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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)

OMB No 1545-0047

2009Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning**and ending****B** Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ated
return
- ☐ Amend-
ed
return
- ☐ Applica-
tion
pending

Please
use IRS
label or
print or
typeSee
Specific
Instruc-
tions**C Name of organization**

WEST BEND COMMUNITY FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

C/O GRTR MILWAUKEE FDN, 101 W. PLEASANT

210

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

MILWAUKEE, WI 53212

F Name and address of principal officer: PATTI DEW

SAME AS C ABOVE

D Employer identification number

39-1971548

E Telephone number

414-272-5805

G Gross receipts \$

7,863,587.

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:** ▶ N/A**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** 1999**M State of legal domicile:** WI**Part I Summary****1** Briefly describe the organization's mission or most significant activities: SEE STATEMENT 1**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

9

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

4

9

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

5

0

6 Total number of volunteers (estimate if necessary)

6

0

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

7a

0.

b Net unrelated business taxable income from Form 990-T, line 34

7b

0.

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

1,746,786.

286,955.

9 Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

21,002.

404,759.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,767,788.

691,714.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

1,048,244.

1,575,420.

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) ▶**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

161,638.

156,003.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

1,209,882.

1,731,423.

19 Revenue less expenses. Subtract line 18 from line 12

557,906.

<1,039,709.>

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

23,937,389.

28,429,879.

21 Total liabilities (Part X, line 26)

1,271,787.

1,583,459.

22 Net assets or fund balances. Subtract line 21 from line 20

22,665,602.

26,846,420.

Part II Signature Block

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

Sign
Here

Signature of officer

Date

11-9-2010

PATTI DEW, ASSISTANT TREASURER

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature ▶

Date

Check if
self-
employed ▶ ☐Preparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4 ▶

EIN ▶

Phone no. ▶

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)

13

give

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE STATEMENT 1

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.

4a (Code:) (Expenses \$ 1,575,420. including grants of \$ 1,575,420.) (Revenue \$)
 SEE STATEMENTS 1 & 3

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses **\$** 1,575,420.

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		
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	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• 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		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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	

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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		
1b	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?	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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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?		
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
b	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).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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		
b Enter the number of voting members that are independent		
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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: **GREATER MILWAUKEE FOUNDATION, INC. - 414-272-5805**
101 W. PLEASANT, STE. 210, MILWAUKEE, WI 53212

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			
SHARON ZIEGLER (2013) PRESIDENT/DIRECTOR		X		X				0.	0.	0.
MARK HAUSER (2011) VICE PRESIDENT/DIRECTOR		X		X				0.	0.	0.
JOHN F. DUWELL (2011) SECRETARY/DIRECTOR		X		X				0.	0.	0.
DANIEL P. JOHNSON (2010) TREASURER/DIRECTOR		X		X				0.	0.	0.
GAYTHA HILLMAN (2010) DIRECTOR		X						0.	0.	0.
JAMES H. SCHLOEMER (2012) DIRECTOR		X						0.	0.	0.
CHRIS CHLUPP (2014) DIRECTOR		X						0.	0.	0.
RAYMOND LIPMAN (2011) DIRECTOR		X						0.	0.	0.
JACK ENEA (2014) DIRECTOR		X						0.	0.	0.
DOUGLAS M. JANSSON ASSISTANT SECRETARY	40.00			X				0.	242,403.	27,703.
PATTI DEW ASSISTANT TREASURER	40.00			X				0.	117,210.	17,389.

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								0.	359,613.	45,092.

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 **0**

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

	Yes	No
3		X
4	X	
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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
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 0		

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						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	286,955.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			286,955.				
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)			435,098.			435,098.	
	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)			<30,339.>			<30,339.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events							
	9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
	Miscellaneous Revenue			Business Code				
	11 a							
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions.			691,714.	0.	0.	404,759.		

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	1,575,420.	1,575,420.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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				
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				
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,630.		32,630.	
g Other				
12 Advertising and promotion				
13 Office expenses	282.		282.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109.		109.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ADMIN FEES PAID TO GRE	118,255.		118,255.	
b BANK CUSTODIAL FEES	4,548.		4,548.	
c OTHER	179.		179.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,731,423.	1,575,420.	156,003.	0.
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	2,500.	1	2,500.
	2 Savings and temporary cash investments	1,259,775.	2	836,236.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	110.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	22,675,114.	11	27,591,033.
	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)	23,937,389.	16	28,429,879.	
Liabilities	17 Accounts payable and accrued expenses	87.	17	109.
	18 Grants payable	1,271,700.	18	1,583,350.
	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		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	1,271,787.	26	1,583,459.
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	22,665,602.	27	26,846,420.
	28 Temporarily restricted net assets		28	
	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	22,665,602.	33	26,846,420.
34 Total liabilities and net assets/fund balances	23,937,389.	34	28,429,879.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 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		
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

WEST BEND COMMUNITY FOUNDATION, INC.

Employer identification number

39-1971548

Part I 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 a 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 ☐ 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).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
GREATER MILWAUKEE FOUNDATION, INC.	39-6036407	8	X		X		X		0.
Total									0.

LHA 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.)

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 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						
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)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
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 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"/>		

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 ► ☐

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

2009Open to Public
Inspection

Name of the organization

WEST BEND COMMUNITY FOUNDATION, INC.

Employer identification number

39-1971548

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	22	
2 Aggregate contributions to (during year)	86,800.	
3 Aggregate grants from (during year)	1,547,340.	
4 Aggregate value at end of year	27,461,918.	
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.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 ▶ \$ _____

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

▶ **Attach to Form 990.**

Name of the organization

WEST BEND COMMUNITY FOUNDATION, INC.

Employer identification number
39-1971548

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?

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
----------------	--

<div style="text-align: right;"> (Form 990) If additional space is needed, check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1. </div>							
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
SEE STATEMENT 3			0.	0.			
2 Enter total number of section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

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

Schedule I (Form 990) 2009

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

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: THE DIRECTORS OF THE WEST BEND COMMUNITY FOUNDATION ARE VERY FAMILIAR WITH THE GRANTEES AND PREDETERMINE THAT THE GRANTEE AGENCIES ARE QUALIFIED TO RECEIVE GRANT PAYMENTS. IN ADDITION, THE STAFF OF THE GREATER MILWAUKEE FOUNDATION VERIFY THE 501(C)(3) STATUS OF THE AGENCIES AND VERIFY THAT THE AGENCIES FURTHER THE CHARITABLE PURPOSES OF THE GREATER MILWAUKEE FOUNDATION.

WITH REGARDS TO THE SCHOLARSHIPS AWARDED BY WEST BEND COMMUNITY FOUNDATION, THE FOUNDATION HAS STRICT REQUIREMENTS REGARDING ELIGIBILITY AND CONFIRMS THAT ALL RECIPIENTS MEET THOSE REQUIREMENTS. SCHOLARSHIPS ARE GENERALLY

Part IV Supplemental Information

DISTRIBUTED TO EDUCATIONAL INSTITUTIONS AND NOT TO INDIVIDUALS.

Area for supplemental information with horizontal lines.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization

WEST BEND COMMUNITY FOUNDATION, INC.

Employer identification number

39-1971548

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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

WEST BEND COMMUNITY FOUNDATION, INC.

Employer identification number

39-1971548

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE

ADMINISTRATIVE & AUDIT COMMITTEE OF THE SUPPORTED ORGANIZATION-GREATER

MILWAUKEE FOUNDATION, INC. BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST

QUESTIONARIES COMPLETED BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE

REVIEWED BY THE CHIEF FINANCIAL OFFICER AND HR DIRECTOR OF THE GREATER

MILWAUKEE FOUNDATION, INC.-THE SUPPORTED ORGANIZATION ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: SEE STATEMENT 2

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON

REQUEST.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**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	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI

[illegible]

Part I, Line 1, Organization's Mission
Part III, Line 1, Statement of Program Service Accomplishments
Part III, Line 4a, Exempt Purpose Achievements

The West Bend Community Foundation, Inc. was formed to operate as a supporting organization described in Sections 501(c)(3) and 509(a)(3) of the Internal Revenue Code to receive contributions from West Bend area residents and distribute them in support of the Greater Milwaukee Foundation. The Greater Milwaukee Foundation is a public charity described in Sections 509(a)(1) of the Internal Revenue Code. As set forth in the West Bend Community Foundation, Inc.'s Articles of Incorporation, "The corporation is organized, and shall be operated exclusively for charitable, religious, educational, scientific, and literary purposes within the meaning of I.R.C. Section 501(C)(3), and exclusively for the benefit of, to perform the functions or, and/or to carry out the purposes of Greater Milwaukee Foundation, a Wisconsin charitable trust organized pursuant to a Declaration of Trust including the carrying on of such of Greater Milwaukee Foundation's programs as the Board of Directors of this corporation from time to time deem to be suitable and appropriate. The phrase 'such of Greater Milwaukee Foundation's programs' means charitable, religious, educational, scientific, and literary projects and activities of the kind that Greater Milwaukee Foundation supports and that are located primarily in the greater West Bend, Wisconsin area."

West Bend Community Foundation, Inc.

**Statement 2
39-1971548**

**2009 Form 990, Schedule O
Form 990, Part VI, Section B, Line 15
Executive Compensation Policy**

Annually, the HR committee of the Greater Milwaukee Foundation requests comparable compensation data from its Director of Human Resources for all foundation positions. The comparable compensation data will generally come from salary survey data provided by the Council on Foundations and specific comparables of similar foundations obtained from other surveys such as Management Research Associates data and the Non Profit Survey conducted by Management Research Associates and Guidestar. The Director of Human Resources will cite comparables in a report and reference where data was obtained.

The HR committee will review the comparable data and make a recommendation to the full board for any changes in the CEO's compensation. The executive committee of the board must make the compensation decision without participation or discussions with the CEO. The CEO may answer questions of the board that may be used in later deliberations and decision making.

The board must document the basis for determination of the CEO'S salary. The documentation must contain the date and terms of the compensation transaction, who was present for the decision and what comparable data was used for the decision. The HR committee will be provided with a checklist to the document process and decision. The HR committee will drive the process for decision making and assure the documentation is obtained and recorded in both the board minutes and the personnel file of the CEO.

A similar process will be used for other positions. However, the CEO and the HR Director will be conferring on most other positions.

West Bend Community Foundation, Inc.

West Bend 990

Schedule 1, Part II. Grants and Other Assistance to Governments and Organizations in the United States

Statement 3
39-1971548

Grantee		Address Information			Amount of Cash Grants		Purpose of Grant or Assistance	
Name of Organization	EIN	Street	City	State	ZIP Code	IRC Section		
Albert Lea Family YMCA	41-1000679	2021 W Main St	Albert Lea	MN	55007	501(c)(3)	500.00	Youth Fund Drive 2009
Alliance Defense Fund	54-1660459	15100 N 90th St	Scottsdale	AZ	85260	501(c)(3)	500.00	sustaining support
American Foundation for Suicide Prevention	13-3393329	120 Wall Street 22nd Floor	New York City	NY	10005	501(c)(3)	5,000.00	sustaining support
American Heart Association - Mhw	13-5613797	660 E Mason St #200	Milwaukee	WI	53202-3630	501(c)(3)	250.00	support of the American Heart Association Heart Walk
American Heart Association - Milw	13-5613797	660 E Mason St #200	Milwaukee	WI	53202-3630	501(c)(3)	5,000.00	support of the American Heart Association heart walk
American Red Cross of West Bend	39-0890909	819 N Schoenharr Dr	West Bend	WI	53090	501(c)(3)	6,500.00	support of the Red Cross dinner
American Red Cross of West Bend	39-0890909	819 N Schoenharr Dr	West Bend	WI	53090	501(c)(3)	1,600.00	sustaining support
Big Brothers/Big Sisters of Washington County	39-1214215	103 South Main Street	West Bend	WI	53095-3353	501(c)(3)	2,650.00	communications upgrade
Big Brothers/Big Sisters of Washington County	39-1214215	103 South Main Street	West Bend	WI	53095-3353	501(c)(3)	1,300.00	support of the BBBS Mentorship event
Big Brothers/Big Sisters of Washington County	39-1214215	103 South Main Street	West Bend	WI	53095-3353	501(c)(3)	1,400.00	sustaining support
Big Brothers/Big Sisters of Washington County	39-1214215	103 South Main Street	West Bend	WI	53095-3353	501(c)(3)	2,650.00	communications upgrade
Big Brothers/Big Sisters of Washington County	39-1214215	103 South Main Street	West Bend	WI	53095-3353	501(c)(3)	1,500.00	sustaining support
Boy Scouts of America Bay Lakes Council	39-1184320	P.O. Box 267	Appleton	WI	54912-0267	501(c)(3)	2,000.00	support of the Tech Club project
Boys & Girls Club of Sparta	39-1978177	1000 E Montgomery S	Sparta	WI	54656	501(c)(3)	5,000.00	support of 2009 Boys & Girls Club 5K Run
Boys & Girls Club of West Bend	39-1773689	925 N Silverbrook Dr	West Bend	WI	53090	501(c)(3)	5,000.00	sustaining support
Boys & Girls Club of West Bend	39-1773689	925 N Silverbrook Dr	West Bend	WI	53090	501(c)(3)	5,000.00	sustaining support
Boys & Girls Club of West Bend	39-1773689	925 N Silverbrook Dr	West Bend	WI	53090	501(c)(3)	400.00	sustaining support
Boys & Girls Club of West Bend	39-1773689	925 N Silverbrook Dr	West Bend	WI	53090	501(c)(3)	900.00	sustaining support
Boys & Girls Club of West Bend	39-1773689	925 N Silverbrook Dr	West Bend	WI	53090	501(c)(3)	2,400.00	sustaining support
Boys & Girls Clubs of Greater Milwaukee	39-0806292	1558 North 6th Street	Milwaukee	WI	53212	501(c)(3)	2,500.00	Sparks Program
Boys & Girls Clubs of Greater Milwaukee	39-0806292	1558 North 6th Street	Milwaukee	WI	53212	501(c)(3)	10,000.00	sustaining support
Boys & Girls Clubs of Sheboygan County	39-1246782	435 N Wisconsin Drive	Sheboygan	WI	53083	501(c)(3)	750.00	sustaining support
Camp Albrecht Acres of the Midwest	42-1125110	P.O. Box 50	Sherrill	IA	52074	501(c)(3)	10,000.00	sustaining support
Canopy Center	51-0211908	2120 Fordem Ave Ste 110	Madison	WI	53704	501(c)(3)	500.00	sustaining support
Casa Guadalupe Education Center	20-4483105	479 N Main Street	West Bend	WI	53095	501(c)(3)	5,000.00	Helping Hispanic Children Achieve Academic Success
Casa Guadalupe Education Center	20-4483105	479 N Main Street	West Bend	WI	53095	501(c)(3)	1,200.00	sustaining support
Casa Guadalupe Education Center	20-4483105	479 N Main Street	West Bend	WI	53095	501(c)(3)	5,000.00	Latino Leadership Program
Casa Guadalupe Education Center	20-4483105	479 N Main Street	West Bend	WI	53095	501(c)(3)	5,000.00	support of educational programs
Cedar Community Foundation, Inc	39-1249432	5595 County Road Z	West Bend	WI	53095	501(c)(3)	2,500.00	support of the Annual Benefit Gala
Cedar Community Foundation, Inc	39-1249432	5595 County Road Z	West Bend	WI	53095	501(c)(3)	1,000.00	the Partners-in-Caring
Cedar Community Foundation, Inc	39-1249432	5595 County Road Z	West Bend	WI	53095	501(c)(3)	2,500.00	sustaining support
Centegra Health System Foundation	36-3196559	385 Millennium Drive	Crystal Lake	IL	60012	501(c)(3)	500.00	sustaining support
Center for Prevention of Abuse	37-1037950	P.O. Box 3855	Peoria	IL	61612	501(c)(3)	5,000.00	"HARTS" and "Mind over Muscle"
Center for Asians and Pacific Islanders	41-1417198	3702 East Lake St Ste 200	Minneapolis	MN	55406	501(c)(3)	1,000.00	sustaining support
Chix 4 a Cause Ltd	83-0427085	6395 Glen Court	West Bend	WI	53095	501(c)(3)	2,500.00	sustaining support
Church Resource Ministries	95-3523150	1240 N Lakeview Ave Suite 120	Anaheim	CA	92807	501(c)(3)	1,800.00	sustaining support
Church Resource Ministries	95-3523150	1240 N Lakeview Ave Suite 120	Anaheim	CA	92807	501(c)(3)	1,000.00	sustaining support
Citizen Advocacy of Washington County	39-1456644	120 North Main Street Ste 350	West Bend	WI	53095	501(c)(3)	2,500.00	support of 2009 Citizen Advocacy Ball
Citizen Advocacy of Washington County	39-1456644	120 North Main Street Ste 350	West Bend	WI	53095	501(c)(3)	2,500.00	sustaining support
Citizen Advocacy of Washington County	39-1456644	120 North Main Street Ste 350	West Bend	WI	53095	501(c)(3)	5,000.00	sustaining support
Citizen Advocacy of Washington County	39-1456644	120 North Main Street Ste 350	West Bend	WI	53095	501(c)(3)	3,600.00	sustaining support
Citizen Advocacy of Washington County	39-1456644	120 North Main Street Ste 350	West Bend	WI	53095	501(c)(3)	10,000.00	sustaining support
CommonBond Communities	41-1260469	328 Kellogg Blvd West	Saint Paul	MN	55102-1900	501(c)(3)	3,200.00	sustaining support
Compassion International	39-2423707	12290 Voyager Parkway	Colorado Springs	CO	80921	501(c)(3)	4,500.00	sustaining support
Compassion International	39-2423707	12290 Voyager Parkway	Colorado Springs	CO	80921	501(c)(3)	650.00	sustaining support
Council for Wisconsin Writers	39-6096997	10535 N Port Washington St #300	Mequon	WI	53092	501(c)(3)	2,500.00	sustaining support
Council on Alcohol and Other Drug Abuse of Washington County	23-7180993	1625 E Washington St #300	West Bend	WI	53095	501(c)(3)	5,000.00	Triathlon expansion
Council on Alcohol and Other Drug Abuse of Washington County	23-7180993	1625 E Washington St #300	West Bend	WI	53095	501(c)(3)	5,000.00	sustaining support
Courage Center	41-0706118	3915 Golden Valley Rd	Minneapolis	MN	55422	501(c)(3)	1,500.00	sustaining support
Crittenton Centers	37-0661506	442 W John Gwynn Jr Ave	Peoria	IL	61605	501(c)(3)	500.00	sustaining support
Dane County Humane Society	39-0806335	5132 Voges Rd	Madison	WI	53718	501(c)(3)	1,000.00	support of the rummage event
Dr. James Albrecht Free Clinic	39-1839654	P.O. Box 632	West Bend	WI	53090	501(c)(3)	15,000.00	annual support
Dr. James Albrecht Free Clinic	39-1839654	P.O. Box 632	West Bend	WI	53090	501(c)(3)	2,000.00	sustaining support
Dr. James Albrecht Free Clinic	39-1839654	P.O. Box 632	West Bend	WI	53090	501(c)(3)	2,000.00	sustaining support
Dr. James Albrecht Free Clinic	39-1839654	P.O. Box 632	West Bend	WI	53090	501(c)(3)	10,000.00	annual support
Dr. James Albrecht Free Clinic	39-1839654	P.O. Box 632	West Bend	WI	53090	501(c)(3)	3,750.00	sustaining support
Drake University	42-0680460	2507 University Avenue	Des Moines	IA	50311	501(c)(3)	3,000.00	support of the Evans Scholars Ouling
Evans Scholars Foundation	36-2518129	1 Briar Road	Golf	IL	60029	501(c)(3)	3,200.00	porch stairs replacement
Exodus Transitional Care Facility	39-1275204	1421 Fond Du Lac Ave	Kewaskum	WI	53040	501(c)(3)	3,000.00	support of Stomp 2009
Family Center of Washington County	39-1670353	1517 Lang Street	West Bend	WI	53090	501(c)(3)	1,000.00	annual support
Family Center of Washington County	39-1670353	1517 Lang Street	West Bend	WI	53090	501(c)(3)	3,000.00	New Parent and Caregiver Support Initiative
Family Center of Washington County	39-1670353	1517 Lang Street	West Bend	WI	53090	501(c)(3)	700.00	sustaining support
Family Center of Washington County	39-1670353	1517 Lang Street	West Bend	WI	53090	501(c)(3)	5,000.00	support of the LeSueur Food Shelf
First Lutheran Church of LeSueur	21-1127818	116 Inner Dr	Le Sueur	MN	56058	501(c)(3)	4,000.00	sustaining support
Fort Wilderness Ministries	36-2781629	PO Box 715 6180 Wilderness Trail	McNaughton	WI	54543	501(c)(3)	3,500.00	sustaining support
Fort Wilderness Ministries	36-2781629	PO Box 715 6180 Wilderness Trail	McNaughton	WI	54543	501(c)(3)		

West Bend Community Foundation, Inc.

2009 Form 990

Schedule 1, Part II- Grants and Other Assistance to Governments and Organizations in the United States

Statement 3
39-1971548

Grantee			Address Information			State	ZIP Code	IRC Section	Amount of Cash Grants	Purpose of Grant or Assistance
Name of Organization	EIN	Street	City							
Friends of Abused Families, Inc	39-1308555	PO Box 117	West Bend	WI		WI	53095-501(c)(3)		2,000.00	support of the Charity Ball
Friends of Abused Families, Inc	39-1308555	PO Box 117	West Bend	WI		WI	53095-501(c)(3)		2,500.00	support of the Pasta Challenge
Friends of Abused Families, Inc	39-1308555	PO Box 117	West Bend	WI		WI	53095-501(c)(3)		5,000.00	sustaining support
Friends of Abused Families, Inc	39-1308555	PO Box 117	West Bend	WI		WI	53095-501(c)(3)		5,000.00	The Family Corner
Friends of Abused Families, Inc	39-1308555	PO Box 117	West Bend	WI		WI	53095-501(c)(3)		2,500.00	sustaining support
Friends of Abused Families, Inc	39-1308555	PO Box 117	West Bend	WI		WI	53095-501(c)(3)		7,000.00	Emergency Shelter & Crisis Intervention Program
Friends of the Monona Senior Center	20-5708358	1011 Nichols Rd	Monona	WI		WI	53716-501(c)(3)		1,000.00	sustaining support
Gilda's Club Madison Wisconsin, Inc	06-1662883	7907 UW Health Court	Middleton	WI		WI	53716-501(c)(3)		2,000.00	sustaining support
Girl Scouts of Wisconsin Southeast, Inc	39-0892833	131 South 69th Street P O Box 14999	Milwaukee	WI		WI	53214-501(c)(3)		1,000.00	support of 4-day regional conference
Girl Scouts of Wisconsin Southeast, Inc	39-0892833	131 South 69th Street P O Box 14999	Milwaukee	WI		WI	53214-501(c)(3)		1,600.00	Camp Silverbrook
Habitat For Humanity Fox Valley	36-3748805	723 Aurora Ave	Aurora	IL		IL	60505-501(c)(3)		10,000.00	sustaining support
Habitat for Humanity of Milwaukee	39-1496741	3726 N. Booth Street	Milwaukee	WI		WI	53212-501(c)(3)		250.00	sustaining support
Habitat for Humanity of Washington County, Inc	39-1908370	279 South 17th Avenue Suite 7	West Bend	WI		WI	53095-501(c)(3)		15,000.00	FORTIFIED Home Proposal
Habitat for Humanity of Washington County, Inc	39-1908370	279 South 17th Avenue Suite 7	West Bend	WI		WI	53095-501(c)(3)		6,000.00	support of the annual dinner event
Hebron House of Hospitality	39-1414365	1601 E Racine Avenue Suite 103	Richfield	WI		WI	53186-501(c)(3)		500.00	support of West Bend High School winter formal
Honours, Inc	39-1430131	209 Polk Street	Slinger	WI		WI	53086-501(c)(3)		1,200.00	sustaining support
Hope Medical Clinic, Inc	38-2469007	PO Box 98031	Ypsilanti	MI		MI	48198-501(c)(3)		2,000.00	sustaining support
HospiceCare, Inc	39-1319537	5395 E Cheryl Pkwy	Madison	WI		WI	53711-501(c)(3)		1,000.00	sustaining support
Independent Living, Inc	39-1186642	815 Forward Dr	Madison	WI		WI	53711-501(c)(3)		1,000.00	sustaining support
Irwins A. & Robert D. Goodman Community Center, Inc	39-1919172	149 Waubesa St	Madison	WI		WI	53704-501(c)(3)		10,000.00	sustaining support
Juleps Family House	37-1159405	1509 N Knoxville Ave	Peoria	IL		IL	61603-501(c)(3)		1,500.00	sustaining support
Junior Achievement of Wisconsin, Inc	39-0826295	6924 North Port Washington Rd	Milwaukee	WI		WI	53217-501(c)(3)		2,500.00	operating support
Juvenile Diabetes Research Foundation Southeastern WI Chapter	23-1907729	3333 N Mayfair Rd Suite 107	Milwaukee	WI		WI	53222-501(c)(3)		1,000.00	support of 2009 Milwaukee Walk / Matt Bucher
Kewaskum Youth Scholarships	39-1529713	P O Box 124	Kewaskum	WI		WI	53040-501(c)(3)		350.00	support of annual scholarship fund
Kewaskum Youth Scholarships	39-1529713	P O Box 124	Kewaskum	WI		WI	53040-501(c)(3)		750.00	sustaining support
Lakeland College	39-0821861	P O Box 359	Sheboygan	WI		WI	53082-0359 501(c)(3)		3,000.00	support of the 1862 Society
Lakeland College	39-0821861	P O Box 359	Sheboygan	WI		WI	53082-0359 501(c)(3)		2,900.00	sustaining support
Leukemia & Lymphoma Society - IL Chapter	13-5644916	651 W Washington Blvd Suite 400	Chicago	IL		IL	60661-501(c)(3)		10,000.00	support of the "Light the Night Walk"
MACC Fund	39-1270290	Suite 135 10000 W Innovation Drive	Milwaukee	WI		WI	53226-4837 501(c)(3)		5,000.00	sustaining support
Medical College of Wisconsin	39-0806261	8701 Watertown Plank Road P O Box 26509	Wauwatosa	WI		WI	53226-0509 501(c)(3)		7,500.00	support of MCW Pro-Am Golf Tournament
Milwaukee Recreation	39-1929112	C/O Blaze Sports 2414 West Mitchell Street	Milwaukee	WI		WI	53204-3025 501(c)(3)		10,000.00	BlazeSports Milwaukee
Moraine Symphony Orchestra	39-1603631	P O Box 52	West Bend	WI		WI	53095-501(c)(3)		1,450.00	sustaining support
Movin' Out, Inc	39-1833482	600 Williamson St	Madison	WI		WI	53703-501(c)(3)		500.00	sustaining support
Muscular Dystrophy Association of SE Wisconsin, Inc	13-1665552	2949 North Mayfair Road #106	Wauwatosa	WI		WI	53222-501(c)(3)		250.00	support of MDA Telethon
Museum of Wisconsin Art	39-1017647	300 S 6th Ave	West Bend	WI		WI	53095-501(c)(3)		11,080.00	sustaining support
Museum of Wisconsin Art	39-1017647	300 S 6th Ave	West Bend	WI		WI	53095-501(c)(3)		25,000.00	sustaining support
Museum of Wisconsin Art	39-1017647	300 S 6th Ave	West Bend	WI		WI	53095-501(c)(3)		1,500.00	sustaining support
Museum of Wisconsin Art	39-1017647	300 S 6th Ave	West Bend	WI		WI	53095-501(c)(3)		25,000.00	annual support
Museum of Wisconsin Art	39-1017647	300 S 6th Ave	West Bend	WI		WI	53095-501(c)(3)		5,000.00	sustaining support
Museum of Wisconsin Art	39-1017647	300 S 6th Ave	West Bend	WI		WI	53095-501(c)(3)		3,500.00	sustaining support
Ozaukee Washington Land Trust, Inc	39-1741288	PO Box 917	West Bend	WI		WI	53095-0917 501(c)(3)		75,000.00	Milwaukee River Project 2009-2013
Ozaukee Washington Land Trust, Inc	39-1741288	PO Box 917	West Bend	WI		WI	53095-0917 501(c)(3)		10,000.00	Milwaukee River Land Protection
Ozaukee Washington Land Trust, Inc	39-1741288	PO Box 917	West Bend	WI		WI	53095-0917 501(c)(3)		600.00	sustaining support
Pacer Center, Inc	41-1306304	8161 Normandale Blvd	Bloomington	WI		WI	53437 501(c)(3)		1,000.00	sustaining support
Potosi Brewery Foundation, Inc	39-2006608	209 S Main St	Potosi	WI		WI	53820 501(c)(3)		10,000.00	the restoration of a historic landmark
Rides & Reins T E C	31-1973639	4371 Arthur Rd	Slinger	WI		WI	53086 501(c)(3)		3,000.00	annual support
Riveredge Nature Center	39-6108549	4458 West Hawthorne Drive P O Box 26	Newburg	WI		WI	53060 501(c)(3)		275.00	sustaining support
Riveredge Nature Center	39-6108549	4458 West Hawthorne Drive P O Box 26	Newburg	WI		WI	53060 501(c)(3)		4,500.00	Riveredge Nature Center
Riveredge Nature Center	39-6108549	4458 West Hawthorne Drive P O Box 26	Newburg	WI		WI	53060 501(c)(3)		3,000.00	sustaining support
Riveredge Nature Center	39-6108549	4458 West Hawthorne Drive P O Box 26	Newburg	WI		WI	53060 501(c)(3)		3,500.00	Riveredge Nature Center
Riveredge Nature Center	39-6108549	4458 West Hawthorne Drive P O Box 26	Newburg	WI		WI	53060 501(c)(3)		3,550.00	sustaining support
Riveredge Nature Center	39-6108549	4458 West Hawthorne Drive P O Box 26	Newburg	WI		WI	53060 501(c)(3)		5,000.00	the purchase of the Ernie Pochert property
Ronald McDonald House of Rochester	41-1344744	850 Second Street SW	Rochester	WI		WI	53060 501(c)(3)		10,000.00	sustaining support
Salvation Army of Greater Milwaukee	39-0806889	11315 W Watertown Plank Road P O Box 26019	Wauwatosa	WI		WI	53226-0019 501(c)(3)		1,600.00	sustaining support
Schaer Arts and Activities Center, Inc	39-1929222	147 N. Rural Street	Hartford	WI		WI	53027 501(c)(3)		300.00	support of Pat McCurdy performance
Schaer Arts and Activities Center, Inc	39-1929222	147 N. Rural Street	Hartford	WI		WI	53027 501(c)(3)		10,000.00	West Bend Outreach Initiatives
Schaer Arts and Activities Center, Inc	39-1929222	147 N. Rural Street	Hartford	WI		WI	53027 501(c)(3)		5,000.00	Schaer/West Bend Arts Education Initiative
Service Club of Milwaukee	39-6027058	PO Box 170468	Milwaukee	WI		WI	53217 501(c)(3)		250.00	support of the Annual Charity Ball
Singer-Allenton Rotary	39-1910402	P O Box 404	Slinger	WI		WI	53806 501(c)(3)		1,000.00	support of the Slinger-Allenton Golf Outing
St. Frances Cabrini Catholic Church	1025 S. Seventh Ave		West Bend	WI		WI	53095 501(c)(3)		250.00	support of the annual dinner auction
St. Joseph's Community Hospital of West Bend, Inc	3200 Pleasant Valley Rd		West Bend	WI		WI	53095 501(c)(3)		350.00	support of the Kathy Hospice
St. Joseph's Community Hospital of West Bend, Inc	3200 Pleasant Valley Rd		West Bend	WI		WI	53095 501(c)(3)		5,000.00	support of Monte Carlo fundraising event
Systems Unlimited, Inc	42-0985205	2533 Scott Blvd	lowa City	IA		IA	52240 501(c)(3)		15,000.00	sustaining support
The Rainbow Project, Inc	39-1422626	831 E Washington Ave	Madison	WI		WI	53703 501(c)(3)		500.00	sustaining support
The Threshold Inc	39-1102430	600 Rolfs Road	West Bend	WI		WI	53090-2699 501(c)(3)		250.00	support of Threshold's "Green Pig" raffle

West Bend Community Foundation, Inc.
2009 Form 990
Schedule I, Part II- Grants and Other Assistance to Governments and Organizations in the United States

Statement 3
39-1971548

Address Information							GranTEE
Name of Organization	City	State	ZIP Code	IRC Section	Amount of Cash Grants	Purpose of Grant or Assistance	
The Threshold Inc	West Bend	WI	53090-2699	501(c)(3)	250 00	support of "Green Pig" raffie	
The Threshold Inc	West Bend	WI	53090-2699	501(c)(3)	2,500 00	support of Threshold Society dinner	
The Threshold Inc	West Bend	WI	53090-2699	501(c)(3)	2,600 00	support of the Threshold Awards Celebration	
The Threshold Inc	West Bend	WI	53090-2699	501(c)(3)	10,000 00	sustaining support	
The Threshold Inc	West Bend	WI	53090-2699	501(c)(3)	1,000 00	sustaining support	
The Threshold Inc	West Bend	WI	53090-2699	501(c)(3)	500 00	sustaining support	
The Threshold Inc	West Bend	WI	53090-2699	501(c)(3)	1,400 00	sustaining support	
The Tyler VoleneC Foundation	Arlington Heights	IL	60006	501(c)(3)	10,000 00	sustaining support	
Trio Opportunities	Kingsford	MI	49802	501(c)(3)	2,000 00	sustaining support	
United Performing Arts Fund, Inc	Milwaukee	WI	53202	501(c)(3)	2,500 00	sustaining support	
United Way of Dane County	Madison	WI	53707	501(c)(3)	1,000 00	sustaining support	
United Way of Dane County	Madison	WI	53707	501(c)(3)	15,000 00	sustaining support	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	6,000 00	sustaining support	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	845 00	support of the annual campaign	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	5,000 00	support of 2008 campaign	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	30,000 00	sustaining support	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	1,000 00	support of 2009 Kick Off Event	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	1,000 00	support of the 2009 Mid Event	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	2,500 00	support of the 2009 Thank You Event	
United Way of Washington County	West Bend	WI	53095	501(c)(3)	30,000 00	annual support	
University of Wisconsin Milwaukee Foundation	West Bend	WI	53095	501(c)(3)	7,000 00	annual support	
University of Wisconsin Milwaukee Foundation	Milwaukee	WI	53202	501(c)(3)	1,000 00	sustaining support	
Volunteer Center of Washington County	West Bend	WI	53095	501(c)(3)	1,000 00	support of the Matt Zillig Lecture Endowment	
Volunteer Center of Washington County	West Bend	WI	53095	501(c)(3)	5,000 00	sustaining support	
Volunteer Center of Washington County	West Bend	WI	53095	501(c)(3)	6,400 00	Hire an Americorps Worker	
Volunteer Center of Washington County	West Bend	WI	53095	501(c)(3)	2,800 00	sustaining support	
Walker Schroeder Aquatic Center, LTD	Brown Deer	WI	53209	501(c)(3)	1,500 00	sustaining support	
Washington County 4-H	West Bend	WI	53095	501(c)(3)	1,400 00	sustaining support	
Washington County Historical Society	West Bend	WI	53095	501(c)(3)	2,100 00	sustaining support	
Washington County Historical Society	West Bend	WI	53095	501(c)(3)	5,000 00	annual support	
Washington County Humane Society	Slinger	WI	53086	501(c)(3)	3,000 00	sustaining support	
Washington County Humane Society	Slinger	WI	53086	501(c)(3)	5,000 00	sustaining support	
Washington County Humane Society	Slinger	WI	53086	501(c)(3)	5,000 00	Barn Buddies Spay/Neuter and Rabies Prevention Program	
Wellcome House of Modification Examples, Inc (Welcome HOME)	West Bend	WI	53090	501(c)(3)	1,150 00	sustaining support	
West Bend Beautification Committee, Inc	West Bend	WI	53095	501(c)(3)	500 00	support of "Gardens of West Bend Tour"	
West Bend Community & Alumni Scholarship Foundation, Inc	West Bend	WI	53095	501(c)(3)	850 00	sustaining support	
West Bend Community & Alumni Scholarship Foundation, Inc	West Bend	WI	53095	501(c)(3)	2,000 00	support of Columns Scholarship program	
West Bend Community & Alumni Scholarship Foundation, Inc	West Bend	WI	53095	501(c)(3)	10,000 00	Milwaukee Symphony Orchestra concert	
West Bend Community & Alumni Scholarship Foundation, Inc	West Bend	WI	53095	501(c)(3)	5,000 00	MSO Holiday Concert	
West Bend Friends of Parks and Recreation	West Bend	WI	53095	501(c)(3)	5,000 00	support of the West Bend Dog Park	
West Bend Friends of Sculpture, Inc	West Bend	WI	53095	501(c)(3)	5,000 00	sustaining support	
West Bend Friends of Sculpture, Inc	West Bend	WI	53095	501(c)(3)	5,000 00	sculpture project	
West Bend Gridiron Club	West Bend	WI	53095	501(c)(3)	5,000 00	support of baseball diamond improvements	
West Bend High Schools	West Bend	WI	53095	Government	24,000 00	Scholarship/Sherri Blendarra	
West Bend High Schools	West Bend	WI	53095	Government	24,000 00	Scholarship/Andrew Kolb	
West Bend High Schools	West Bend	WI	53095	Government	24,000 00	Scholarship/Matthew Wisby	
West Bend High Schools	West Bend	WI	53095	Government	24,000 00	Scholarship/John Lapota	
West Bend High Schools	West Bend	WI	53095	Government	24,000 00	Scholarship/Nicholas Jordan	
West Bend Public Schools Foundation, Inc	West Bend	WI	53095	501(c)(3)	500 00	support of Gala Dinner Auction	
West Bend Public Schools Foundation, Inc	West Bend	WI	53095	501(c)(3)	45,000 00	West Bend High Schools Physical Education	
West Bend Sunrise Rotary	West Bend	WI	53095	501(c)(3)	2,000 00	support of Enchantment in the Park	
West Bend Sunrise Rotary	West Bend	WI	53095	501(c)(3)	2,000 00	support of the Rotary fundraiser	
West Bend Sunrise Rotary	West Bend	WI	53095	501(c)(3)	10,000 00	support of Enchantment in the Park	
West Bend Sunrise Rotary	West Bend	WI	53095	501(c)(3)	5,000 00	Kettle Moraine Jazz Festival	
West Bend Sunrise Rotary	West Bend	WI	53095	501(c)(3)	2,000 00	support of Enchantment in the Park	
West Bend Trailblazers (West Bend Economic Development Corp)	West Bend	WI	53095	501(c)(3)	10,000 00	support of Enchantment in the Park	
West Bend Trailblazers (West Bend Economic Development Corp)	West Bend	WI	53095	501(c)(3)	(50,000 00)	Riverwalk underpass development	
Wildwood Hills Ranch	St. Charles	IA	50240	501(c)(3)	15,000 00	sustaining support	
Wisconsin Breast Cancer Showhouse, Inc	Milwaukee	WI	53217	501(c)(3)	500 00	sustaining support	
Wisconsin Children's Center	Madison	WI	53703	501(c)(3)	5,000 00	sustaining support	
Wisconsin Foundation for Independent Colleges	Milwaukee	WI	53212	501(c)(3)	2,000 00	sustaining support	
Wood County Head Start, Inc	Wisconsin Rapids	WI	54495	501(c)(3)	1,000 00	sustaining support	
YMCA of Eau Claire	Eau Claire	WI	54701	501(c)(3)	1,500 00	sustaining support	
YMCA of Greater St. Paul	Minneapolis	MN	55413	501(c)(3)	5,000 00	2009 Y Partners Campaign	

Grantee		Address Information					State	ZIP Code	IRC Section	Amount of Cash Grants	Purpose of Grant or Assistance
Name of Organization	EIN	Street	City								
YMCA of Kettle Moraine	39-1175559	1111 W Washington St	West Bend	WI		53095	501(c)(3)		5,000.00	sustaining support	
YMCA of Kettle Moraine	39-1175559	1111 W Washington St	West Bend	WI		53095	501(c)(3)		500,000.00	Capital Campaign	
YMCA of Kettle Moraine	39-1175559	1111 W Washington St	West Bend	WI		53095	501(c)(3)		300.00	sustaining support	
YMCA of Kettle Moraine	39-1175559	1111 W Washington St	West Bend	WI		53095	501(c)(3)		2,860.00	the Friends of Y Campaign	
YMCA of Kettle Moraine	39-1175559	1111 W Washington St	West Bend	WI		53095	501(c)(3)		100,000.00	the Family Adventure Pool addition	
YMCA of Kettle Moraine	39-1175559	1111 W Washington St	West Bend	WI		53095	501(c)(3)		2,500.00	2009 Friends of Y Scholarship Program	
YMCA of Metropolitan Milwaukee	39-0806314	Suite 4 161 W Wisconsin Ave	Milwaukee	WI		53203-2601	501(c)(3)		250.00	support of Strong Kids Campaign at Camp Matawa	
YMCA of Madison, Inc	39-0806303	101 E Mifflin Street	Madison	WI		53703-2824	501(c)(3)		1,000.00	sustaining support	
YMCA of West Central Michigan	38-1359578	25 Sheldon bld SE	Grand Rapids	MI		49503	501(c)(3)		1,000.00	sustaining support	
Total							108	\$	1,575,420	organizations	