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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

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS
label or
print or
typeSee
Specific
Instructions**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)

478 E. GRAND AVENUE

Room/suite

City or town, state or country, and ZIP + 4

WISCONSIN RAPIDS, WI 54494**F** Name and address of principal officer **KELLY LUCAS****478 E GRAND AVE, WISCONSIN RAPIDS, WI 54494****D** Employer identification number**39-1772651****E** Telephone number**715-423-3863****G** Gross receipts \$**6,805,708.****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** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1993****M** State of legal domicile: **WI****Part I Summary**

Activities & Governance

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 net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3****12****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****12****5** Total number of employees (Part V, line 2a)**5****20****6** Total number of volunteers (estimate if necessary)**6****197****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a****1,729.****b** Net unrelated business taxable income from Form 990-T, line 34**7b****195.**

Revenue

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8g, 9c, 10e, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

6,653,217.

Current Year

1,611,053.**1,959,239.****-1,162,190.****10,606.****13,294.****8,623,062.****462,157.****1,046,180.****1,214,662.**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**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)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **149,709.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**606,190.****940,374.****636,937.****1,007,870.****2,289,307.****3,162,906.****6,333,755.****-2,700,749.**Net Assets or
Fund Balances**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

25,181,696.

End of Year

28,606,836.**1,187,039.****1,521,425.****23,994,657.****27,085,411.****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 knowledgeSign
Here

Signature of officer

Date

KELLY LUCAS, PRESIDENT & CEO

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature**BRIAN SCHLAGENHAFT, CPA**

Date

06/28/10Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4**WIPFLI LLP****PO BOX 8010****WAUSAU, WI 54402-8010**

EIN ▶

Phone no. ▶ **715-845-3111**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**20
18

Part III Statement of Program Service Accomplishments

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 \$ 1,483,438. including grants of \$ 1,214,662.) (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, WITH A COMBINED POPULATION OF 40,000. IN 2009 OVER 350 GRANTS WERE APPROVED (EXCLUDING AGENCY GRANTS SUBJECT TO FAS 136) BENEFITTING OVER 170 TAX-EXEMPT ORGANIZATIONS. ALSO IN 2009, OVER 170 SCHOLARSHIPS WERE APPROVED BENEFITTING 118 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 \$ 495,591. including grants of \$) (Revenue \$)
THE FOUNDATION IS KNOWN NATIONALLY FOR PROVIDING PROGRAMS AND LEADING COMMUNITY INITIATIVES THAT LEVERAGE RESOURCES AND EMPOWER PEOPLE IN WAYS THAT CREATE CONNECTED STRATEGIES, WITH THE INTENT TO ADVANCE OPPORTUNITIES FOR ALL. 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 LED 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

4c (Code) (Expenses \$ 535,941. 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 THE FIRST RURAL ORGANIZATIONS NATIONWIDE CHOSEN BY THE NATIONAL FUND FOR WORKFORCE SOLUTIONS (NFWs) TO LEAD A PROJECT SITE THROUGH ITS IMPLEMENTATION PARTNER JOBS FOR THE FUTURE, INC. 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 ► \$ 2,514,970.

COMMUNITY FOUNDATION OF GREATER SOUTH

Form 990 (2009)

WOOD COUNTY, INC.

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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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school 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 United States?		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 United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities 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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

COMMUNITY FOUNDATION OF GREATER SOUTH

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WOOD COUNTY, INC.

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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.	42	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	20	
2b	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		X
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
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Form 990 (2009)

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

	Yes	No
1a Enter the number of voting members of the governing body	12	
b Enter the number of voting members that are independent	12	
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
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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

COMMUNITY FOUNDATION OF GREATER SOUTH

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WOOD COUNTY, INC.

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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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

• 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 current officer, director, or trustee.

(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			
DEBORAH HICKEY DIR./SECRETARY TO 12-09	2.00	X		X				0.	0.	0.
JAKE CLOSE DIRECTOR	2.00	X						0.	0.	0.
SHELDON FERKEY DIRECTOR/TREASURER	2.00	X		X				0.	0.	0.
GUADALUPE ANCEL DIR./VICE CHAIR TO 12-09	2.00	X		X				0.	0.	0.
HELEN JUNGWIRTH DIRECTOR/CHAIR	4.00	X		X				0.	0.	0.
FRED SIEMERS DIR./VICE CHAIR AT 12-09	2.00	X		X				0.	0.	0.
RUTH BARKER DIRECTOR TO 8-5-09	2.00	X						0.	0.	0.
ANN MURGATROYD SOE DIR./SECRETARY AT 12-09	2.00	X		X				0.	0.	0.
CRAIG LAMBERT DIRECTOR FROM 2-09	2.00	X						0.	0.	0.
PAUL LIEBHERR DIRECTOR FROM 2-09	2.00	X						0.	0.	0.
CHERYL URBAN DIRECTOR FROM 2-09	2.00	X						0.	0.	0.
FRED CAMACHO DIRECTOR FROM 2-09	2.00	X						0.	0.	0.
CARL WARTMAN DIRECTOR FROM 1-09	2.00	X						0.	0.	0.
KELLY LUCAS PRESIDENT/CEO	40.00			X				104,950.	0.	16,810.
DAWN NEUMAN CHIEF FIN./OPS. OFFICER	40.00			X				102,361.	0.	4,602.

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

Form 990 (2009)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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								207,311.	0.	21,412.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 FACILITATION SERV	242,323.

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

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

Form 990 (2009)

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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	15,848.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,595,205.			
	g	Noncash contributions included in lines 1a-1f \$		62,967.			
	h	Total. Add lines 1a-1f		1,611,053.			
	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)		449,610.	1,729.	447,881.	
	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				
		c	Gain or (loss)				
		d	Net gain or (loss)		-1611800.	-1611800.	
	8 a	Gross income from fundraising events (not including \$ 15,848. of contributions reported on line 1c) See Part IV, line 18					
		b	Less direct expenses		9,478.		
		c	Net income or (loss) from fundraising events				
		9 a	Gross income from gaming activities See Part IV, line 19		14,350.		
	9 a	b	Less direct expenses		3,000.		
		c	Net income or (loss) from gaming activities		11,350.		11,350.
		10 a	Gross sales of inventory, less returns and allowances				
		b	Less cost of goods sold				
	10 a	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a		OTHER INCOME	900099	1,944.	1,944.		
b							
11 a	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,944.			
12	Total revenue. See instructions.		462,157.	-1609856.	1,729.	459,231.	

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

Form 990 (2009)

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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	1,102,887.	1,102,887.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	111,775.	111,775.		
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	235,076.	111,985.	110,451.	12,640.
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	539,180.	373,865.	103,640.	61,675.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,312.	9,722.	3,320.	2,270.
9 Other employee benefits	87,254.	61,543.	13,486.	12,225.
10 Payroll taxes	63,552.	40,284.	16,690.	6,578.
11 Fees for services (non-employees)				
a Management				
b Legal	600.		600.	
c Accounting	7,725.		7,725.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	125,884.		125,884.	
g Other	489,293.	444,031.	31,618.	13,644.
12 Advertising and promotion	3,266.	2,157.	1,109.	
13 Office expenses	45,393.	24,785.	12,418.	8,190.
14 Information technology	34,034.	21,787.	8,918.	3,329.
15 Royalties				
16 Occupancy	15,861.		15,861.	
17 Travel	76,381.	67,757.	3,356.	5,268.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,578.	33,892.	10,384.	302.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,307.	294.	13,013.	
23 Insurance	8,176.	1,729.	6,177.	270.
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	62,412.	62,412.		
b COMMUNICATION	39,373.	18,307.	9,721.	11,345.
c OTHER EXPENSES	16,006.	16,006.		
d DUES AND SUBSCRIPTIONS	15,420.	9,752.	3,856.	1,812.
e UNCOLLECTIBLE PLEDGES	10,161.			10,161.
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	3,162,906.	2,514,970.	498,227.	149,709.
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	57,294.	1	58,429.
	2 Savings and temporary cash investments	4,559,102.	2	4,977,873.
	3 Pledges and grants receivable, net	424,509.	3	590,374.
	4 Accounts receivable, net	1,270.	4	861.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	16,458.	9	20,090.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 171,980.		
	b Less accumulated depreciation	10b 115,464.	10c	56,516.
	11 Investments - publicly traded securities	15,875,469.	11	19,066,313.
	12 Investments - other securities. See Part IV, line 11	740,670.	12	825,836.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,450,983.	15	3,010,544.
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,181,696.	16	28,606,836.	
Liabilities	17 Accounts payable and accrued expenses	31,280.	17	55,727.
	18 Grants payable	143,271.	18	126,793.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,007,488.	25	1,338,905.
	26 Total liabilities. Add lines 17 through 25	1,187,039.	26	1,521,425.
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	20,488,375.	27	23,486,236.
	28 Temporarily restricted net assets	3,506,282.	28	3,599,175.
	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	23,994,657.	33	27,085,411.
34 Total liabilities and net assets/fund balances	25,181,696.	34	28,606,836.	

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number	39-1772651
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule A (Form 990 or 990-EZ) 2009 **WOOD COUNTY, INC.**

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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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2663551.	9496223.	1562160.	6653217.	1611053.	21986204.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2663551.	9496223.	1562160.	6653217.	1611053.	21986204.
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)						14206049.
6 Public support. Subtract line 5 from line 4						7780155.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2663551.	9496223.	1562160.	6653217.	1611053.	21986204.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	606,837.	845,284.	971,694.	860,495.	449,610.	3733920.
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)				10,606.	13,294.	23,900.
11 Total support. Add lines 7 through 10						25744024.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	30.22	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	31.16	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. 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 checked="" type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. 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) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ► ☐

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule A (Form 990 or 990-EZ) 2009 WOOD COUNTY, INC.

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Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

FOR THE TAX YEAR ENDED DECEMBER 31, 2009, THE FIVE-YEAR AVERAGE OF THE COMMUNITY FOUNDATION OF GREATER SOUTH WOOD COUNTY, INC'S PUBLIC SUPPORT PERCENTAGE AS REPORTED ON SCHEDULE A, PART II, SECTION C, IS 30.22%.

WHILE THIS PERCENTAGE IS BELOW THE AUTOMATIC 33 1/3% PUBLIC SUPPORT TEST, IT IS SIGNIFICANTLY HIGHER THAN THE 10% PUBLIC SUPPORT TEST.

CONTRIBUTIONS IN EXCESS OF 2% OF TOTAL SUPPORT DURING THIS FIVE-YEAR PERIOD ARISE FROM ONE PRIVATE FOUNDATION AND FROM TWO INDIVIDUAL

CONTRIBUTORS, NONE OF WHOM ARE RELATED (AS DEFINED IN IRC SECTION 4946(A)(1)(C) THROUGH (G)). ONE OF THE SIGNIFICANT CONTRIBUTIONS IS A

MULTI-YEAR PLEDGE THAT AROSE IN 2008. THE USE OF ACCRUAL ACCOUNTING

REQUIRED THE FOUNDATION TO INCLUDE THE PLEDGE IN THE CALCULATION IN FULL

IN 2008, RESULTING IN THE PUBLIC SUPPORT PERCENTAGE DROPPING BELOW 33 1/3%

FOR BOTH THE TAX YEARS ENDED DECEMBER 31, 2008 AND DECEMBER 31, 2009. THE

TAX YEARS ENDED DECEMBER 31, 2007 AND JUNE 30, 2007 REPORTED PUBLIC

SUPPORT PERCENTAGES OF 37.1445% AND 46.2263% RESPECTIVELY.

THE FOUNDATION'S BOARD OF DIRECTORS IS WIDELY REPRESENTATIVE OF THE

COMMUNITY AND SINCE 2008, NEW MEMBERS HAVE BEEN IDENTIFIED THROUGH A

PUBLIC NOMINATION PROCESS. AS OF DECEMBER 31, 2009, SIX OF THE 12 CURRENT

VOTING BOARD MEMBERS WERE IDENTIFIED THROUGH THIS PUBLIC PROCESS. THE

REMAINING SIX BOARD MEMBERS ALSO COME FROM THE GENERAL PUBLIC AND

REPRESENT A VARIETY OF COMMUNITY SKILL SETS AND POINTS OF VIEW. MEMBERS

INCLUDE A RETIRED PUBLISHER, A BANK PRESIDENT, A RETIRED GENERAL COUNSEL,

A RETIRED SAFETY ADMINISTRATOR, A TEACHER, A REGISTERED NURSE, A DISTRICT

ATTORNEY, TWO CLERGY MEMBERS AND THREE BUSINESS OWNERS. PRIOR TO

SEPTEMBER OF 2009, THERE WAS ONE ADDITIONAL BOARD MEMBER WHO WAS A

COMMUNITY VOLUNTEER AND A SUBSTANTIAL CONTRIBUTOR.

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule A (Form 990 or 990-EZ) 2009 WOOD COUNTY, INC.

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Part IV**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

THE FOUNDATION HAS BEEN IN EXISTENCE SINCE 1993 AND HAS ATTRACTED SUPPORT FROM A BROAD RANGE OF CONTRIBUTORS INCLUDING MEMBERS OF THE GENERAL PUBLIC, BUSINESSES, PUBLIC CHARITIES, PRIVATE FOUNDATIONS AND LOCAL GOVERNMENTAL UNITS, TO NAME A FEW. SOME OF THESE CONTRIBUTORS ARE FROM THE GREATER SOUTH WOOD COUNTY AREA, SOME USED TO LIVE IN THE COMMUNITY AND SOME ARE INTERESTED IN SEEING THE COMMUNITY REGAIN ITS RESILIENCY EVEN THOUGH THEY PREVIOUSLY HAD NO CONNECTION TO THE COMMUNITY. IN 2009, AS CAN BE SEEN ON SCHEDULE A, PART I, EXCLUDING CONTRIBUTIONS SUBJECT TO FAS 136, THERE WERE 34 CONTRIBUTORS WHO CONTRIBUTED MORE THAN \$5,000 EACH TO THE FOUNDATION (TWO OF THESE CONTRIBUTIONS WERE FROM SUBSTANTIAL CONTRIBUTORS). AGAIN, EXCLUDING CONTRIBUTIONS SUBJECT TO FAS 136, THE REMAINING CONTRIBUTIONS IN 2009 CAME FROM 589 DIFFERENT CONTRIBUTORS WITH THE AVERAGE CONTRIBUTION BEING APPROXIMATELY \$270. THE FOUNDATION HAS SUCCEEDED IN EXPANDING ITS BASE OF CONTRIBUTORS EACH YEAR.

AS NOTED IN PART III OF FORM 990, IN ADDITION TO THE TRADITIONAL COMMUNITY FOUNDATION GRANT MAKING ROLE, THE FOUNDATION DIRECTLY PROVIDES PROGRAMS TO THE COMMUNITY AND LEADS COMMUNITY INITIATIVES THAT ENHANCE THE QUALITY OF LIFE OF THE PEOPLE OF GREATER SOUTH WOOD COUNTY, WISCONSIN. AS AN EXAMPLE, THROUGH THE ADVANCED LEADERSHIP INSTITUTE MENTIONED IN PART III, LINE 4B, THE FOUNDATION HAS TRAINED, FREE OF CHARGE, NEARLY 100 COMMUNITY MEMBERS (INCLUDING PEOPLE WORKING IN FOR-PROFIT, NON-PROFIT AND GOVERNMENTAL VENUES) IN ADAPTIVE LEADERSHIP SKILLS AND THEY ARE NOW DETERMINING HOW TO BEST LEVERAGE THIS TRAINED NETWORK OF COMMUNITY LEADERS IN FURTHER IMPROVING THE COMMUNITY.

IN SUPPORT OF THESE COMMUNITY-ENHANCING EFFORTS, THE FOUNDATION HAS

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SOUGHT, AND CONTINUES TO AGGRESSIVELY SEEK, FUNDING AND CO-INVESTMENT FROM A WIDE VARIETY OF PUBLIC, PRIVATE AND GOVERNMENTAL SOURCES, INCLUDING ACTIVELY APPLYING FOR APPROPRIATE GRANTS FROM EACH OF THESE SOURCES. THROUGH ITS WEBSITE, A NEWSLETTER, PERIODIC MAILINGS, PUBLIC RADIO AND OTHER MEANS OF COMMUNICATION, THE FOUNDATION SEEKS TO MAKE THE PUBLIC AWARE OF THE NEEDS IN THE COMMUNITY AND HOW THEY CAN CONTRIBUTE TIME AND/OR RESOURCES IN ADDRESSING THESE NEEDS. IN ADDITION TO ATTRACTING CONTRIBUTIONS FROM THE GREATER SOUTH WOOD COUNTY AREA, THE FOUNDATION HAS BEEN SUCCESSFUL IN ATTRACTING CONTRIBUTIONS FROM ACROSS THE COUNTRY, BY MEANS OF WORD OF MOUTH AND THROUGH SEVERAL OF THE INITIATIVES THAT IT IS INVOLVED IN. THE FOUNDATION HAS ALSO DEVELOPED AN EVER-GROWING NETWORK OF NATIONAL RELATIONSHIPS THAT HAS RESULTED IN AN INCREASE IN CONTRIBUTIONS FROM PUBLIC CHARITIES SUCH AS JOBS FOR THE FUTURE, INC. AND PRIVATE FOUNDATIONS SUCH AS THE FORD FOUNDATION AND THE JOHN S. AND JAMES L. KNIGHT FOUNDATION, AND HOPEFULLY WILL ALSO RESULT IN FUNDING FROM CERTAIN GOVERNMENTAL SOURCES IN THE FUTURE.

THE SUPPORT RECEIVED FROM THIS EVER-GROWING NETWORK INCLUDES CONTRIBUTIONS OF TIME AND EXPERTISE THAT ARE IN ADDITION TO MONETARY CONTRIBUTIONS. ON A LOCAL LEVEL, THE FOUNDATION UTILIZES AN INCREASING NUMBER OF VOLUNTEERS IN PURSUING ITS MISSION AND VISION AS CAN BE SEEN ON FORM 990, PART I, LINE 6. WITH RESPECT TO BRINGING EXPERTISE INTO THE COMMUNITY, PRESENTERS AT FOUNDATION PUBLIC FORUMS AND PUBLIC EVENTS HAVE INCLUDED REPRESENTATIVES FROM THE STATE OF WISCONSIN SECRETARY'S OFFICE, FROM LOCAL AND REGIONAL GOVERNMENT, FROM THE COUNCIL ON FOUNDATIONS, FROM NATIONAL FUND FOR WORKFORCE SOLUTIONS AND FROM OTHER PROMINENT INSTITUTIONS. IN ORDER FOR THE FOUNDATION TO ACHIEVE ITS MISSION OF PROMOTING STRATEGIC PHILANTHROPY, BUILDING SOCIAL CAPITAL AND LEVERAGING COMMUNITY RESOURCES

COMMUNITY FOUNDATION OF GREATER SOUTH

Schedule A (Form 990 or 990-EZ) 2009 WOOD COUNTY, INC.

39-1772651 Page 4



Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

FOR THE COMMON GOOD, IT IS CRITICAL THAT ITS SUPPORT COME FROM A WIDE BASE
OF COMMUNITY AND NATIONAL SUPPORT. IT IS BY LEVERAGING THESE
CONTRIBUTIONS OF TIME AND MONEY RECEIVED FROM THE PUBLIC THAT THE
FOUNDATION CAN THEN, IN TURN, BEST SERVE THE PUBLIC.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name 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	70	46
2 Aggregate contributions to (during year)	256,932.	47,038.
3 Aggregate grants from (during year)	730,014.	46,750.
4 Aggregate value at end of year	4,270,516.	821,110.
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations

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 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 the 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 Net investment earnings, gains, and 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		171,980.	115,464.	56,516.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				56,516.

Schedule D (Form 990) 2009

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		
Closely-held equity interests		
Other		
Total. (Col (b) must 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) must 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	2,777,620.
SPLIT INTEREST AGREEMENTS	232,924.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	3,010,544.

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD FOR AGENCIES	1,292,235.
SPLIT INTEREST AGREEMENTS	46,670.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,338,905.

2. FIN 48 Footnote 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	462,157.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,162,906.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,700,749.
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	5,791,503.
9	Total adjustments (net) Add lines 4 through 8	9	5,791,503.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	3,090,754.

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	6,277,059.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	5,791,503.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	30,810.
e	Add lines 2a through 2d	2e	5,822,313.
3	Subtract line 2e from line 1	3	454,746.
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	7,411.
c	Add lines 4a and 4b	4c	7,411.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	462,157.

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

1	Total expenses and losses per audited financial statements	1	3,201,289.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	38,383.
e	Add lines 2a through 2d	2e	38,383.
3	Subtract line 2e from line 1	3	3,162,906.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,162,906.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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 GAIN ON INVESTMENT SECURITIES

PART XII, LINE 2D - REVENUE RELATED TO AFFILIATE

PART XII, LINE 4B - RECEIPT FROM AFFILIATE

PART XIII, LINE 2D - EXPENSES FROM AFFILIATE

SCHEDULE D, PART X, LINE 2 - IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX

Part XIV Supplemental Information (continued)

POSITIONS, ASC TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, REQUIRES AN ORGANIZATION TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OR THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. THE FOUNDATION RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS. FEDERAL TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2008, 2007, AND JUNE 30, 2007, REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Employer identification number
39-1772651

- Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 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

(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						

- 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) 2009

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	25,326.		25,326.
	2	Less Charitable contributions	15,848.		15,848.
	3	Gross income (line 1 minus line 2)	9,478.		9,478.
Direct Expenses	4	Cash prizes	3,850.		3,850.
	5	Noncash prizes	2,798.		2,798.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,830.		2,830.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			9,478.
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

<p>9 Enter the state(s) in which the organization operates gaming activities _____</p> <p>a Is the organization licensed to operate gaming activities in each of these states?</p> <p>b If "No," explain _____</p> <p>10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</p> <p>b If "Yes," explain _____</p> <p>11 Does the organization operate gaming activities with nonmembers?</p> <p>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?</p>	<table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>9a</td> <td></td> <td></td> </tr> <tr> <td>10a</td> <td></td> <td></td> </tr> <tr> <td>11</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td></td> <td></td> </tr> </table>		Yes	No	9a			10a			11			12		
	Yes	No														
9a																
10a																
11																
12																

		Yes	No
13	Indicate the percentage of gaming activity operated in		
	<div>a The organization's facility</div> <div>b An outside facility</div>	<div>13a %</div> <div>13b %</div>	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶			
Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
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 of the third party			
Name ▶			
Address ▶			
16	Gaming manager information		
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
39-1772651

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 54494	39-1255617	501(C)(3)	13,095.	0.			TECHNICAL, PERFORMANCE AND GENERAL SUPPORT
BOY SCOUTS OF AMERICA, SAMOSET COUNCIL - 3511 CAMP PHILLIPS - WESTON, WI 54476	39-0813397	501(C)(3)	9,659.	0.			FOR CAMP TESOMAS, RHINELANDER, WI & GEN SUPPORT
BOYS & GIRLS CLUB OF GREATER SCOTTSDALE - 10515 E LAKEVIEW DR - SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	18,000.	0.			GENERAL & PROGRAM RELATED SUPPORT
BOYS & GIRLS CLUB OF THE WISCONSIN RAPIDS AREA, INC. - PO BOX 1175 - WISCONSIN RAPIDS, WI 54495-1175	39-1745942	501(C)(3)	82,976.	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 & PROGRAM RELATED 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 3 Enter total number of other organizations							▶ 35. ▶ 0.

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

Schedule I (Form 990) 2009

COMMUNITY FOUNDATION OF GREATER SOUTH

39-1772651

Schedule I (Form 990) 2009

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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,	114	109,775.	0.		
EDUCATIONAL SCHOLARSHIPS FOR PERSONS WHO MAY RESIDE BEYOND THE GREATER SOUTH WOOD COUNTY, WISCONSIN AREA,	4	2,000.	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 ESTABLISHED SCHOLARSHIP CRITERIA AND OTHER RELEVANT FACTORS AND AWARDS ARE RECOMMENDED 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 GRANTS IS ADHERED TO INCLUDING, BUT NOT LIMITED TO, RECEIVING RECOMMENDATIONS FROM THE DONOR, CONFIRMING TAX EXEMPT STATUS, REVIEWING FORM 990-S WHEN AVAILABLE, SEEKING BOARD APPROVAL PRIOR TO AWARDING GRANTS OVER \$25,000, AND RECEIVING ACKNOWLEDGEMENTS FROM THE GRANTEE WITH RESPECT

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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

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 United States (Schedule I (Form 990), Part II)

(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
CATHOLIC CHARITIES OF THE DIOCESE OF LA CROSSE, INC. - 3710 EAST AVENUE S - LA CROSSE, WI 54602	39-1896823	501(C)(3)	8,395.	0.			SUPPORT FINANCIAL COUNSELING PROGRAM
CENTRAL WISCONSIN CULTURAL CENTER, INC. - PO BOX 322 - WISCONSIN RAPIDS, WI 54495-0322	39-1869751	501(C)(3)	8,602.	0.			GENERAL SUPPORT
CHILD CARE RESOURCE & REFERRAL OF CENTRAL WISCONSIN, INC. - 210 E JACKSON ST - WISCONSIN RAPIDS, WI 54494	39-1673734	501(C)(3)	7,500.	0.			SUPPORT EMERGENCY NEEDS AND SCHOLARSHIP AID
COMMUNITY FOUNDATION OF GUNNISON VALLEY - PO BOX 7057 - GUNNISON, CO 81230	31-1650658	501(C)(3)	23,872.	318,926.	FMV		GENERAL SUPPORT
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)	21,171.	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. 5968 E SAPPHIRE LN PARADISE VALLEY, AZ 85253	86-0529773	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II)	

(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
HEART OF WI COMMUNITY INCUBATOR 1120 LINCOLN ST WISCONSIN RAPIDS, WI 54494	39-1658199	501(C)(3)	12,374.	0.			SUPPORT LEADERSHIP CLASSES AND PROJECTS
MID-STATE TECHNICAL COLLEGE 500 32ND ST N WISCONSIN RAPIDS, WI 54494	39-1089584	COLLEGE	12,360.	0.			PROGRAM RELATED SUPPORT
NEIGHBORHOOD TABLE 3420 TIMBER VALLEY DR WISCONSIN RAPIDS, WI 54494	20-0836001	501(C)(3)	5,600.	0.			SUPPORT PURCHASE OF COMMERCIAL RANGE
OPPORTUNITY DEVELOPMENT CENTERS, INC - 1191 HUNTINGTON AVE - WISCONSIN RAPIDS, WI 54494	39-1044318	501(C)(3)	18,326.	0.			GENERAL SUPPORT
PARK PLACE ADULT DAY SERVICES 220 3RD AVE S SUITE 3 WISCONSIN RAPIDS, WI 54495	39-1533745	501(C)(3)	20,650.	0.			GENERAL & PROGRAM RELATED SUPPORT
PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004	86-0072608	501(C)(3)	5,000.	0.			GENERAL SUPPORT
RIVERVIEW COMMUNITY DENTAL CLINIC 820 TWO MILE AVE WISCONSIN RAPIDS, WI 54494	39-1509239	501(C)(3)	41,550.	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

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 United States (Schedule I (Form 990), Part II)									
(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		
SOUTH WOOD COUNTY EMERGENCY PANTRY SHELF - FIRST CONGREGATIONAL CHURCH - 311 2ND ST S - WISCONSIN RAPIDS, WI 54494	39-0862479	501(C)(3)	10,333.	0.			GENERAL SUPPORT		
SOUTH WOOD COUNTY HISTORICAL CORPORATION - 540 3RD ST S - WISCONSIN RAPIDS, WI 54494	39-1164891	501(C)(3)	6,750.	0.			GENERAL SUPPORT		
SOUTH WOOD COUNTY HUMANE SOCIETY, INC. - PO BOX 903 - WISCONSIN RAPIDS, WI 54495-0903	39-1205672	501(C)(3)	18,100.	0.			GENERAL & CAPITAL CAMPAIGN SUPPORT		
SOUTH WOOD COUNTY YOUTH HOCKEY ASSOCIATION, INC. - PO BOX 1263 - WISCONSIN RAPIDS, WI 54495-1263	39-1365572	501(C)(3)	5,000.	0.			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		
THE SALVATION ARMY PO BOX 52177 PHOENIX, AZ 85072	94-1156347	501(C)(3)	50,000.	0.			GENERAL SUPPORT		
UNITED WAY OF INNER WISCONSIN 351 OAK ST WISCONSIN RAPIDS, WI 54494	39-1212595	501(C)(3)	7,819.	0.			GENERAL SUPPORT		
VILLAGE OF PORT EDWARDS PO BOX 10 PORT EDWARDS, WI 54469	39-6006346	VILLAGE	45,000.	0.			SUPPORT ECONOMIC REPLACEMENT & REUSE STRATEGY		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II)	

(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
WISCONSIN HISTORICAL FOUNDATION, INC. - 816 STATE ST - MADISON, WI 53706	39-0921093	501(C)(3)	13,933.	0.			SUPPORT EXECUTIVE DIRECTOR POSITION
WISCONSIN RAPIDS PUBLIC SCHOOLS - WASHINGTON ELEMENTARY SCHOOL - 2911 WASHINGTON ST - WISCONSIN RAPIDS, WI 54494	39-6005282	PUBLIC SCHOOL	5,281.	0.			SUPPORT ENHANCEMENT OF SCHOOL ENTRANCE & BOOKS
WISCONSIN RAPIDS AREA SENIOR CENTER ASSOCIATION, INC - 220 3RD AVE S SUITE 3 - WISCONSIN RAPIDS, WI 54495	39-1408099	501(C)(3)	31,299.	0.			GENERAL SUPPORT
WISCONSIN RAPIDS COMMUNITY THEATRE, INC. - 220 3RD AVE S SUITE 6 - WISCONSIN RAPIDS, WI 54495	51-0612413	501(C)(3)	8,670.	0.			GENERAL & PROGRAM RELATED SUPPORT
WISCONSIN RAPIDS PUBLIC SCHOOLS 510 PEACH ST WISCONSIN RAPIDS, WI 54494	39-6005282	PUBLIC SCHOOL	13,872.	0.			FAMILIES HELPING FAMILIES PROG & EMERGENCY NEEDS

Part IV Supplemental Information

TO THE USE OF THE GRANT. FOR UNRESTRICTED GRANTS, STAFF PERFORM NECESSARY DUE DILIGENCE (INCLUDING REVIEWING FORM 990'S, ETC.) AND DETERMINE THE DEPTH AND FREQUENCY OF REPORTING FROM A GRANT RECIPIENT WITH RESPECT TO THE GRANT, AND THE GRANTS COMMITTEE REVIEWS AND APPROVES ALL GRANTS IN ACCORDANCE WITH BOARD APPROVED CRITERIA AND GUIDELINES. 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

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

OMB No 1545-0047

2009

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	10	57,704.	PROCEEDS FROM SALE
10 Securities - Closely held stock				
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 ► (PHONE EQUIPME)	X	1	5,263.	COST
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) 2009

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

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS

EFFECTIVENESS, ETC.), A COMMUNITY RESOURCE CENTER, PUBLIC SPEAKERS,
CONVENING A NONPROFIT COUNCIL, A CONSULTANT DATABASE FOR NON-PROFIT
ORGANIZATIONS, SPEAK YOUR PEACE, ETC.

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

ALSO IN 2008, THE FOUNDATION BEGAN PARTICIPATING IN THE JOHN S. AND
JAMES L. KNIGHT FOUNDATION'S COMMUNITY INFORMATION CHALLENGE,
RESEARCHING WHERE AND HOW LOCAL RESIDENTS GET THEIR INFORMATION AND
ASSESSING THEIR ABILITY TO ACCESS THE INFORMATION THEY NEED IN ORDER TO
LEAD BETTER INFORMED LIVES. ADDRESSING ISSUES OF DIGITAL ACCESS AND
DIGITAL LITERACY ARE INTEGRAL TO THIS PROJECT. THE CONNECTEDNESS AND
INTEGRATION OF BOTH WORKFORCE CENTRAL AND KNIGHT'S COMMUNITY
INFORMATION CHALLENGE ALLOWS FOR A FRAMEWORK THROUGH WHICH RESOURCES
CAN ACHIEVE GREATER IMPACT.

FORM 990, PART V, LINE 3B: FORM 990-T HAS BEEN EXTENDED.

FORM 990, PART VI, SECTION B, LINE 11: 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 SUBMITS THE DRAFT FINAL FORM 990 TO EACH BOARD MEMBER AND

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.

Employer identification number

39-1772651

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 SUBMITTED TO ALL BOARD MEMBERS AND CERTAIN 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.

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 2C

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER SOUTH
WOOD COUNTY, INC.

Employer identification number

39-1772651

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 I, LINE 5

THE FOUNDATION HAD 18 EMPLOYEES AT 12-31-09, 9 OF WHICH WERE PART-TIME.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

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

Employer identification number
39-1772651

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)[illegible]

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

[illegible]

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

Schedule R (Form 990) 2009

Part III
Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

[illegible]

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

[illegible]

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

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

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 or (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)			

Part VI

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

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

[illegible]

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your 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	
	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)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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 will cover

- 1 I request an automatic 3 month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning _____, and ending _____

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

3a 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.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions