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Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning (	7-01-2008 and endir	ng 06-30-2009					
		pplicable	Please	C Name of organization COMMUNITY FOUNDATION	OF CENTRAL WISCONSIN IN	IC		D Employer Ide	entification number		
	dress ch		use IRS label or	Doing Business As				39-082788 E Telephone no			
	me cha	_	print or type. See	Joing Saciness via							
Inr	tıal retu	rn	Specific Instruc-		box if mail is not delivered	to street address	s) Room/suite	(715) 342- G Gross receip			
Те	mınatıd	on	tions.	PO BOX 968				C Cross recap	<b>15</b> \$ 10,001,005		
☐ Am	ended	return		City or town, state or coun STEVENS POINT, WI 5448:			•	1			
Г Ар	plication	n pending		STEVENS FORMT, WI 3448.							
				ne and address of Princip	al Officer		H(a) Is the	s a group returr	n for		
			PAULA PO BO	SCHLICE X 968			affilia	tes?	⊤Yes ▼ No		
				NS POINT, WI 54481			H(b) Are al	l affiliates include	ed?		
I Ta	x-exen	npt status	<b>▽</b> 501(c)	)(3) <b>◄</b> (insert no )	7(a)(1) or 527		(If"N	lo," attach a lıst	See instructions )		
J W	eb sit	e: 🟲 WW	W CFCWI	O RG			H(c) Grou	ip Exemption Nu	umber ►		
<b>К</b> Тур	e of or	ganızatıon	Corporat	ion trust association	other ►	•	<b>L</b> Year of Fo	rmation 1982 M	State of legal domicile WI		
Pa	rt I	Sum	marv								
				e organization's mission	or most significant act	ıvıtıes					
æ		HELPIN	NG PEOPLE	E, ENHANCING EDUCAT	ION, ENRICHING AR	TS AND CUL	TURE, CON	TRIBUTIONS T	O WELLNESS AND		
) E		IMPRO	VING THE	ENVIRONMENT IN POI	RTAGE AND WAUSHA	RA COUNTIE	S				
E	١,	Chack	this hay 🗀	if the organization discou	stinued its aparations	r diamond of	more than 3	E04 of the percet	•		
Governance	3		,	if the organization discor nembers of the governing					22		
	4		_	ident voting members of				_	22		
Activities &	5			nployees (Part V, line 2a		ire v 1, iiiie 15,	,	_	7		
Ĭ	6			olunteers (estimate if nec		-	8				
Ş.	7a	Total g	ross unrela	ted business revenue fro	m Part VIII, line 12, c	olumn (C)		7a _	0		
	ь	Net unr	elated busi	ness taxable income from	n Form 990-T, line 34			7b	0		
							Pric	or Year	Current Year		
_	8	Contri	butions and	d grants (Part VIII, line 1		1,021,301	2,149,123				
ā	9	Progra	am service	revenue (Part VIII, line :	2g)				0		
Reven	10			ne (Part VIII, column (A			194,236	-487,217			
	11		•	art VIII, column (A), line		·		61,581	22,946		
	12	1 otal 1 12)	revenue—a	dd lines 8 through 11 (m	ust equal Part VIII, co	lumn (A), line		1,277,118	1,684,852		
	13	Grants	s and simila	ar amounts paid (Part IX,	column (A), lines 1-3	)		431,877	582,153		
	14	Benefi	ts paid to o	or for members (Part IX, o	olumn (A), line 4)				0		
ø	15		es, other co	ompensation, employee b	enefits (Part IX, colum	ın (A), lınes 5	-	68,420	85,033		
Expenses	16a	10)	cional fund	raising fees (Part IX, col	umn (A.) lung 11g)			68,420	0 0 0 0 0		
- ⊕	b			penses, Part IX, column (D), li		,					
ŭ	17	,		penses, Part IX, column (D), II (Part IX, column (A), line		)		74,656	96,776		
	18			add lines 13-17 (must e		column (A ))		574,953	763,962		
	19			penses Subtract line 18		(,)		702,165	920,890		
8 연 연			<u> </u>				Beginn	ing of Year	End of Year		
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				6,326,407	7,287,330		
Ass I Ba	21		•	Part X, line 26)				899,422	1,168,072		
¥ \$	22			d balances Subtract line	21 from line 20			5,426,985	6,119,258		
	1011		ature Blo					-,,	-,,		
		Under p	enalties of pe	erjury, I declare that I have ex							
Disa		l.		correct, and complete Declara	tion of preparer (other than	officer) is based	on all informat	tion of which prepai	rer has any knowledge		
Plea Sign		**** Sian	*** ature of office	er			2010 Date	-02-08			
Her											
			LA SCHLICE p e or print nam								
		Preparer	r's L		Date 2010-02-08		heck if	Preparer's PTIN	(See Gen Inst )		
Paid		signatur		ny E Jensen CPA	elf- mpolyed 🕨 🦵						
	arer's	Firm's na	ame (or yours	s L Clifton Gunderson LLP			e/ -= ·	,			
Use		ıf self-er	mployed), and ZIP + 4	201 Frontenac Ave PO Bo	x 106			EIN ▶			
			· ·	Stevens Point, WI 54481		Phone no • (715) 344-4984					
May	the IR	S discus	ss this retu	rn with the preparer show		tions)			✓ Yes  No		

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission HELPING PEOPLE, ENHANCING EDUCATION, E WAUSHARA COUNTIES	NRICHING ARTS AND CULTUR	RE, CONTRIBUTIONS TO WELL	LNESS AND IMPROVING THE ENVIRO	NMENT IN PORTAGE AND
2	Did the organization undertake any sthe prior Form 990 or 990-EZ?  If "Yes," describe these new service			ch were not listed on 	es 🔽 No
3	Did the organization cease conducti		nanges in how it conduc	ts any program	'es ፟ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organizate others, the total expenses, and reve	ions and 4947(a)(1) trus	sts are required to repor		
4a	(Code ) (Expenses	\$ 601,339 ir	icluding grants of \$	) (Revenue \$	)
	PROVIDED GRANTS AND SCHOLARSHIPS TO PUBLIC				
4Ь	(Code ) (Expenses	\$ Inc	cluding grants of \$	) (Revenue \$	)
4c	(Code ) (Expenses	\$ inc	cluding grants of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O ) including grants of \$	)	(Revenue \$	)
4e	Total program service expenses \$	601,339	Must equal Part IX, Line	e 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part $II$	4		Νo
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? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12	Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		N o
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
15	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		N o
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No

#### 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			
а	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	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
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.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
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	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ice				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmitta	<i>i</i>				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
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 ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	; ·		1c		No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this		7			
h	return		av returne?			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file to			2b		Νο
3a	Did the organization have unrelated business gross income of \$1,000 or more dur return?	ing the	year covered by this	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	e tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exen</i>	npt Enti	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty fo	r which it was required to			
	file Form 8282?			7c		N o
a	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 p benefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pe		penefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Forn	18899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization			_		
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
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					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them )					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the	   12b				

# 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 Ma	inagement	

						Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstai	nces,				
1a	Enter the number of voting members of the governing body	1a		22				
b	Enter the number of voting members that are independent	1b		22				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2	Yes		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•			3		Νo	
4	Did the organization make any significant changes to its organizational documents stilled?	ince t	he prior Form 990	) was	4		Νo	
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets? .		5		Νo	
6	<b>5</b> Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						Νο	
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons?		7b		Νo	
8	Did the organization contemporaneously document the meetings held or written activities year by the following	ons ur	ndertaken during t	:he				
а	the governing body?				8a	Yes		
Ь	each committee with authority to act on behalf of the governing body?				8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a		N N	
b	<b>b</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?							
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							
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							

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
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
- Section 6104 requires an organization to make its Form 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. vanished 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TERRY ROTHMANN EXECUTIVE DIRECTOR

PO BOX 968

STEVENS POINT, WI 54481

(715) 342-4454

# 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

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

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

The check this box in the organization and i	(B) Average hours per week	<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VII Continued

			1	(tion that a			all			(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount o compens from t organizati relat organiza	f other sation :he on and ed
											$^{+}$		
											_		
											-		
4.								<b> </b>	30,000	\ <b>I</b>	0		0
2	Total	ıg those ın 1									<u> </u>		
												Yes	No
3	Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu									ated employee			
4	For any individual listed online 1a, is organization and related organization	the sum of	reporta	ble c	omp	ens	sation	and	other compensation		3		N o
	ındıvıdual			•				•			4		No
5	Did any person listed on line 1a recreeded to the organization? If "Yes									for services	5		No
	action B. Indonesidant Contro	ato vo											
1	ction B. Independent Contra  Complete this table for your five hig \$100,000 of compensation from the	hest comper		ndep	end	ent	contra	ctoı	rs that received mor	e than			
	Name a	(A) nd business ad	dress						Desc	(B) cription of services		Compe	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

# Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated camp	paigns 1a					
a Ta	ь	Membership du	es <b>1b</b>					
ુંલ	c	Fundraising eve	ents <b>1c</b>	66,052				
<u>≅</u> ,≅	d		ations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants						
er.	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	2,083,071				
훈등	g		butions included in					
E E	h		s 1a-1f)	▶	2,149,123			
	ļ <u></u>	Total (Add IIIIc	3 14 11, 1 1 1 1	Business Code				
Ę	2a			Busiliess Code				
eve	ь							
क इ.	c							
<u>ار</u> 2	d							
å =	e	-						
la l	f	All other progra	ım service revenue					
Program Serwce Revenue								
	g 3		ome (including dividen					
			nounts)		165,684			165,684
	4		tment of tax-exempt bond					
	5	Royalties		•				
			(ı) Real	(11) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities 7,744,110	(II) O ther				
	'	from sales of assets other	.,,===					
	١.	than inventory Less cost or	8,397,011					
	b	other basis and sales expenses	0,337,011					
	c	Gain or (loss)	-652,901					
	d	Net gain or (los	s)		-652,901	-652,901		
Other Revenue	8a	of contributions See Part IV , lin Attach Schedule	luding ,633 reported on line 1c)	66,052				
40	b		penses <b>b</b>					
Ě	C On		loss) from fundraising	events 🟲	12,633	12,633		
J	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds <b>a</b>					
	ь	Less direct ex	penses <b>b</b>					
	С		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь		oods sold <b>b</b>					
	С		loss) from sales of inve					
	11a	Miscellaneous		Business Code 900,099	10,313	10,313		
	ь	ADMINISTRAT	146 466		15,515	_0,010		
	"							
	`							
	d	All other revenu	l l					
	e			\$ 10,313				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	1,684,852	-629,955	0	165,684

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	582,153	582,153		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	29,812	2,981	5,962	20,869
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	47,623	12,556		14,968
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,598	1,524	2,558	3,516
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	5,500		5,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	109		109	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	8,977		8,977	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,574		3,574	
23	Insurance				
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 )				
а	EVENT EXPENSES	24,515			24,515
ь	Investment fees	18,036		18,036	<u> </u>
с	general administration	16,759		15,256	1,503
d	POSTAGE AND SHIPPING	5,372	806	269	4,297
e	miscellaneous	3,336		3,336	-
f	All other expenses	10,598	1,319	6,430	2,849
25	Total functional expenses. Add lines 1 through 24f	763,962	601,339	90,106	72,517
26	Joint Costs. Check  fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	. 33,332	232,333	33,233	. 2,521

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			190,043	1	235,583
	2	Savings and temporary cash investments			6,080,603	2	732,675
	3	Pledges and grants receivable, net			27,550	3	36,000
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L	nployees or		5		
	6	Receivables from other disqualified persons (as defined under see persons described in section 4958(c)(3)(B) Complete Part II of Section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net				7	100,000
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			572	9	
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	52,161			
•	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	35,460	12,102	10c	16,701
	11	Investments—publicly traded securities	·			11	5,995,750
	12	Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>	t VII of	=		12	152,639
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	rt VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			15,537	15	17,982
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,326,407	16	7,287,330
	17	Accounts payable and accrued expenses			21,888	17	1,229
	18	Grants payable			70,150	18	148,978
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ΘŞ	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable 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				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			807,384	25	1,017,865
	26	Total liabilities. Add lines 17 through 25			899,422	26	1,168,072
		Organizations that follow SFAS 117, check here ► 🔽 and complet through 29, and lines 33 and 34.	ete line	es 27			
ä	27	Unrestricted net assets			118,619	27	104,221
Balance	28	Temporarily restricted net assets			3,833,446	28	4,310,968
Ξ	29	Permanently restricted net assets			1,474,920	29	1,704,069
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	comple	ete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32	
Net	33	Total net assets or fund balances			5,426,985	33	6,119,258
	34	Total liabilities and net assets/fund balances			6,326,407	34	7,287,330
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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?	2c		Νο
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?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493040013070

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

COMM		FOUNDATION C	OF CENTRAL WISCO	DNSIN INC					proyer rue		abei
								39	-082788	5	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The o	organı	zation is not	a private found	ation because it is (Please	check onl	y <b>one</b> org	anızatıon )	)			
1		A church, c	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)(	(A)(i).		
2	Γ	A school de	escribed in <b>Sec</b> l	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	ıle E )					
3	Г	A hospital	or a cooperativ	e hospital service organizati	ıon descrıl	bed in <b>Sec</b>	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H )
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	$\Gamma$	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	Г	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ι	ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross
		receipts fro	m activities re	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	( <b>a)(4).</b> (S	ee instruc	tions )
11	$\Gamma$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe				•		Section 5	<b>09(a)(3).</b> Check
		_		type of supporting organiza  Type II c	tion and c Type III				h <b>d</b>		III - Other
_	_		• •	rtify that the organization is			, -	•			
е	,			agers and other than one or			-				•
		section 50				,					
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio <u>n,</u>
		check this		<b></b>			<b>.</b>	<b></b>			
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	
h				nation about the organizatio			supports				<u>- 1                                   </u>
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		oorted		(described on lines 1-9		ation in		inization		ation in	support?
	Orgar	nization		above or IRC section		listed in	in col (i supr	i) of your		rganized US?	
				(See Instructions))	your go	nent?	Supp	יסוני	in the	057	
					Yes	No	Yes	No	Yes	No	1
							1.55	···•		† <del>.</del>	
										<u> </u>	

Total

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu the box o	11 lille 5, 7, 01	o or Part 1.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	716,698	1 210 106	961,049	1,021,301		2,149,123	6,166,357
	membership fees received (Do not	710,096	1,318,186	901,049	1,021,301		2,149,123	0,100,337
_	include any "unusual grants ") Tax revenues levied for the organization's							
2	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 line 1-3	716,698	1,318,186	961,049	1,021,301		2,149,123	6,166,357
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							1,840,837
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
6	(f) <b>Public Support</b> subtract line 5 from line							
0	4							4,325,520
To	otal Support		L	L				
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	716,698	80,935	961,049	1,021,301	\ _ <b>/</b>	2,149,123	6,166,357
8	Gross income from interest, dividends,	· · · · · · · · · · · · · · · · · · ·	·	·				<u> </u>
Ū	payments received on securities loans,	62 500	90.035	121 014	176 222		165 694	610.262
	rents, royalties and income from similar	63,508	80,935	131,914	176,222		165,684	618,263
	sources							
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	100,880	112,388	57,429	61,581		22,946	355,224
	from the sale of capital assets (Explain in Part IV )	100,880	112,300	37,429	01,381		22,340	333,224
11	Total Support (Add lines 7 through 10)							7,139,844
12	Gross receipts from related activities, etc	(See instruction			l	4.2		7,133,011
						12		
13	First Five Years. If the Form 990 is for the	organization's fii	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(		<b>►</b> □
	organization, check this box and <b>stop here</b>						'	-1
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	olumn (f))		14		60.580 %
			•	(.,,				
15	Public Support Percentage for 2007 Sched					15	<u> </u>	63.590 %
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	check	this box	<b>₽</b> ▽
<b>L</b>	and <b>stop here.</b> The organization qualifies as <b>33 1/3% Test - 2007.</b> If the organization did		-		E to 22 1/20/ o	r m o r o	chock the	•
D	box and <b>stop here.</b> The organization qualifies			*	15 15 55 1/370 0	illiole	, check till	` ▶□
17a	10% Facts and Circumstances Test - 2008.				3 16a or 16b a	and lin	e 14 is 10'	
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							<b>▶</b> □
ь	10% Facts and Circumstances Test - 2007.							s 10% or
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							<b>►</b> □
18	<b>Private Foundation.</b> If the organization did	not check the bo	ox on line 13, 16	5a, 16b, 17a or :	17b, check this	box a	nd see	<u>.</u> –
	instructions							<b>▶</b> ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 39-0827885

Name: COMMUNITY FOUNDATION OF CENTRAL WISCONSIN

INC

#### Form 990, Part VII - Section Aaa

		Posit t	(C tion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ANTON ANDAY , DIRECTOR	50	Х						0	0	0
HELEN GODFREY , DIRECTOR	50	Х						0	0	0
BEN KATZ , DIRECTOR	50	Х						0	0	0
GEORGE MAY , DIRECTOR	50	Х						0	0	0
JIM SCHUH , DIRECTOR	50	Х						0	0	0
ANGIE HEUCK , DIRECTOR	50	Х						0	0	0
BILL BERRY , DIRECTOR	50	Х						0	0	0
JIM KOZIOL , DIRECTOR	50	Х						0	0	0
GERRY MCKENNA , DIRECTOR	50	Х						0	0	0
KARLA ROTHMANN , DIRECTOR	50	Х						0	0	0
MARK ILTEN , dırECTOR	50	Х						0	0	0
BETH HOFFMAN , PAST PRESIDENT	50	Х						0	0	0
JAMES FIRMINHAC , DIRECTOR	50	Х						0	0	0
WILLIAM SCHIERL , DIRECTOR	50	Х						0	0	0
LESLIE RUSEK , DIRECTOR	50	Х						0	0	0
SUE ACALEY , DIRECTOR	50	Х						0	0	0
DAVE WILLIAMS , DIRECTOR	50	Х						0	0	0
AMY EDDY , VICE PRESIDENT	1 00			Х				0	0	0
PAULA SCHLICE , PRESIDENT	1 00			Х				0	0	0
ROBERT SPOERL, PRESIDENT-ELECT	1 00			Х				0	0	0
KATHY DAVIES , SECRETARY	1 00			Х				0	0	0
TERRY ROTHMANN , EXECutive director	30 00			х				30,000	0	0
TOM KLISMITH , treasurer	1 00			Х				0	0	0

OMB No 1545-0047

Open to Public Inspection

# **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.

**Employer identification number** Name of the organization COMMUNITY FOUNDATION OF CENTRAL WISCONSIN INC 39-0827885

Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9	dvised Funds or Other Similar Fun 90. Part IV. line 6.	ds or Account	<b>s.</b> Complete if the	<u>-</u>
	or garingation and notice a recent y	(a) Donor advised funds	(b) Funds and	l other accounts	_
	Total number at end of year	102			
2	Aggregate Contributions to (during year)	2,100,200			
3	Aggregate Grants from (during year)				
Ļ	Aggregate value at end of year	6,119,527			
;	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_	advısed	✓ Yes	
<b>i</b>	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?	<del>-</del> <del>-</del>	ay be	✓ Yes	
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to F	orm 990, Part I	IV, line 7.	
-	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space	_	, ,	•	
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form of			
			Held a	t the End of the Yea	11
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easemen	ts	2b		
c	Number of conservation easements on a certified h	nistoric 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, transf the taxable year 🕨	erred, released, extinguished, or terminated b	y the organizatio	n during	

- 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?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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.

- 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
- 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

- 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
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990 ☐ Yes

R: II	Organizations Maintaining Co	ilections of Art,	HIS	LOII	cai ireasui	es, or othe	i Sillillai ASS	ets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th	e fol	lowing that are	a sıgnıfıcant u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n hov	v the	v further the or	danization's ex	rempt purpose in		
•	Part XIV	meetions and explai			y further the of	gamzation 5 c/	cempt parpose m		
5	During the year, did the organization solicit o								_
	assets to be sold to raise funds rather than t	•					•	Yes	No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					iization answ	ered res to r	oriii s	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	e						
							A mo	unt	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization	ans	were	ed "Yes" to Fe	orm 990, Par	t IV, line 10.		
		(a)Current Year	(b	<b>)</b> Prior	Year (c)Two	Years Back (d)	Three Years Back (	e)Four \	ears Back
1a	Beginning of year balance	5,202,071							
b	Contributions	1,818,932							
C	Investment earnings or losses	-669,602							
d	Grants or scholarships	609,034							
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	5,742,367							
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment	0 %							
ь	Permanent endowment ► 29 680 %								
c	Term endowment ► 70 320 %								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat a	are held and ad	ministered for	the		
	organization by							Yes	No
	(i) unrelated organizations			•			3a(i)	+	No
L	(ii) related organizations						3a(ii)	1	N o
ь 4	If "Yes" to 3a(II), are the related organization  Describe in Part XIV the intended uses of th	•					3b	1	
	t VI Investments—Land, Buildings					rt X. line 10			
		., <u></u>			a) Cost or other	(b)Cost or other	()5	T	
	Description of investment				sis (investment)	basis (other)	(c) Depreciation	(d) [	Book value
				$\top$			1	T	
1a	Land								
	Land			H			]		
b		· · · · · · · ·							
b c	Buildings	· · · · · · · · · · · · · · · · · · ·				52,161	35,460	)	16,701
b c d	Buildings					52,161	35,460	)	16,701

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	o Form 000 Dart V Juno	12	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion		(b) Book value
Table (Column (b) about a surf Firm 2000 Bart V and (B) bare	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes	(5) Amount		
funds held for others	1,017,865		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	1,017,865		
, , , , , , , , , , , , , , , , ,	1,017,005	I	

Part	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,684,852
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	763,962
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	920,890
4	Net unrealized gains (losses) on investments	4	-228,617
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-228,617
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	692,273
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	1
1	Total revenue, gains, and other support per audited financial statements	1	1,473,464
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-211,388
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,684,852
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,684,852
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	781,191
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	17,229
3	Subtract line <b>2e</b> from line <b>1</b>	3	763,962
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	763,962
Par	t 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 XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENTS WERE ESTABLISHED TO SUPPORT A VARIETY OF SCHOLARSHIPS AND OTHER PHILANTHROPIC CAUSES

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As Filed Data -

DLN: 93493040013070

OMB No 1545-0047

2008

Open to Public

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Inspection

**Employer identification number** 

CON	MUNITY FOUNDATION	OF CENTRAL W	ISCONSIN INC			20 002700	_	
D a	rt I General Infor	mation on A	rtivities Outsi	de the United States	s Complete	39-082788		
	"Yes" to Form			de the office States	• Complete	e ii die orgai	iizadon answered	
1	assistance, the grante	ees' eligibility fo	or the grants or	ecords to substantiate factorial and the se	lection crite	rıa used to a	ward	No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grai	nt funds outsıd	e the	
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed )				
<u>-</u>	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services,	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	<b>(f)</b> Total expenditur region	es ir
SLA	AND OF DOMINICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	SCHOLARS	HIP GRANT		750
								750

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

**Software Version:** 

**EIN:** 39-0827885

Name: COMMUNITY FOUNDATION OF CENTRAL WISCONSIN INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
-----------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493040013070

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

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.

Open to Public

Nan	ne of the organization						Employer ide	ntification number
	1MUNITY FOUNDATION C	F CENTRAL WISCO	ONSIN INC				Linployer ide	
							39-0827885	
Pa	rt I Fundraising Ac	tivities. Complet	te if the oi	ganızat	on answered "Yes"	to Form	າ 990, Part IV	', line 17.
1	Indicate whether the orga	nızatıon raısed funds	through ar	ny of the	following activities Ch	eck all ti	hat apply	
а	Mail solicitations		•	•	e Solicitation of i			
ь	Email solicitations				f Solicitation of	-	_	
С	Phone solicitations				g 🔽 Special fundrai	-	-	
d	In-person solicitations	S						
2a	Did the organization have or key employees listed in If "Yes," list the ten highe	Form 990, Part VII	() or entity	ın conne	ction with professional	fundraisi	ing activities?	<b>└ Yes                                   </b>
	to be compensated at leas							
			(iii)					
	(i) Nama of individual	(ii) Activity	fundraiser ha . custody or		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to	
	i) Name of individual or entity (fundraiser)		contr	•	from activity	fundraiser listed in	(or retained by)	
			contributions?			col (i)	organization	
			Yes	No				
						<u> </u>		
						1		
						1		
		+				<del>                                     </del>		
Tota		1		<u> </u>		1		
					1	•		
2	List all states in which th	ne organization is re	gistered or	licensed	to solicit funds or has	been not	tified it is exem	pt from registration or

licensing WI

3

Pa	rt II	<b>Fundraising Events.</b> Commore than \$15,000 on Form					, or r	eport	:ed
			(a) Event #1	(b) Event #2	(c) O ther Events		dcol	al Eve (a) th	
			90 FM TRIVIA EVENT (event type)	SPRING LUNCHEON (event type)	(total number)		col	(c))	
₽	1	Gross receipts	66,052	6,625				7:	2,677
Revenue	2	Less Charitable contributions	66,052					66	6,052
	3	Gross revenue (line 1 minus line 2)		6,625					6,625
	4	Cash Prizes							
96	5	Non-cash Prizes							
Expenses	6	Rent/Facility costs							
Δ	7	Other direct expenses							
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)					
	9	Net income summary Combine lir	nes 3 and 8 in column (d)		🕨				6,625
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	orted	more	than	ı
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			gaming ough co	
~	1	Gross revenue				+			
	+	Cash prizes							
Direct Expenses	3	Non-cash prizes							
ă ţ	4	Rent/facility costs							
짇	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes				
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	•				
_				1467		Г		Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate			<del></del> .	.	9a	Yes	
b	If"l	No," Explain							
10a	1 3 3 3								No
Ь	11	Yes," Explain							
11		es the organization operate gaming a	activities with nonmembe	rs?			11		No
12	Is t	he organization a grantor, beneficiar	y or trustee of a trust or	a member of a partnersh	ıp or other entity	ļ	**		140
	form	ned to administer charitable gaming	,	· · · · · · · · · · · ·	· · · · · · · · · ·	•	12		Νo

								res	140
13	Indicate the	percentage of gaming a	activity operated in						
а	The organiza	ation's facility			13a				
b	An outside f	acılıty			13b	100 000 %			
14	Provide the records	name and address of the	e person who prepares the	organization's gaming/sp	pecial 6	events books and			
	Name 🟲	jeanne regnier wfpc tr	easurer				-		
	Address 🟲	3241 business park STEVENS POINT, W							
15a			act with a third party from v				15a		No
ь	If "Yes," ent	er the amount of gamin	g revenue received by the	organization 🟲 \$		and the			
			by the third party 🟲 \$						
c	If "Yes," ent	er name and address							
	Name 🟲								
16	Address ► Gaming man	ager information					-		
	Gaming manager information								
	Name 🟲	BARB RINGBERG WOI	MENS FUND OF PORTAG				-		
	Gaming man	ager compensation 🟲 \$		0					
	Description	of services provided 🟲	CHAIRPERSON FOR TH	E WOMEN'S FUND ARTS	NIGH	T FUNDRAISING			
	Director,	officer/	Employee	Independe	nt cont	ractor			
17	Mandatory d	ıstrıbutıons							
а			tate law to make charitabl				17a		No
b			quired under state law dist		organız	ations or spent			

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

OMB No 1545-0047

DLN: 93493040013070

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

COMMONITY FOUNDATION		39-0827885					
Part I General Infor	mation on Grai	nts and Assistance	e			•	
<ul><li>Does the organization mathematical the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the grar	nts or assistance?					√ Yes
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addii	ny recipient that rectional space is	eived more than \$5,0	000. Check this box	tes. Complete if the confined in the confined	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
<ul><li>2 Enter total number of seconganizations</li><li>3 Enter total number of oth</li></ul>					· •		•
For Paparwork Poduction Act Not							hadula I (Form 990) 2008

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>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 GRANT PROGRESS REPORTS, GPA AND ENROLLMENT REQUIREMENTS

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DLN: 93493040013070

#### Schedule L **Transactions with Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION OF CENTRAL WISCONSIN INC

**Employer identification number** 

							9-082							
Part I Excess Benefit Transact										_		4.01		
To be completed by organization			on Fo	orm 990, Part IV	, line	25a or 25t	o, or F	orm 9	90-EZ		t V , line (c) Cori			
1 (a) Name of disqualified	d person	۱		<b>(b)</b> Des	crıpt	ion of trans a	action				Yes	No		
											165	140		
2 Enter the amount of tax imposed on section 4958	the orga	nızatıon manag	gers or	disqualified pers			ear uı	nder <b>F</b>	\$					
3 Enter the amount of tax, if any, on lir	ne 2, abo	ove, reimbursed	d by th	e organization .				•	\$					
Part II Loans to and/or From														
To be completed by organiza				Form 990. Part	IV.I	ine 26, or Fo	orm 9	90-E	Z. Part	V. lii	ne 38a			
, , ,				,	<u> </u>	,			(f					
(a) Name of interested person and	1 ` '	an to or n the	(c)0	riginal principal			(e)		Approve		1	/rıtten		
purpose	1	zation?		amount	(d)∃	Balance due	default?		by board o		1 -	ment?		
	To	From					Yes No		Yes No		Yes	No		
	<del>                                     </del>	1110111					103	110	103	140	1.03	110		
	1													
Total				. <b>▶</b> \$							•			
Part IIII Grants or Assistance B To be completed by organ					90,	Part IV, lın	ie 27							
(a) Name of interested person		(b)Relationship between interested person and the organization					(c)A mount of grant or type of assistance							
Part IV Business Transactions To be completed by organ					90,	Part IV, lın	ie 28	a, 28	b, or i	28c.				
(a) Name of interested person		b) Relationship ween intereste person and the		(c) A mount of transaction		(d) Description of transaction			on	(e) Sharing organization revenues?				
	_	organization									Yes	No		
IIM FIRMINHAC	BOAF	RD MEMBER	18,0:			INVESTME BY M&I TRI	THE FOUNDATION'S INVESTMENTS ARE MANAGED BY M&I TRUST, AN EMPLOYER OF ONE OF THE BOARD MEMBERS					Νο		
DAVID QUICK	FO R N M E M I	1ER BOARD BER		:		provided pa organization	payroll services to the					Νο		
OM DAVIES						the organiza contract wit company fo placement	a		Νο					

#### 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

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF CENTRAL WISCONSIN INC **Employer identification number** 

39-0827885

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Karla Rothmann who is on the board is married to Terry Rothmann who is the executive director

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The organization will send out by e-mail a draft of Form 990 to each board member for their review

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		THE EXECUTIVE DIRECTOR SHALL DISTRIBUTE, NOT LESS THAN ONCE EACH YEAR, A QUESTIONNAIRE CONCERNING SUCH ORGANIZATIONS WITH WHICH EACH SUCH PERSON OR HIS OR HER SPOUSE MAY BE AFFILIATED THIS QUESTIONNAIRE WILL BE DISTRIBUTED TO ALL MEMBERS OF THE FOUNDATION BOARD AND ALL STAFF PERSONNEL THE EXECUTIVE DIRECTOR SHALL BE RESPONSIBLE ON THE BASIS OF SUCH QUESTIONNAIRE AS WELL AS IN THE REGULAR PROCESS OF STAFF REVIEW OF APPLICATIONS AND POTENTIAL GRANT RECIPIENTS, FOR IDENTIFYING ANY SUCH AFFILIATION TO THE FOUNDATION BOARD AND TO THE STAFF AT ANY TIME THAT ANY SUCH ORGANIZATION IS CONSIDERED FOR A POSSIBLE GRANT OR EVALUATED IN CONNECTION WITH A GRANT PREVIOUSLY MADE IT IS ALSO THE RESPONSIBILITY OF EACH BOARD MEMBER, COMMITTEE MEMBER AND FOUNDATION EMPLOYEE TO INFORM THE EXECUTIVE DIRECTOR OR CHAIR OF THE FOUNDATION OR COMMITTEE OF ANY CONFLICTING ROLES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY FIRST HAVING THE EXECUTIVE DIRECTOR COMPLETE A SELF-EVALUATION FORM THE ADMINISTRATIVE COMMITTEE WILL MEET AND COMPLETE AN EVALUATION ON THE EXECUTIVE DIRECTOR THEN THE ADMINISTRATIVE COMMITTEE WILL MEET WITH THE EXECUTIVE DIRECTOR AND REVIEW THE EXECUTIVE DIRECTOR'S SELF-EVALUATION AND REVIEW THE COMMITTEE'S EVALUATION FORMS THE CHAIR OF THE COMMITTEE WILL REPORT THE RESULTS TO THE FULL BOARD OR THE EXECUTIVE COMMITTEE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the organization will make THESE DOCUMENTS available upon request

ldentifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	FUNDRAISING REVENUE ADMINISTRATIVE FEE

DLN: 93493040013070

## SCHEDULE R (Form 990)

Name of the organization

# **Related Organizations and Unrelated Partnerships**

2008

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

COMMUNITY FOUNDATION OF CENTRAL WISCONSIN INC	39-0827885				
Part I Identification of Disregarded Entities				•	
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
CFCP PROPERTY LLC PO BOX 968 STEVENS POINT, WI 54481	HOLDS PROPERTY UNTIL IT IS SOLD & THE PROCEEDS ARE GIVEN TO THE ORGANIZATION	WI			COMMUNITY FOUNDATION OF CENTRAL WISCONSIN INC
Part II Identification of Related Tax-Exempt Organiza	tions			_	
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public chanty statu: (if section 501(c)(3)	(F) s Direct controlling )) entity
	_				
	<u> </u>		1	•	<u> </u>

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	( <b>E</b> ) Predominant income(related, investment, unrelated)		(F) Share of total income		<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	(J) General of managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V Transactions with Related Organi	zations
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	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II	-IV3			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		
b	Gift, grant, or capital contribution to other organization(s)			1b		
c	Gıft, grant, or capıtal contribution from other organization(s)			1c		
d	Loans or loan guarantees to or for other organization(s)			1d		
e	Loans or loan guarantees by other organization(s)			1e		
f	Sale of assets to other organization(s)			1f		
g	Purchase of assets from other organization(s)			1g		
h	Exchange of assets			1h		
i Lease of facilities, equipment, or other assets to other organization(s)						
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k		
I	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)		11		
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		
n	Sharing of paid employees			1n		
0	Reimbursement paid to other organization for expenses			10		
р	Reimbursement paid by other organization for expenses			<b>1</b> p		
q	O ther transfer of cash or property to other organization(s)			1q		
r	O ther transfer of cash or property from other organization(s)			1r		
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						,
			<u> </u>			
(2)						
(3)						
(4)						
<b>/=</b> `						
(5)						
/e\			<del> </del>			
(6)						

#### Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1					
(A) ame, address, and EIN of entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section		partners section		<b>(E)</b> Share of end-of-year assets	( <b>F</b> ) Dispropition allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No				
	1	1				ı		1						