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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

_		ue Service The organization may have to use a copy of unit return to satisfy state repr				AEA		ic iliabección	
		2009 calendar year, or tax year beginning 7/01 , 2009, and end	ing	6/	30		, 2010		
В	Check if	applicable Please use					fication Nur	nber	
	Add	ess change (IRS tabel WHITEWATER COMMUNITY FOUNDATION			39-	1815	<u> 260 </u>		
	Nan	or print PO BOX 403			E Telepho	lephone number			
	Initia	See WHITEWATER, WI 53190							
	Terr	nnation tions.							
	⊢	ended return			G Gross r	eceints 9		209,278.	
		lication pending F Name and address of principal officer	H(a)) Is this	a group retur			Yes X No	
		SAME AS C ABOVE			Il affiliates inc			Yes No	
	Tax	exempt status X 501(c) (3) (insert no) 4947(a)(1) or 527	┥	If 'No,	' attach a list	(see inst	tructions)	٠٠٠ الــا	
<u>-</u> -		site: N/A	┥						
<u></u>) Group	exemption n				
K D		of organization Corporation Trust Association Other ► L Year of Form	nation		IVI :	state of le	egal domicile		
Pa		Summary		3 T T			T17 FT11		
		Briefly describe the organization's mission or most significant activities <u>ENHANCE</u>					<u>TN MH</u>	TEWATER	
9	_	<u>AREA VIA EDUCATIONAL, CULTURAL, CHARITABLE OR BENEVOI</u>	FFNI	FX	SENDIA	TRE?			
Activities & Governance	-								
Ver.	2 -								
8		Check this box • if the organization discontinued its operations or disposed of ratumber of voting members of the governing body (Part VI, line 1a)	more	than	25% of its	assets I e I	i	0	
∞ 5		lumber of voting members of the governing body (Part VI, line 1a)		•		4		8	
les		otal number of employees (Part V, line 2a)		•		5			
ž		otal number of employees (Fart V, line 2a)				6			
Act		otal gross unrelated business revenue from Part VIII, column (C), line 12.			•	7a		0.	
-		let unrelated business taxable income from Form 990-T, line 34		•		7b		0.	
_	7.3		\neg		Prior Year	1 1 2	C		
	8 (Contributions and grants (Part VIII, line 1h)	-		332,8	222	Curr	66, 320.	
en l		Program service revenue (Part VIII, line 2g) RECEIVE	ח		332,0	, 22.		00,320.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		70	21,2	251		22,041.	
Re								22,041.	
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue – add lines 8 through 11 (must equal Part VIII, adjumn (A), line 52) 20)10H	SO-9	354,0	173		88,361.	
		Grants and similar amounts paid (Part IX, column (A), lines 1 3)		8	89,2		~	60,026.	
		Benefits paid to or for members (Part IX, column (A), line 4)		-1 ==				007020.	
		Galaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			- 1				
9		Professional fundraising fees (Part IX, column (A), line 11e)							
ë			 				1,1,2		
Expenses		otal fundraising expenses (Part IX, column (D), line 25) ▶	-	5 2 2 2			Juc.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).	L	3,050.			2,577.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	L		92,345.			62,603.	
	19 F	Revenue less expenses. Subtract line 18 from line 12	L		261,	728.		25,758.	
ъŝ)	Begi	inning of \	ear	End	of Year	
Net Assets or Fund Balances	20	otal assets (Part X, tine 16)			847,			903,966.	
A P	21	otal liab(lities (Part X, line 26)				0.		1.	
S.F	22 1	let assets or fund balances. Subtract line 21 from line 20	Γ		847,	580.		903,965.	
Pa	n'il	Signature Block							
		Under penalties of perium trieclare that I have examined this return, including accompanying schedules and s	tateme	ents an	d to the hest	of my kno	wledge and	helief it is	
		Under penalties of perjunct declare that I have examined this return, including accompanying schedules and strue, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre	eparer l	has any	knowledge	,y	omougo ana	50	
Sig	ın	P ()		1	11.	-11.	- (0		
He	re	Spoature of officer			ate				
		RUSSELL W DEVITT	ĭ		PRESI	DENT			
		Type or print name and title							
		Date Date			Check if	Pr	eparer's ide	ntifying number	
Pai	id	L. Shundan CA 1	,	!	self-		_		
Pre		Preparer's signature DUANE R SCHAUB	10	Į'	employed	L- 41	4 PE	03055	
pai	rer's	COUNTY C COMPANY TYC							
Ųs		Lyours if self.		\dashv			46-0	512715	
On	ly	employed), address, and ENT TREET							
		ZIP+4 WHITEWATER, WI 53190		!	Phone no	(262	2) 472		
_		S discuss this return with the preparer shown above? (see instructions)					X Ye		
RΔ	A Fort	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	\sim		TEFA0113	12/20	/00 Eo	rm 990 (2009)	

	n 990 (2009) WHITEWATER COMMUNITY FOUNDATION	39-1815260				
રહા	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission ENHANCE QUALITY OF LIFE IN WHITEWATER AREA VIA EDUCATIONAL, CULTU BENEVOLENT EXPENDITURES		R			
2	Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	the prior Yes X] No			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser if 'Yes.' describe these changes on Schedule O	vices? Yes X] No			
4		s by expenses. Section 501(d allocations to others, the t	c)(3) otal			
4:	WHITEWATER COMMUNITY FOUNDATION - GENERAL FUND ENHANCE QUALITY OF LIFE IN WHITEWATER AREA VIA EDUCATIONAL, CHARITABLE, OR BENEVOLENT EXPENDITURES	CULTURAL,				
41	WEILER MEMORIAL SCHOLARSHIP FUND SCHOLARSHIPS FOR GRADUATES OF WHITEWATER AND PALMYRA-EAGLE PURSUING TECHNICAL/ENGINEERING DEGREES	HIGH SCHOOLS				
40	C (Code (Cod	PREFERÊNCE TO	T			
40	d Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$					
4 €	e Total program service expenses ► 0.	<u>, </u>				

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Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A. 2 Х Is the organization required to complete Schedule B. Schedule of Contributors? 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 Х 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. Х 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V. Х 10 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X 11 X as applicable • 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No 12 year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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* 14b X 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Х 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х

Form 990 (2009) WHITEWATER COMMUNITY FOUNDATION

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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		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? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
		200		<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	38		X
-		_		

Form 990 (2009) WHITEWATER COMMUNITY FOUNDATION
Part V. Statements Regarding Other IRS Filings and Tax Compliance

				Tes	No					
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a (ر گُرُدُّ ر		Agrice?					
t	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (12.40							
c	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	ີ ໄດ້. 1c							
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a (ر مراجع مراجع الر							
2t	of at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2 b		<u> </u>					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	urn. (see instructions)		4	200					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the yea this return?	r covered by	3a		х					
t	of 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b							
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over, a inancial account)?	4a		х					
t	If 'Yes,' enter the name of the foreign country			,	45.5					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts									
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	5a		X					
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X					
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	itity Regarding Prohibited	5c							
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization .	6 a		x					
t	If 'Yes,' did the organization include with every solicitation an express statement that such condeductible?	ontributions or gifts were no	ot 6b							
7	Organizations that may receive deductible contributions under section 170(c).		*****		學學					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and p provided to the payor?	eartly for goods and services	7a		X					
t	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	7c		х					
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	E Service	26321	3.					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur benefit contract?	ns on a personal	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7f		Х					
ç	$oldsymbol{\mathfrak{g}}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as i	required? .	7g							
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fori	•	7h	1 6 4	4 - 15 -					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	785 8							
9	Sponsoring organizations maintaining donor advised funds.		1977.	车编辑						
	Did the organization make any taxable distributions under section 4966?		9a	7 2.6	, , ,					
	Did the organization make any distribution to a donor, donor advisor, or related person?		9b							
	Section 501(c)(7) organizations. Enter.		j 22.	13. 6	2.33					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		10 10 10 10 10 10 10 10 10 10 10 10 10 1						
t	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106	- 147 1484							
11	·	······································								
а	Gross income from other members or shareholders	11 a	200		中语					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь		7 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12a							
t	off 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12Ь	' ,		<u> </u>					

BAA

Form 990 (2009)

Governing Body and Management

Section A.

Yes No

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.

1 a	Enter the number of voting members of the governing body	1a 8	J. 3.	3.3						
t	b Enter the number of voting members that are independent 1b 8									
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee?	elationship with any other	2	669	X					
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision on?	3		X					
	Did the organization make any significant changes to its organizational documents		4		X					
	since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		_X					
6	Does the organization have members or stockholders?	,	6		X					
7 a	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7 a		X					
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?										
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.										
a The governing body?										
t	Each committee with authority to act on behalf of the governing body?		8ь	X						
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		х					
	tion B. Policies (This Section B requests information about policies not	required by the Internai	,							
Reve	enue Code.)	· · · · · · · · · · · · · · · · · · ·	-	г ., -						
	December of the last of the la			Yes	No					
	a Does the organization have local chapters, branches, or affiliates?		10 a		<u>X</u>					
	old 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?		10b		<u></u>					
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?										
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O										
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X					
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	ļ						
(Does the organization regularly and consistently monitor and enforce compliance with the possible of how this is done	olicy? If 'Yes,' describe in	12 c							
	Does the organization have a written whistleblower policy?		13	<u> </u>	X					
14	Does the organization have a written document retention and destruction policy?		14	1.550	X					
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?	4							
	The organization's CEO, Executive Director, or top management official .		15 a	<u> </u>	X					
ł	Other officers of key employees of the organization		15 b	<u></u>	X					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)									
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a	المُعْمَدُ اللهِ	X					
t	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	n to evaluate its participation I the organization's exempt	16b	生生						
Sec	tion C. Disclosures									
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, a inspection Indicate how you make these available. Check all that apply Own website Another's website X Upon request	and 990-T (501(c)(3)s only) a	vaılab	le for	public					
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest po statements available to the public										
	State the name, physical address, and telephone number of the person who possesses the	books and records of the org		ion - – –						

Page 7

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	(c)				(D)	(E)	(F)			
Name and Title	Average hours per week		Position (check		_			Reportable compensation from	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation	
	, , , , , , , , , , , , , , , , , , , ,	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W 2/1099 MISC)	from the	
		tor to	onal		ploye	ee				organization and related organizations	
		istee	truste		ď	pens					
			řě			ited	<u> </u>				
DR. LEE ALLENSTEIN											
DIRECTOR	0	Х		<u> </u>	ļ		<u> </u>	0.	0.	0.	
RANDY_CRUSE DIRECTOR	0	X						0.			
RUSSELL W DEVITT		^	Н					0.	0.	0.	
CHAIRMAN	0	X	i	x				0.	0.	0.	
JAMES COBURN											
DIRECTOR	0	X		_				0.	0.	0.	
DON_HALE	_										
DIRECTOR	0	Х			<u> </u>			0.	0.	0.	
CHERYL LEE DIRECTOR	0	X						0.	0.	0	
JOHN NEWHOUSE				 -	ļ			0.	U.	0.	
SECRETARY	0	x		x	ļ			0.	0.	0.	
CHARLES SHARINE											
DIRECTOR	0	X			<u> </u>	ļ		0.	0.	0.	
				ļ							
		-		<u> </u>	-	<u> </u>					
						ļ 	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
					ŀ						
			Н		-		<u> </u>				
							П				
		ļ									
		 				_					

(A) Name and Title Average Position (check all that apply) Reportable compensation from the compensation from	ont.)
Name and Title Average Properties Pro	
Total of the control	other ition e ion ted
	ons
	_
1 b Total.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable comper 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 3	
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	1/1/
 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 	X
Section B. Independent Contractors	<u> </u>
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.	
(A) Name and business address (B) Description of Services Compensation	tion
2 Total number of independent contractors (including but not limited to those listed above) who received more than	73, 10

Pài	ŧ۷	Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Σ <u>Σ</u>	1 a	Federated campaigns		1a			Tank to some and		
A P	b Membership dues			1 b				38	
S, G	C	: Fundraising events		1 c			地。 空、 经	إلى عيدانية المنظمة ال	148831133
F	d Related organizations		1 d		一个是这个人的		1. 15 美国		
Š.S.	e Government grants (contributions)			1 e		· 中国		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included	rants, and above	1 f	66,320.				
E S	-	Noncash contribns included in	ins 1a-1f	\$_					
	h	Total. Add lines 1a-1f				66,320.	特殊的特別。	The state of the s	"是我是是我
₩				_	Business Code	عقائل المستشارة	عقاقة عاسة	語は企立に発酵	MEET LEED
PROGRAM SERVICE REVENUE	2 a b c c e f	All other program service							
Ä.		Total. Add lines 2a-2f			•			1. 大學學學學	新經濟學學
	3	Investment income (incother similar amounts) Income from investmen	•		•	26,958.	26,958.		
	5	Royalties			. •	2 -1 2 -2	2001 4	di a vivi Segue - 1 1 1	
	_		(i) R	eal	(ii) Personal	The state of the s		The Value of the V	
		Gross Rents .			<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less rental expenses					1	" \$ 1 (1 e e e e e e e e e e e e e e e e e	
i		: Rental income or (loss)		···	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		THE PARTY OF THE P
	d Net rental income or (loss)				, >	- 1 3 - 6 - 5 - 1 E 6 - 1 E	in to the Secret Start's	्रक्त कर स्टब्स्ट्रक्ट र १९५७ इस्ट्रेस्ट्रिक्ट स्टब्स्ट्रक्ट र १९५७	whate a class contact to works
	7 a	Gross amount from sales of			(II) Other	PARTY AND THE PA		25 强强制度	
		assets other than inventory	116,	. 000 .	-		62		
	t	Less: cost or other basis	100	017			The second second		
	_	and sales expenses		917.			The state of the s		
		Gain or (loss) .	-4	917.	·1	4 017			上了其代。可以於其意思
		Net gain or (loss)		•		-4,917.	-4,917.	L.F. Bras. 187 an	a. disa si sasanan
OTHER REVENUE	8 <i>a</i>	Gross income from function (not including \$							
<u> </u>		of contributions reported	u on line	10)			阿斯	The Market	
		See Part IV, line 18	•	a	<u> </u>		* * * * * * * * * * * * * * * * * * *	The state of	
5		Less direct expenses		. [· · · · · · · · · · · · · · · · · · ·	رود أسلاف فالمطلال للمنه		APPENDED TO THE PERSON OF THE	Cont. T. Market
		: Net income or (loss) fro			vents		36 -2 - 3 (2/242)-4	- N. 5. 18 the 1872 Co. B. 1	1974 PEREN SIGNAS
		Gross income from gam See Part IV, line 19	ning activi	ities. . a					
		Less: direct expenses)L	Marchael Salar		mine to the Salation of the	The Allegan Street
		: Net income or (loss) fro	_	-	ities	200 E 2 5 5 5 5 5 5	150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 65- 16- 15	
		Gross sales of inventory and allowances		urns a					
		Less cost of goods sold		b	·L	أحاشك تاشقلك	المراشية المنافعة	3	二次
		Net income or (loss) fro		of inver					
}		Miscellaneous Reveni	·		Business Code	Are the second	عَنْ عُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ م	length	
	11 a								<u> </u>
	b			- – –			ļ		
	C			· – –					
ļ	d All other revenue.						2-7 H. S.	12 may 2 mg 2 mg	
		Total. Add lines 11a-116			•	20.051	=()	1. 12 m 4 m 1 x 1 m	- 西班牙沙姆
	12	Total revenue. See insti	ructions			88,361.	22,041.	0.	0.

Page 10

PantiX 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).

	All Other Organizations must com		(E)	(0)	(0)
	not include amounts reported on lines 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	36,780.	36,780.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,246.	23,246.		
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			The same of the sa	16. 3. 45.
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			[L
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)				
ā	Management				
	Legal				
(Accounting	1,325.		1,325.	
	Lobbying				
•	Prof fundraising svcs See Part IV, In 17		AND AREA SE		
f	Investment management fees				
ç	Other				
12	Advertising and promotion				}
13	Office expenses	277.		277.	
14	Information technology	1			
15	Royalties		}	1	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u> </u>
21	Payments to affiliates		 		
22	Depreciation, depletion, and amortization	L	 	 	
23	Insurance		CE-08-14-08-14-08-1	ACON YOUR STATE COME.	
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
;	TRUST FEES	600.		600.	
I	INSURANCE	207.	l	207.	
	INVESTMENT FEES	124.		124.	
	PO BOX	44.		44.	
(
1	All other expenses			<u> </u>	
25	Total functional expenses. Add lines 1 through 24f	62,603.	60,026.	2,577.	0.
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation	<u> </u>	1		Form 990 (2009)

BAA

Form 990 (2009)

		(A) Beginning of year		(B) End of year
\top	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments .	570,880.	2	560,003.
1	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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))	· · · · · · · · · · · · · · · · · · ·		よる を できない おかび
ı	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	
1	0a Land, buildings, and equipment cost or other basis. 10a		35 m	
1	Complete Part VI of Schedule D		建建	
1	b Less ¹ accumulated depreciation		10 c	
1	1 Investments – publicly-traded securities	276,700.	11	343,963.
1	2 Investments – other securities See Part IV, line 11 .		12	
1	3 Investments – program-related. See Part IV, line 11		13	
1	4 Intangible assets		14	
1	5 Other assets See Part IV, line 11		15	
1	6 Total assets Add lines 1 through 15 (must equal line 34)	847,580.	16	903,966.
1	7 Accounts payable and accrued expenses		17	
1	8 Grants payable .		18	
1	9 Deferred revenue		19	
2	Tax-exempt bond liabilities		20	
2	1 Escrow or custodial account liability Complete Part IV of Schedule D		21	
2	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
.	of Schedule L		22	
2	3 Secured mortgages and notes payable to unrelated third parties .		23	
2	4 Unsecured notes and loans payable to unrelated third parties		24	
2	5 Other liabilities. Complete Part X of Schedule D		25	1.
_ 2	6 Total liabilities. Add lines 17 through 25	0.	26	1.
	Organizations that follow SFAS 117, check here X and complete lines			可以
	27 through 29 and lines 33 and 34.	EXECUTE SET	4 13	
1 -	7 Unrestricted net assets	847,580.	27	903,965.
- 1	8 Temporarily restricted net assets		28	ļ
2	9 Permanently restricted net assets .	The second of th	29	15.12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
- 1	Organizations that do not follow SFAS 117, check here		20	上海等的
١.	lines 30 through 34.		STATE OF	
1 .	O Capital stock or trust principal, or current funds		30	ļ
3	1 Paid-in or capital surplus, or land, building, and equipment fund		31	
ì (2 Retained earnings, endowment, accumulated income, or other funds		32	
] 3	3 Total net assets or fund balances.	847,580.	33	903, 965.
<u>, 13</u>	4 Total liabilities and net assets/fund balances .	847,580.	34	903,966.

TEEA0111L 01/30/10

T Mariotal Otatoments and Topolog			
		Yes	No
1 Accounting method used to prepare the Form 990. X 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?	2a		_X
b Were the organization's financial statements audited by an independent accountant?	2b		X
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?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			2.2
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			3.5
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
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.	3 b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ΉĮ	TEWATER C	COMMUNI	TY FOUNDATION	N					39-18	15260			
arl	I Reasor	າ for Pu	blic Charity Stati	us (All organizations	must i	comple	te this	part.)	See ir	nstructi	ons		
he c	rganization is	not a pri	vate foundation beca	use it is: (For lines 1 thre	ough 11,	check o	nly one	box.)					
1	A church,	conventi	on of churches or as:	sociation of churches des	scribed in	section	170(b)	(i)(A)(i)					
2	A school	described	in section 170(b)(1)	(A)(ii). (Attach Schedule	E)								
3	A hospita	l or coope	erative hospital service	ce organization described	d in secti	on 170(l	χΑχΓχα	iii).					
4	A medica	l research	n organization operat	ed in conjunction with a	hospital	describe	d in sec	tion 17	0(b)(1)(A)(iii) . En	ter the hos	oital's	
	name, cit	y, and sta	ate [.]										
5	☐ 170(b)(1)((A)(iv). (0	Complete Part II)	t of a college or universi			-	-	nmental	unit des	scribed in se	ection	
6 7	An organi	ization tha		governmental unit desci a substantial part of its s Part II.)					t or from	the ger	neral public	describ	ed
8	[in]			170(b)(1)(A)(vi). (Comple	ete Part	II.)							
9	An organiz	zation that ities relate nt income	normally receives (1)	more than 33-1/3 % of its ins – subject to certain exc ess taxable income (less	support	from cont and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from gross	5	er
10	An organ	zation or	ganized and operated	d exclusively to test for p	ublic saf	ety. See	section	509(a)	(4).				
11	An organ more pub describes	ization or licly supp the type	ganized and operated orted organizations of supporting organ	d exclusively for the bend described in section 509 ization and complete line	efit of, to (a)(1) or es 11e th	perform section rough 11	the fun 509(a)(2 th	ctions (2). See	of, or car section	rry out th 509(a)(3)	ne purposes). Check th	of one e box t	or hat
	а Птур		b Type II	_	III — Fun					d 🗌	Type III-		
е	By check than foun 509(a)(2)	idation ma	ox, I certify that the canagers and other the	organization is not contro an one or more publicly	olled dired supporte	ctly or in d organi	directly zations	by one describi	or more ed in sec	disquali ction 509	fied persor (a)(1) or se	ns othe ction	r
f	If the org	anızatıon s box	received a written de	etermination from the IRS	S that is	a Type I	Type II	or Typ	e III sup	porting o	organization		
g	Since Au	gust 17, 2	2006, has the organiz	ation accepted any gift	or contril	oution fro	от апу	of the f	ollowing	persons	? _		
												Yes	No
	(i) a pe	erson who	o directly or indirectly	controls, either alone or supported organization?	togethe	r with pe	rsons d	escribe	d ın (ıı) a	and (III)	1100		
			nber of a person des				•				11g(i) 11g(ii)	\dashv	
	• •	-	•	on described in (i) or (ii) a	ahova?					•	11 g (iii)	-	
h			• '	the supported organizat			•				1197		
	(i) Name of Su		(ii) EIN		T	10.46-	60 Data		6.5.1	T	6.00 0		
	Organizat	ion	(1) 2114	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning iment?	the organ	ou notify ization in (i) of ipport?	(vi) I organizati (i) organiz U S	on in col	(vii) Amount	or Suppo	irt
					Yes	No	Yes	No	Yes	No			
						<u> </u>							
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		 .											
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 200		ER COMMUNIT			39-181		Page 2
Par	Support Schedule for	_			b)(1)(A)(iv) an	d 170(b)(1	<u>)(A)(</u>	vi)
Can	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t I.)				
	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') .	90,772.	191,268.	200,760.	332,822.	66,3	20.	881,942.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							0.
4	Total. Add lines 1-through 3	90,772.	191,268.	200,760.	332,822.	66,3	20.	881,942.
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).						The state of the s	417,078.
6	Public support. Subtract line 5 from line 4							464,864.
Sec	tion B. Total Support	L. A. Total Control	LAND TO THE TOTAL OF THE PARTY	1 15. 1 4. 10 4. 24. 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.18-2-12.10 - DATE	E CHEST A STANKE	.2.4.	404,004.
Cale	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009 (f) To		(f) Total
7	Amounts from line 4 .	90,772.	191,268.	200,760.	332,822.	66,3	20.	881,942.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated	15,485.	19,362.	30,707.	24,451.	26,9	58.	116,963.
	business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).							0.
11	Total support. Add lines 7 through 10						1	998,905.
12	Gross receipts from related activ	vities, etc. (see in:	structions)				12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3) . ▶ □
	tion C. Computation of Pu			····				
14 15	Public support percentage for 20 Public support percentage from	2008 Schedule A.	Part II, line 14	, , , , , , , , , , , , , , , , , , , ,			14 15	46.5% 44.7%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and	the line 14 is 33	-1/3 % or mo	ore, ch	eck this box
	33-1/3 support test — 2008. If th and stop here. The organization	e organization did	I not check a box	on line 13, or 16a				
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in	Part	IV how
b	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.							IV how the ►
18 BAA	Private foundation. If the organi				a, or 17b, check th	nis box and s	ee ins	tructions ► □ 0 or 990-EZ) 2009

Partill 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 (a) 2005 **(b)** 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the 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 yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here • Section C. Computation of Public Support Percentage 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 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A	(Form 990 o	r 990-EZ) a	TUM GOOD	TEMMIEK	COMMONT	II FOOND	ALION	39	~1613260	Page 4
Pań IV	Suppleme Part II, lin	e ntal Info e 17a or	rmation. (17b; and l	Complete t Part III, lin	his part to e 12. Prov	provide t vide any o	he explanat ther addition	ions required nal informati	by Part II, I on. See instr	ine 10; uctions.
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			. 							
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			· 							
			. -							
		· 								

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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

2009 Open to Publication

OMB No 1545-0047

Name of the organization

Employer Identification number

ыш	THELIAMED COMMINITAN COUNDANTON	·	, ,		
WHITEWATER COMMUNITY FOUNDATION					
Pa	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Fund Form 990, Part IV, line 6.		815260 Complete	ıf
		(a) Donor advised funds	(b) Funds ar	nd other acco	ounts
1	Total number at end of year	4			
2	Aggregate contributions to (during year)	5,000.			
3	Aggregate grants from (during year) .	3,900.	····		
4	Aggregate value at end of year	232,120.	— <u></u>		
_	,				
5	funds are the organization's property, subject	-	•	X	No No
6	used only for charitable purposes and not for purpose conferring impermissible private bene		any other	XYes	No
Pa	Conservation Easements Comple	ete if the organization answered 'Yes' to	Form 990, Pa	rt IV, line 7	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)			
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation of	an historically imp	ortant land a	rea
	Protection of natural habitat	Preservation of	certified historic st	ructure	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in t	he form of a conse	rvation easei	ment on the
			Held a	t the End of	the Year
	a Total number of conservation easements		2 a		
	b Total acreage restricted by conservation easer	nents	2 b		
	c Number of conservation easements on a certif	ied historic structure included in (a)	2c		
	d Number of conservation easements included in	n (c) acquired after 8/17/06	2 d		
3		transferred, released, extinguished, or terminate	ed by the organizati	on during the	e tax
4	Number of states where property subject to co	nservation easement is located ►			
5	and enforcement of the conservation easemer		•	Yes	☐ No
6 7	during the year ►	ng, inspecting, and enforcing conservation ease			-
,	during the year	specting, and enforcing conservation easement	\$ 		_
8	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec		Yes	☐ No
9	conservation easements	conservation easements in its revenue and expens o the organization's financial statements that de	escribes the organiz	ation's accor	and unting for
Pa	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Similar A	ssets	
1	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	ic exhibition, education, or research in furtherar	nt and balance she	et works of a e, provide, in	art, historical Part XIV,
ا	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement a ic exhibition, education, or research in furtherar	nd balance sheet was of public services	orks of art, i e, provide the	nistorical e following
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items			
	a Revenues included in Form 990, Part VIII, line		•	\$	
	b Assets included in Form 990, Part X	,	•	\$	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2009 WHITE				39-18			Page 2	
Part III Organizations Maintai	ining Collections	of Art, Histor	rical Treasures, o	r Other Similar As	sets (co	ntınu	ed)	
3 Using the organization's acquisititems (check all that apply):	on accession and oth	er records, checl	cany of the following	that are a significant i	use of its co	ollectio	חכ	
a Public exhibition		d Loan o	r exchange programs					
b Scholarly research		e 🔲 Other		·- · · · · · · · · · · · · · · · · · ·				
c Preservation for future gener	c Preservation for future generations							
4 Provide a description of the organization Part XIV			•		ose in			
5 During the year, did the organiza assets to be sold to raise funds r					Yes		No	
Escrow and Custodia 9, or reported an amo	unt on Form 990,	Part X, line 2	ganization answe	ered 'Yes' to Form	990, Pari 	: IV, I 	ine 	
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or oth	ner intermediary	for contributions or of	ther assets not	Yes	Г	No	
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the followin	ng table	•	L •3	L	٦,,,,	
Dir (co, copiani me arrangoment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 1		Amount			
c Beginning balance				1c	7 11110 4111			
d Additions during the year				1 d				
e Distributions during the year			•	1e				
f Ending balance				1f	_			
2a Did the organization include an a	mount on Form 990.	Part X. line 21?		L	Yes		No	
b If 'Yes,' explain the arrangement				••		L.	٦	
Partiv Endowment Funds Co		ation answere	d 'Yes' to Form 9	90. Part IV. line 10	<u> </u>			
	(a) Current year	(b) Prior year	(c) Two years ba			our years	back	
1 a Beginning of year balance			V-150 4 1 1 2				1	
b Contributions				这种中国企业等的	第 27 5 5	Es Sa	泛流型	
c Net Investment earnings, gains, and losses								
d Grants or scholarships			きにはは		是一种		15	
 Other expenditures for facilities and programs 						が記さ		
f Administrative expenses			要はないまたが、	元 4 元 6 元 6 元 6 元 6 元 6 元 6 元 6 元 6 元 6	54 T. C. T.	Sequence !		
g End of year balance .			"是一个"。		1000	349	THE STATE OF	
2 Provide the estimated percentage		ance held as:						
a Board designated or quasi-endov	vment >	8						
b Permanent endowment ►								
c Term endowment ▶								
3a Are there endowment funds not i	in the possession of t	he organization t	hat are held and adm	ninistered for the	_			
organization by:						Yes	No	
(i) unrelated organizations				•	3a(i)			
(ii) related organizations					3a(ii)			
b If 'Yes' to 3a(II), are the related of	-	•			3b		L	
4 Describe in Part XIV the intended				(10				
Raft VII Investments—Land, B					1			
Description of investment	. (a) Cost	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) B(ook Va	ilue	
1a Land .				学生: 产生	F			
b Buildings					1			
c Leasehold improvements								
d Equipment					1			
e Other					1			
Total. Add lines 1a through 1e (Colum	n (d) must equal Forr	n 990 Part X co	olumn (R) line 10(c)		•		0.	

TEEA3302L 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 WHITEWATER COMMUN		39-1815260 Page 3
Part VII Investments—Other Securities See Fo	(b) Book value	ne 12. N/A (c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives .		
Closely-held equity interests .		
Other		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments—Program Related (See	Form 990 Part X I	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·		Cost of end-of-year market value
	·····	
	-	
		
<u></u>		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)	<u> </u>	一次語者に対し、経験には必然には対けには、所能を被称してきた
Part. IX 1 Other Assets (See Form 990, Part X,		The state of the s
(a) De	escription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), I	ine 15).	>
Part X: Other Liabilities (See Form 990, Part		
(a) Description of Liability	(b) Amount	
Federal Income Taxes	(2)	
ROUNDING		1.
		- The state of the
		The state of the s
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	<u></u>	1. 图:
2. FIN 48 Footnote In Part XIV, provide the text of the foofor uncertain tax positions under FIN 48	tnote to the organization	n's financial statements that reports the organization's liability

Page 3

Schedule D (Form 990) 2009 WHITEWATER COMMUNITY FOUNDATION	39-181	5260	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII. Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	3.5.		
a Net unrealized gains on investments	16.00		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (December of Death VIVA			
e Add lines 2a through 2d	2e		
	3		
3 Subtract line 2e from line 1	388		
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b 4b			
c Add lines 4a and 4b			
	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		N / A	
Part XIIIA Reconciliation of Expenses per Audited Financial Statements With Expenses	Jer Kell	III N/A	
1 Total expenses and losses per audited financial statements	1 14883		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities . 2a			
b Prior year adjustments . 2b			
c Other losses			
d Other (Describe in Part XIV).			
e Add lines 2a through 2d	2e	_ 	
3 Subtract line 2e from line 1	3 3550		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	7.54		
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV)			
c Add lines 4a and 4b.	4c		
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18).	5	L	
Pant XIV. Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete the information.	t IV, lines s part to p	1b and 2b, forovide any a	Part V, dditional
			. – – – –

Schedule D (Form 990) 2009 WHITEWATER COMMUNITI_	LOUNDALION	39-1815260	Page 5
Schedule D (Form 990) 2009 WHITEWATER COMMUNITY Part XIVE Supplemental Information (continued)			
			-
	•		•
			. .
			. – – – –

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

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SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

% (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 39-1815260 (g) Description of non-cash 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? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 36,260 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance 20-4223389 (b) EIN WHITEWATER COMMUNITY FOUNDATION 3 Enter total number of other organizations WHITEWATER, WI 53190 1 (a) Name and address of organization DOWNTOWN WHITEWATER, INC or government 1 162 W MAIN ST Part II

Schedule I (Form 990) 2009

TEEA3901, 02/10/10

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

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. 39-1815260 WHITEWATER COMMUNITY FOUNDATION Schedule 1 (Form 990) 2009

Page 2

(f) Description of non-cash assistance Randwa Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) ELIGABILITY AND SELECTION CRITERIA IS DETERMINED BY THE COMMUNITY FOUNDATION AND/OR RECORDS ARE MAINTAINED BY THE ADMINISTRATIVE TRUSTEE OF THE ORGANIZATION. GRANTEE (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED 23,246. (c) Amount of cash grant 15 (a) Type of grant or assistance DONOR ADVISED FUND. SCHOLARSHIPS

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

WHITEWATER COMMUNITY FOUNDATION	39-1815260
FORM_990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
JAMES CRUMMEY SCHOLARSHIP FUND	
SCHOLARSHIPS FOR GRADUATES OF WHITEWATER HIGH SCHOOL	
ELIZABETH PARENTEAU SCHOLARSHIP FUND	
PROVIDE SCHOLARSHIPS TO WHITEWATER HIGH SCHOOL GRADUATES	S ACTIVE IN FORENSICS
ROSEMARY GOEGLEIN SCHOLARSHIP FUND	
PROVIDE SCHOLARSHIPS TO WHITEWATER HIGH SCHOOL GRADUATES	<u> </u>
DAVID AND ROSEMARIE ZELL SCHOLARSHIP FUND	
PROVIDES SCHOLARSHIPS TO GRADUATES OF WHITEWATER HIGH SO	CHOOL MAJORING IN
ENGINEERING_OR_MATHEMATICS	
VERONICA HOOKSTEAD-WEST SCHOLARSHIP FUND	
PROVIDES SCHOLARSHIPS TO GRADUATES OF WHITEWATER HIGH SC	CHOOF
JEAN BROMAN OLSON SCHOLARSHIP FUND	
PROVIDES SCHOLARSHIPS TO GRADUATES OF WHITEWATER HIGH SC	CHOOL PURSUING ADEGREE
IN_ART	
I I NDA STIMPSON MEMORIAL SCHOLARGHER FUND	
LINDA STIMPSON MEMORIAL SCHOLARSHIP FUND	
PROVIDES SHCOLARSHIPS TO WHITEWATER HIGH SCHOOL GRADUATE	<u> </u>
BURTON_H_HELDT_SCHOLARSHIP_FUND	
SCHOLARSHIPS FOR GRADUATES OF WHITEWATER HIGH SCHOOL	

Schedule O (Form 990) 2009 Name of the organization	Employer identification number
WHITEWATER COMMUNITY FOUNDATION	39-1815260
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)
SAM AND ANN SOFFA SCHOLARSHIP FUND	
PROVIDE SCHOLARSHIPS FOR GRADUATES OF WHITEWATER HIGH SC	HOOL
WHITEWATER SCHOOL UNIFIED SCHOOL ENDOWMENT FUND	
PROVIDE FUNDING FOR SCHOLARSHIPS AND OTHER NEEDS OF THE	WHITEWATER UNIFIED
SCHOOL DISTRICT	
LORI DWYER SCHOLARSHIP FUND	
PROVIDE SCHOLARSHIPS FOR GRADUATES OF WHITEWATER HIGH SC	HOOL
A & L KUSKE DRAMA SCHOLARSHIP FUND	
PROVIDES SCHOLARSHIPS TO GRADUATES OF WHITEWATER HIGH SC	HOOL PURSUING A DRAMA
DEGREE.	
MARGARET NICHOLAS SCHOLARSHIP FUND	
PROVIDE SCHOLARSHIPS TO GRADUATES OF WHITEWATER HIGH SCH	OOL WHO HAVE A FARMING
BACKGROUND	
RANDY LYON SCHOLARSHIP FUND	
PROVIDE SCHOLARSHIPS TO WHITEWATER HIGH SCHOOLGRADUATES	WHO PARTICIPATED IN
TRACK AND FIELD ATHLETICS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
·	

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
WHITEWATER COMMUNITY FOUNDATION	39-1815260
•	•
<u> </u>	