT GAPS EXIST IN THEIR ABILITY TO RECEIVE
THE INFORMATION THEY NEED TO LEAD BETTER INFORMED LIVES.

FORM 990, PART V, LINE 3B: AS PART OF ITS INVESTMENT PORTFOLIO, THE
FOUNDATION INVESTED IN A LIMITED PARTNERSHIP THAT GENERATED A NET LOSS
REPORTABLE AS UNRELATED BUSINESS INCOME. THE NET LOSS IS BEING REPORTED ON
FORM 990-T.

FORM 990, PART VI, SECTION A, LINE 4: THE FOUNDATION AMENDED ITS BYLAWS
IN 2008 TO UPDATE ITS MISSION STATEMENT, TO CLARIFY THE PENALTIES FOR
DIRECTORS WITH EXCESSIVE UNEXCUSED MEETING ABSENCES, TO CLARIFY THAT VOTING
BY PROXY IS NOT PERMITTED, TO CLARIFY THAT THE BOARD CHAIR SHALL SERVE A
TERM OF TWO YEARS AND SHALL BE A NON-VOTING MEMBER OF ALL COMMITTEES, TO
UPDATE INDEMNIFICATION PROVISIONS, TO REMOVE AN ARTICLE REGARDING

"EXECUTION OF INSTRUMENTS", AND TO UPDATE VARIOUS TERMS AND REFERENCES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.

Employer identification number
39-1772651

THROUGHOUT THE DOCUMENT.

FORM 990, PART VI, SECTION A, LINE 10: UPON COMPLETION OF PREPARATION OF FORM 990 BY A THIRD PARTY ACCOUNTING FIRM (ACCOMPLISHED WITH SIGNIFICANT INPUT FROM A VARIETY OF CERTAIN STAFF MEMBERS) THE CHIEF FINANCIAL AND OPERATING OFFICER EMAILS THE DRAFT FINAL FORM 990 TO EACH BOARD MEMBER AND CERTAIN STAFF MEMBERS SEVERAL DAYS PRIOR TO FILING, EXPLICITLY SEEKING THEIR REVIEW AND COMMENTS WITH RESPECT TO THE FILING TO BE MADE. ANY AND ALL COMMENTS RECEIVED ARE REVIEWED FOR WHETHER AN ADJUSTMENT NEEDS TO BE MADE TO THE FORM 990 THAT WAS SUBMITTED FOR REVIEW. AFTER ALL COMMENTS HAVE BEEN CLEARED, THE FINAL FORM 990 IS SUBMITTED TO THE IRS AND A COPY OF THE SAME IS EMAILED TO ALL BOARD MEMBERS AND STAFF MEMBERS FOR THEIR FILES, NOTING ANY ADJUSTMENTS THAT WERE MADE AS A RESULT OF THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY DIRECTORS, STAFF AND MOST COMMITTEES. WHEN POTENTIAL CONFLICTS ARISE, THE CONFLICTED PERSON IS ALLOWED AN INITIAL OPPORTUNITY FOR INPUT TO THE DISCUSSION WITH FINAL DISCUSSIONS AND VOTING, IF ANY, DONE WITHOUT THEIR PRESENCE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS CEO PAY ANNUALLY TAKING COMPARATIVE PAY DATA INTO CONSIDERATION. THE FINANCE AND AUDIT COMMITTEE REVIEWS AND APPROVES STAFF POSITIONS AND PAY THROUGH THE ANNUAL BUDGET PROCESS TAKING COMPARATIVE PAY DATA INTO CONSIDERATION WHERE AVAILABLE. THE BUDGET IS THEN SUBJECT TO FULL BOARD APPROVAL.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.

Employer identification number

39-1772651

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
WRITTEN REQUEST AT THE COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY,
ATTENTION: FINANCE, 478 EAST GRAND AVENUE, WISCONSIN RAPIDS, WI 54494.

FORM 990, PART XI, LINE 2B AND 2C

COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY, INC. WAS AUDITED AS
PART OF A CONSOLIDATED AUDIT.

THE FINANCE AND AUDIT COMMITTEE OVERSEES THE SELECTION OF THE AUDIT
FIRM AND REVIEWS AND RECOMMENDS FOR APPROVAL THE AUDITED FINANCIAL
STATEMENTS. THE FULL BOARD OF DIRECTORS MAY PARTICIPATE IN THE REVIEW
AND THEY ULTIMATELY APPROVE THE FINAL AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 14

THE FOUNDATION'S INTERNAL DOCUMENT RETENTION AND DESTRUCTION PRACTICES
FOLLOW GUIDELINES AS RECOMMENDED BY THE COUNCIL ON FOUNDATIONS AND
OTHER PROFESSIONAL RESOURCES. THE FOUNDATION IS IN THE PROCESS OF
FORMALIZING THESE LONGSTANDING INTERNAL PRACTICES INTO A WRITTEN POLICY
SPECIFIC TO THE FOUNDATION.

FORM 990, PART I, LINE 5

THE FOUNDATION HAD 13 EMPLOYEES AT 12-31-2008, 8 OF WHICH WERE
PART-TIME.

FORM 990, PART IV, LINE 12

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.

Employer identification number

39-1772651

CONSOLIDATED AUDIT

COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY WAS AUDITED AS PART
OF A CONSOLIDATED AUDIT.

**COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.**

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

		(A) Name of other organization(s)		(B) Transaction type (a-r)	(C) Amount involved
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

39-1772651 Page 4

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

[illegible]

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY, INC.	Employer identification number 39-1772651
	Number, street, and room or suite no. If a P.O. box, see instructions 478 E. GRAND AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WISCONSIN RAPIDS, WI 54494	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DAWN NEUMAN

- The books are in the care of **478 E GRAND AVE - WISCONSIN RAPIDS, WI 54494**

Telephone No **715-423-3863**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009**

5 For calendar year **2008**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **DAWN NEUMAN**

Title **PRESIDENT & CEO**

Date

Form 8868 (Rev. 4-2009)