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

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

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u></u>	For th	e 2009 calendar year, or tax year beginning	, 2009, and endin	ng	,
		applicable C			yer Identification Number
	Ad	dress change   Please use IRS label   STOUGHTON COMMUNITY	FOUNDATION INC	39-	1935790
	$\vdash$	me change or print PO BOX 84			one number
	-	See specific STOUGHTON, WI 53589			
	-	Instruc-			· · · · · · · · · · · · · · · · · · ·
	$\vdash$	ended return		6	receipts \$ 32,522.
	$\vdash$		-	G Gross r	( (0) 1 0   [37]
	L] Ap	plication pending F Name and address of principal officer SAME AS C ABOVE		H(b) Are all affiliates incl	
	T		1047(-)(1) 1507	If 'No,' attach a list	
<u> </u>		exempt status X 501(c) ( 3 ) ◄ (insert no.)	4947(a)(1) or 527		'
J		site: ► N/A		H(c) Group exemption no	
K			ther ► L Year of Format	tion 1998 M s	State of legal domicile WI
Fø	ert I	Summary	front actuation CDANT DT	CEDIDIETONC	DATE FOR THE LONG
		Briefly describe the organization's mission or most signiful TERM, DENERTH, OR, SHOULDINGS	icant activities. <u>GRAINT DT</u>	21KIROTION2	LATO LOK THE TONG
ည		TERM BENEFIT OF STOUGHTON	<del></del>		
Activities & Governance	'	- <b></b>			
Ş.	2	Check this box ► If the organization discontinued it	c operations or disposed of mou		
ဗိ		Number of voting members of the governing body (Part		e (11a11 25 % OF 165 a)	3   1:
<b>ಿ</b> ಶ		Number of independent voting members of the governing			4 1
ī.	I	Total number of employees (Part V, line 2a)			5
cţi	6	Total number of volunteers (estimate if necessary)			6 (
ď		Total gross unrelated business revenue from Part VIII, c			7a 0.
	Ь	Net unrelated business taxable income from Form 990-T	, line 34	_	7b 0.
				Prior Year	Current Year
<b>2</b> .	8	Contributions and grants (Part VIII, line 1h)		377,7	<i>1</i> 27. 21,172.
	9	Program service revenue (Part VIII, line 2g)			
တစ္တိ		Investment income (Part VIII, column (A), lines 3, 4, and		14,3	354. 11,350.
0 8 2010 Revenue		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	•		
JUL	12	Total revenue – add lines 8 through 11 (must equal Part	: VIII, column (A), line 12)	392,0	
2	13	Grants and similar amounts paid (Part IX, column (A), lii	nes 1-3)	253,3	325. <u>205, 357</u> .
	l	Benefits paid to or for members (Part IX, column (A), lin			
φ (	l	Salaries, other compensation, employee benefits (Part I			
ANNINE Expenses	16a	Professional fun <del>draising fees (Part IX, column (A))</del> line 1	le)		
ied l		Total fundraising expenses (Partus, Volume (D), line 25)			
OCANINED Expenses		Other expenses (Ren IX, column (A), lines 112 dd, 11f-		5,5	324. 4,903.
<u></u>	18	Total expenses. Add lines A3417 (Rushella) al Par X, col	lumn (A) line 25)	258,8	
•		Revenue less expenses. Subtract line 18 from life 12	um (1), me 23)	133, 2	
- 2	13				·
Net Assets or Fund Balancos	20	Total assets (Par x, INGODEN, UT		Beginning of Y	
88		Total assets (Fair A) mas Hole This		523,0	048. 384,670. 0. 0.
S de C		Total liabilities (Part X, line 26)			
		Net assets or fund balances. Subtract line 21 from line 2	0	523,0	384,670.
Fa	rt II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, in true, correct, and complete Declaration of peparer (other than officer)	icluding accompanying schedules and sta is based on all information of which prep	atements, and to the best parer has any knowledge	of my knowledge and belief, it is
٠.					
Sig	jn	- curcing			14-10
He	re	Signature of officer		Date	
		STEVE SLINDE		TREASURER	
		Type or print name and title	1		
			Date	Check if self	Preparer's identifying number (see instructions)
Pai		Preparer's	Land Vil	employed ►	
Pre		signature BRIAN S STOTLAR	609 (KH 12 1/4/17)	)	N/A
Us	rer's e	Firm's name (or STOTLAR & STOTLAR, S.C.			
On	=	employed),   /UZ N. BLACKHAWK AVENUE		EIN ► N	/A
		ZIP + 4 MADISON, WI 53705		Phone no	(608) 231-1322
May	the IF	RS discuss this return with the preparer shown above? (s	see instructions)		X Yes No
BAA	For	Privacy Act and Paperwork Reduction Act Notice, see th	e separate instructions.	TEEA0113L	12/29/09 Form <b>990</b> (2009)

	1 990 (2009) STOUGHTON COMMUNITY FOUNDATION INC	<u> 39-1935790</u>	Page 2
Pai	till Statement of Program Service Accomplishments		
1۰	Briefly describe the organization's mission:  GRANT DISTRIBUTIONS PAID FOR THE LONG TERM BENEFIT OF STOUGHTON		
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	Yes X	No
3	If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes X	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 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and al expenses, and revenue, if any, for each program service reported	locations to others, the total	
4 8	GRANT DISTRIBUTIONS PAID FOR THE LONG TERM BENEFIT OF STOUGHTON	Revenue \$	)
41	(Code) (Expenses \$ including grants of \$) (	Revenue \$	)
			<b></b>
	: (Code:) (Expenses \$ including grants of \$) (	Revenue \$	)
			<b>-</b> -
40	Other program services. (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$		_
4 e	(Expenses \$ including grants of \$ ) (Revenue \$ 209, 280.		
		<del></del>	

	n 990 (2009) STOUGHTON COMMUNITY FOUNDATION INC 39-193579 rt IV Checklist of Required Schedules	0	F	Page
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $Yes$ , $Yes$	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11		Х
•	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI</li> </ul>			
(	<ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>			
•	<ul> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	<ul> <li>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? If Yes, 'complete Schedule D, Part X</li> </ul>			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule $E$	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	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? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule  ${\it H}$ 

Form 990 (2009) STOUGHTON COMMUNITY FOUNDATION INC
Part IV | Checklist of Required Schedules (continued)

			res	ИО
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? If 'Yes,' complete Schedule I, Parts I and II.	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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>	23		_X
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28Ь		Х
c	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		X
BAA		Form	990 (	2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance	<del>-</del>		aye
That 4   Clarements Regarding Other Into 1 mings and Tax Compilance		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			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a C			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		<u> </u>
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)?	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country. ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	ĺ	ĺ
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12			ĺ
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11 Section 501(c)(12) organizations. Enter.			r
a Gross income from other members or shareholders.			ŀ
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		

BAA

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.

Sec	tion A.	Governing Body and Management				
	-				Yes	No
1 a	a Enter the	number of voting members of the governing body	1a 11			
ŧ	b Enter the	number of voting members that are independent	1b <u>11</u>			
2	Did any o officer, di	fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	lationship with any other	2		Х
3	Did the or	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	inder the direct supervision	3		Х
4		rganization make any significant changes to its organizational documents	•••	4		X
	since the	prior Form 990 was filed?				
5	Did the oi	rganization become aware during the year of a material diversion of the organization	n's assets?	5		Х
6	Does the	organization have members or stockholders?		6		Х
7 a	Does the	organization have members, stockholders, or other persons who may elect one or r	more members of the	7a		Х
ŀ	Are any o	lecisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7Ь		X
8	Did the oi	rganization contemporaneously document the meetings held or written actions unde	rtaken during the year by			
á		rning body?		8a	$\mathbf{x}$	
ł	b Each com	nmittee with authority to act on behalf of the governing body?		8b	Х	
9	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cai ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	. 9		Х
Sec		Policies (This Section B requests information about policies not	t required by the Interna		!	
Reve	enue Code	,				
					Yes	No
10 a	a Does the	organization have local chapters, branches, or affiliates?		10 a		X
ŀ	o If 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities o thes to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	10 b		
11	Has the o	rganization provided a copy of this Form 990 to all members of its governing body b	pefore filing the form?	11	X	
11 /	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O			
12a	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>
t	Are office to conflict	rs, directors or trustees, and key employees required to disclose annually interests s?	that could give rise	12Ь		
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the pol $\it O$ how this is done	icy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?		13		Х
14	Does the	organization have a written document retention and destruction policy?		14		Χ
15	Did the pr persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?			
a	The organ	nization's CEO, Executive Director, or top management official	ļ	15a		X
Ŀ	Other office	cers of key employees of the organization		15b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 a	Did the or entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similar and the year?	arrangement with a taxable	16a		Х
t	in joint ve	as the organization adopted a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and taken steps to safeguard h respect to such arrangements?		16b		
Sec	tion C.	Disclosures				
17	List the st	ates with which a copy of this Form 990 is required to be filed $ ightharpoonup$ NONE	<b></b>			
18	Section 6 inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) avaıl	able f	or pub	lıc
	Own	website $oxedsymbol{\square}$ Another's website $oxedsymbol{\overline{X}}$ Upon request				
19		in Schedule O whether (and if so, how) the organization makes its governing documes available to the public.	ents, conflict of interest policy	, and	financ	ıal
		name, physical address, and telephone number of the person who possesses the b SLINDE 3069 LINNERUD DRIVE STOUGHTON WI 53589 (608		ızatıo _	n. - – – –	. – –

# 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 organizations'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 employees.'
- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week  Institutional trustee  Individual trustee		Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related				
		trustee	al trustee		уее	Highest compensated employee				organizations
VINCE BLEGEN PRESIDENT	0			X				0.	0.1	0.
AMY ELSNER							-			
VICE PRESIDENT	0							0.	0.	0.
JILL BILHORN										
DIRECTOR	0							0.	0.	0.
LAVERNE PIEPER										
DIRECTOR	0							0.	0.	0.
MARK MCCOY										
DIRECTOR	0							0.	0.	0.
DONNA_OLSON										
DIRECTOR	0							0.	0.	0.
MIKE SMITS										
DIRECTOR	0							0.	0.	0.
DAVID HOUSER										
DIRECTOR	0							0.	0.	0.
NANCY_KEENEY										
DIRECTOR	0			Х				0.	0.	0.
STEVE_SLINDE	_							_	_	_
TREASURER	0			Х				0.	0.	0.
KENT KNUTSON	_								_	_
SECRETARY	0			X				0.	0.	0.
		-					-			
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 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)  (B)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer, director of	or truste	e, k	ey e	mpl	oye	e, o	r hig	hest compensated	d employee			3.7
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  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)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than											3		<u> </u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  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)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable ian \$150	com ).000	pen 12 <i>If</i>	satio 'Ye	on a	ind ( omr	othe <i>lete</i>	r compensation fro Schedule I for su	om uch			
rendered to the organization? If 'Yes,' complete Schedule J for such person  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)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	individual	.u., 🗘 .u.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<i>عر</i>		0011000100010100		4		X
rendered to the organization? If 'Yes,' complete Schedule J for such person  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)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or accrue co	mnensa	ation	fror	n ar	וו ער	nrel	ated	l organization for s	ervices			
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  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	rendered to the organization? If 'Yes,' complete Sch	edule J	for s	uch	per	son	1	atea	organization for s		5		X
compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors												
(A) Name and business address Description of Services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compensate	d indep	ende	ent d	conti	ract	ors	that	received more that	an \$100,000 of			
Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization.							_	· · · · · · · · · · · · · · · · · · ·				
2 Total number of independent contractors (including but not limited to those listed above) who received more than		_							(B)	of Samusas			
	ivame and pusiness address	<u> </u>						-	Description of	ii Services	Compe	працоп	
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	O Tital construction deposits a final construction of the construc			ا له	<u> </u>			ا د ام					
	•		ımıte	a to	เทอ	se i	iste	u ab	ove) wno received	more than			

Pa	nt 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
STS	1a Federated campaigns 1a				
AN	b Membership dues 1 b				
20.0	c Fundraising events 1c				
RA	d Related organizations				
	e Government grants (contributions)				
PROGRAM SERVICE REVENUE ONTRIBUTIONS, GIFTS, GRANTS					
돌	f All other contributions, gifts, grants, and similar amounts not included above 1 f 21, 172.				
<u>₹</u> 6	g Noncash contribus included in lns 1a-1f: \$				
ĕã	h Total. Add lines 1a-1f	21,172.			
<del>_</del>	Business Code	21,1/2.			
EN EN	2a	f	:		İ
Ğ	2a		· ·		
ä					
₹.	d				
4 SE	d				
¥.	e				·
စ္တ	f All other program service revenue				
	3 Investment income (including dividends, interest and other similar amounts)	11,350.	11,350.		
		11,550.	11,330.		
	· · ·			·-· ·-	
	5 Royalties (i) Real (ii) Personal		<del></del>		
	6a Gross Rents				
	b Less, rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	<b>b</b> Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
3	of contributions reported on line 1c).				
OTHER REVENU	See Part IV, line 18 a				
뿔	<b>b</b> Less. direct expenses <b>b</b>				
٥	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19				
	<b>b</b> Less, direct expenses.				
	c Net income or (loss) from gaming activities		·		
	10a Gross sales of inventory, less returns				
	I				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				1
		}	İ		1
	11a		<del></del>		<u> </u>
	b				<del> </del>
	°				
	d All other revenue		-		
	e Total. Add lines 11a-11d	25 - 55 -			<u> </u>
	12 Total revenue. See instructions	32,522.	11,350.	0.	0.

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 i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	205,357.	205,357.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				<del></del>
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	0.	0.	0.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.,	0
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
Ь	Legal				
c	Accounting	525.	525.		
d	l Lobbying				
е	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees	-			
	Other				
_	Advertising and promotion	2,043.	2,043.		
13	Office expenses		· · · · · · · · · · · · · · · · · · ·		
14	Information technology				-
15	Royalties				
16	Occupancy				<del> </del>
17	Travel		-·· · · · · · · · · · · · · · · · ·		<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	522.		522.	
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.)			11	
а	POSTAGE AND SHIPPING	1,182.	1,140.	42.	
	WEBSITE FEE	430.	215.		215
	DUES & SUBSCRIPTIONS	141.		141.	
	MISCELLANEOUS	60.		60.	
e					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	210,260.	209,280.	765.	215
26	Joint costs. Check here  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				

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	244,134.	2	49,875
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
A S S E T	7	Notes and loans receivable, net.		7	
Ē	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis 10a			
	1	Complete Part VI of Schedule D			
	l t	Less accumulated depreciation.		10 c	
	11	Investments - publicly-traded securities	278,914.	11	334,795.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	523,048.	16	384,670.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Ą	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1	1	of Schedule L		22	
Ē	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets	278,762.	27	325,525.
ĒTS	28	Temporarily restricted net assets.	244,286.	28	59,145.
	29	Permanently restricted net assets		29	<u> </u>
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
FUND		lines 30 through 34.			
В	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
ķ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances.	523,048.	33	384,670.
ร	34	Total liabilities and net assets/fund balances,.	523,048.	34	384,670.

BAA Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 $\overline{\mathrm{X}}$ Cash $\overline{}$ Accrual $\overline{}$ Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
١	Were the organization's financial statements audited by an independent accountant?	2b		Х
(	of Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
•	I 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			
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
	o 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.	3b		

BAA

Form **990** (2009)

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

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

OMB No 1545 0047

Open to Public Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization STOUGHTON COMMUNITY FOUNDATION INC 39-1935790 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II С Type III — Functionally integrated Type III- Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1.9 above or IRC section (iv) Is the (vi) Is the (vii) Amount of Support rganization in col (i) listed in your rganization in col (i) organized in the (see instructions)) your support? Yes No Yes Yes No No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support	a the box on the						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	275,933.	170,421.	298,037.	377,727.	21,1	72.	1,143,290.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							0.
4	Total. Add lines 1-through 3	275,933.	170,421.	298,037.	377,727.	21,1	72.	1,143,290.
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)							0.
	Public support. Subtract line 5 from line 4							1,143,290.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4	275,933.	170,421.	298,037.	377,727.	21,172.		1,143,290.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	5,236.	9,505.	13,876.	14,354.	11,3	50.	54,321.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	1,743.	3,815.	2,645.	į			8,203.
11	Total support. Add lines 7 through 10							1,205,814.
12	Gross receipts from related activi	ties, etc. (see inst	ructions)				12	0.
	First five years. If the Form 990 is organization, check this box and	stop here.		, third, fourth, or	fifth tax year as a	section 50	1(c)(3)	<b>▶</b> ∏
	tion C. Computation of Pu					_	•	04.04
	14Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)1415Public support percentage from 2008 Schedule A, Part II, line 1415							94.8 % 95.5 %
16a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b	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.							
17a	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.							
	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.							
	<del></del>							

# Schedule A (Form 990 or 990-EZ) 2009 STOUGHTON COMMUNITY FOUNDATION INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only i	vou checked the	box on line 9	of Part I.)
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Sec	tion A. Public Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold							
	or services performed, or							
	facilities furnished in a 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							
	Total. Add lines 1 through 5							
7 a	2 Amounts included on lines 1, 2, 3 received from disqualified persons							
ŀ	Amounts included on lines 2							
	and 3 received from other than disqualified persons that							
	exceed the greater of 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)					<u> </u>		
	tion B. Total Support	Г	1		1	1		<del></del>
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Total
	Amounts from line 6							
102	I Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							<del></del>
c	: Add lines 10a and 10b							
11	Net income from unrelated business activities not included inline 10b, whether or not the business is							
10	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 Ins 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is organization, check this box and	s for the organiza	tion's first, second	l, third, fourth, oi	fifth tax year as	a section 501	(c)(3)	▶□
Sec	tion C. Computation of Pu		Percentage	<u>'</u>				
	Public support percentage for 200			13. column (f))	<del></del> _		15	%
	Public support percentage from 2	•	•	10, 001411111 (17)			16	%
	tion D. Computation of Inv			e	<del></del>			
17	Investment income percentage for				ın (f))		17	%
18	Investment income percentage fr	om 2008 Schedul	e A, Part III, line 1	17		Ī	18	%
19 a	33-1/3 support tests - 2009. If the more than 33-1/3%, check this bo	e organization did ox and <b>stop here.</b>	not check the bo	x on line 14, and qualifies as a pub	line 15 is more th	ian 33-1/3%, ganization	and line	≥ 17 is not ►
	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly suppor	ted organiza	tion	d line 18
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A	A' (Form 990 or 990-EZ) 2009	STOUGHTON	COMMUNITY	FOUNDATION	N INC	39-1935790	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b	tion. Comple; and Part III,	te this part to line 12. Prov	provide the e ide any other	explanation additional	is required by Part II, lin information. See instruc	ie 10; ctions.
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2009

OMB No 1545 0047

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Open to Public Inspection Employer identification number

% ⊠ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form □Yes 39-1935790 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. STOUGHTON COMMUNITY FOUNDATION INC
Part | General Information on Grants and Assistance Name of the organization Part II

2 Schedule I (Form 990) 2009 (h) Purpose of grant or assistance 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 (g) Description of non cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non cash assistance 165,000 26,943 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations e) EIN 3 Enter total number of other organizations 1 (a) Name and address of organization STOUGHTON YOUTH CENTER 1111111 COLLINS FIELD PROJECT 1111111 11111 | ļ 1 11111

TEEA3901L 02/10/10

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

Page 2 Schedule I (Form 990) 2009 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. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 39-1935790 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant STOUGHTON COMMUNITY FOUNDATION INC (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009

Part III | Grants and ( BAA

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization	Employer identification number						
STOUGHTON COMMUNITY FOUNDATION INC	39-1935790						
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS							
NO REVIEW WAS OR WILL BE CONDUCTED.							
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Schedule <b>O</b> (Form 990) 2009 Name'of the organization	Page 2
	Employer identification number
STOUGHTON COMMUNITY FOUNDATION INC	39-1935790
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# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

STOUGHTON COMMUNITY FO	DUNDATION INC
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39-1935790

NATURE AND SOURCE	2009	2008	2007	2006	2005
CAPITAL GAIN DISTRIB TOTAL	\$ 0.	\$ 0.	2,645. \$ 2,645.	3,815. \$ 3,815.	1,743. \$ 1,743.