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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

2010

Open to Public Inspection

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

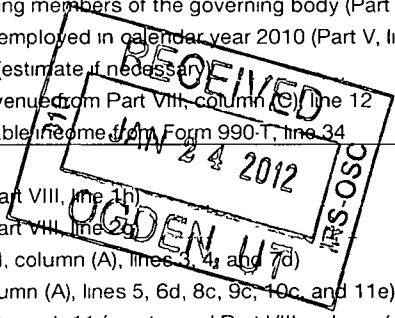
A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.		D Employer identification number 39-1711388
	Doing Business As		E Telephone number 608-758-0883
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 26 S JACKSON ST		G Gross receipts \$ 19,257,177.
	City or town, state or country, and ZIP + 4 JANESVILLE, WI 53548-3838		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer JAMES FINLEY SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website ▶ WWW.CFSW.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1991
			M State of legal domicile WI

Part I Summary

SCANNED FEB 06 2012
 Activities & Governance

1 Briefly describe the organization's mission or most significant activities THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC. IS A TAX-EXEMPT NOT-FOR-PROFIT			
2 Check this box <input type="checkbox"/> 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 14		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14		
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 10		
6 Total number of volunteers (estimate if necessary)	6 200		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
7b 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	
	2,335,391.	1,908,700.	
	9 Program service revenue (Part VIII, line 2a)	337,096.	319,377.
		937,218.	1,241,873.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,069.	39,428.
		3,619,774.	3,509,378.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,732,245.	1,734,959.
		0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	252,994.	261,913.
		0.	0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	531,561.	530,973.	
	2,516,800.	2,527,845.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,102,974.	981,533.	
	1,732,245.	1,734,959.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	63,903.		
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	0.	0.	
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,903.	531,561.	530,973.	
	2,516,800.	2,527,845.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,102,974.	981,533.	
	2,516,800.	2,527,845.	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,102,974.	981,533.	
	1,102,974.	981,533.	
19 Revenue less expenses - Subtract line 18 from line 12	24,567,469.	28,806,296.	
	24,567,469.	28,806,296.	
20 Total assets (Part X, line 16)	3,374,797.	3,761,202.	
	3,374,797.	3,761,202.	
21 Total liabilities (Part X, line 26)	21,192,672.	25,045,094.	
	21,192,672.	25,045,094.	
22 Net assets or fund balances - Subtract line 21 from line 20	Beginning of Current Year	End of Year	
	24,567,469.	28,806,296.	



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 <i>James H. Finley</i>		Date 1-18-12
	Type or print name and title JAMES FINLEY, CHAIR		
Paid Preparer Use Only	Print/Type preparer's name GLENN MILLER, CPA	Preparer's signature <i>Glenn Miller</i>	Date 1/12/12
	Firm's name ▶ WEGNER CPA'S, LLP	Firm's EIN ▶	Check if self employed <input type="checkbox"/> PTIN
Firm's address ▶ 2110 LUANN LN MADISON, WI 53713-3098		Phone no 608-274-4020	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

916 18

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Form 990 (2010)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

Input box for Schedule O check

1 Briefly describe the organization's mission

THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC. IS A TAX-EXEMPT NOT-FOR-PROFIT PHILANTHROPIC GRANTING ORGANIZATION THAT MATCHES PERSONAL PHILANTHROPY WITH COMMUNITY NEEDS THROUGH GRANTS AND SCHOLARSHIPS FROM ENDOWED AND NON-ENDOWED FUNDS.

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 (X) 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 (X) No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by 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 \$ 1,358,382. including grants of \$ 1,065,592.) (Revenue \$ 195,043.) THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN CURRENTLY HAS OVER 500 FUNDS SUPPORTING A VARIETY OF CHARITABLE INTERESTS INCLUDING THE ARTS, EDUCATION, THE ENVIRONMENT, HEALTH AND HUMAN SERVICES, AND HISTORIC PRESERVATION. DURING THE YEAR THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN PROVIDED GRANTS TO MORE THAN 350 AREA NONPROFIT ORGANIZATIONS TO SUPPORT THEIR CHARITABLE ACTIVITIES.

4b (Code) (Expenses \$ 853,343. including grants of \$ 669,367.) (Revenue \$ 124,334.) THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN ADMINISTERS A VARIETY OF SCHOLARSHIP FUNDS THAT WERE ESTABLISHED BY INDIVIDUALS, CIVIC ORGANIZATIONS, AND BUSINESSES THROUGHOUT OUR SERVICE AREA. EACH SCHOLARSHIP IS UNIQUE AND SUPPORTS STUDENTS WITH A VARIETY OF BACKGROUNDS, AGES, EDUCATIONAL GOALS, AND ECONOMIC LEVELS. DURING THE YEAR THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN PROVIDED SCHOLARSHIPS TO MORE THAN 400 STUDENTS FOR POST-SECONDARY EDUCATION.

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 2,211,725.

COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.

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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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d 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
b 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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	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
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
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?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		N/A
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		N/A
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		N/A
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.**

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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
7b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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 **WI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **TINA LORENZ - 608-758-0883**
26 S JACKSON ST, JANESVILLE, WI 53548-3838

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
DAVID MACDOUGALL CHAIR	2.00	X		X				0.	0.	0.
JAMES FINLEY VICE CHAIR	2.00	X		X				0.	0.	0.
RONALD SPIELMAN SECRETARY	1.00	X		X				0.	0.	0.
ELIZABETH SIEGERT TREASURER	2.00	X		X				0.	0.	0.
JAMES CRIPE IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
BARBARA DAUS DIRECTOR	1.00	X						0.	0.	0.
RICHARD GRUBER DIRECTOR	1.00	X						0.	0.	0.
MELITA GRUNOW DIRECTOR	1.00	X						0.	0.	0.
CAROL HATCH DIRECTOR	1.00	X						0.	0.	0.
DICK JAEGAR DIRECTOR	1.00	X						0.	0.	0.
STEVEN OLSEN DIRECTOR	1.00	X						0.	0.	0.
TOM ROWE DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SANDERS DIRECTOR	1.00	X						0.	0.	0.
STEVEN SHEIFFER DIRECTOR	1.00	X						0.	0.	0.
CERE TURNER DIRECTOR	1.00	X						0.	0.	0.
SUE CONLEY EXECUTIVE DIRECTOR	40.00			X				75,315.	0.	5,612.

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Form 990 (2010)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Sub-total							75,315.	0.	5,612.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							75,315.	0.	5,612.	

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**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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**

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Form 990 (2010)

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,879.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,864,821.				
	g Noncash contributions included in lines 1a-1f \$		340,453.				
	h Total. Add lines 1a-1f		1,908,700.				
	Program Service Revenue	2 a ADMINISTRATIVE PROGRAM	Business Code 523991	319,377.	319,377.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			319,377.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		652,127.			652,127.
	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				
		16288009					
		b Less cost or other basis and sales expenses		15698263			
		c Gain or (loss)		589,746.			
	d Net gain or (loss)			589,746.		589,746.	
	8 a Gross income from fundraising events (not including \$ 43,879. of contributions reported on line 1c) See Part IV, line 18	a		88,964.			
		b Less direct expenses		49,536.			
		c Net income or (loss) from fundraising events			39,428.		39,428.
9 a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	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						
	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.			3,509,378.	319,377.	0.	1281301.	

**COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.**

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Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,065,592.	1,065,592.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	669,367.	669,367.		
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	78,242.	16,744.	38,202.	23,296.
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	158,197.	41,521.	93,188.	23,488.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,961.		5,961.	
9 Other employee benefits	2,717.		2,717.	
10 Payroll taxes	16,796.	4,357.	9,023.	3,416.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,245.		8,245.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	564.		564.	
12 Advertising and promotion				
13 Office expenses	23,554.	2,418.	11,653.	9,483.
14 Information technology				
15 Royalties				
16 Occupancy	63,234.	1,523.	59,203.	2,508.
17 Travel	8,081.	5,495.	2,586.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,946.		2,234.	1,712.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,066.		4,066.	
23 Insurance	3,599.		3,599.	
24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a INVESTMENT AND ADMINIST	393,377.	393,377.		
b MISCELLANEOUS EXPENSES	17,067.	11,331.	5,736.	
c MEMBERSHIP DUES	5,240.		5,240.	
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses Add lines 1 through 24f	2,527,845.	2,211,725.	252,217.	63,903.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.

Form 990 (2010)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	180,109.	1	29,678.
	2	Savings and temporary cash investments	3,600.	2	88,551.
	3	Pledges and grants receivable, net	122,318.	3	109,523.
	4	Accounts receivable, net	1,600.	4	16,031.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	145.	9	1,580.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 53,111.		
	b	Less accumulated depreciation	10b 35,230.	10c 18,923.	17,881.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	22,036,716.	12	26,026,685.
	13	Investments - program related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,204,058.	15	2,516,367.
16	Total assets. Add lines 1 through 15 (must equal line 34)	24,567,469.	16	28,806,296.	
Liabilities	17	Accounts payable and accrued expenses	14,097.	17	26,579.
	18	Grants payable	1,388,483.	18	1,418,271.
	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	1,972,217.	25	2,316,352.
	26	Total liabilities. Add lines 17 through 25	3,374,797.	26	3,761,202.
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	18,750,878.	27	22,298,742.
	28	Temporarily restricted net assets	2,441,794.	28	2,746,352.
	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	21,192,672.	33	25,045,094.
	34	Total liabilities and net assets/fund balances	24,567,469.	34	28,806,296.

Form 990 (2010)

COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.

Form 990 (2010)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,509,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,527,845.
3	Revenue less expenses Subtract line 2 from line 1	3	981,533.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,192,672.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,870,889.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,045,094.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 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 separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.** Employer identification number **39-1711388**

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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(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)

(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	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

COMMUNITY FOUNDATION OF SOUTHERN

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1861151.	1883939.	1629384.	2335391.	1908700.	9618565.
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	1861151.	1883939.	1629384.	2335391.	1908700.	9618565.
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						9618565.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1861151.	1883939.	1629384.	2335391.	1908700.	9618565.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	708,778.	755,921.	630,770.	521,734.	652,127.	3269330.
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						12887895.
12 Gross receipts from related activities, etc. (see instructions)					12	1,919,722.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	74.63 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	77.18 %
16a 33 1/3% support test - 2010. 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 checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

SCCHEDULE 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

2010

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.**

Employer identification number
39-1711388

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	58	32
2 Aggregate contributions to (during year)	131,616.	127,272.
3 Aggregate grants from (during year)	301,727.	71,314.
4 Aggregate value at end of year	3,360,779.	1,563,765.
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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes" explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,431.	596.	835.
d Equipment		51,680.	34,634.	17,046.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				17,881.

COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.

Schedule D (Form 990) 2010

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Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED INVESTMENT FUNDS	26,026,685.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	26,026,685.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS	2,516,367.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,516,367.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITIES ASSOCIATED WITH	
(3) CHARITABLE REMAINDER TRUSTS	5,987.
(4) DISCOUNT FOR FUTURE INTEREST	3,857.
(5) LIABILITY FOR AMOUNTS HELD FOR	
(6) OTHERS	2,306,508.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,316,352.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053
12-20-10

Schedule D (Form 990) 2010

COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.

Schedule D (Form 990) 2010

39-1711388 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,509,378.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,527,845.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	981,533.
4	Net unrealized gains (losses) on investments	4	2,558,580.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	312,309.
9	Total adjustments (net) Add lines 4 through 8	9	2,870,889.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	3,852,422.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	6,383,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,558,580.
b	Donated services and use of facilities	2b	3,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	312,309.
e	Add lines 2a through 2d	2e	2,873,889.
3	Subtract line 2e from line 1	3	3,509,378.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,509,378.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,530,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	3,000.
3	Subtract line 2e from line 1	3	2,527,845.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,527,845.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE

REMAINDER TRUSTS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.** Employer identification number **39-1711388**

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

COMMUNITY FOUNDATION OF SOUTHERN

Schedule G (Form 990 or 990-EZ) 2010 WISCONSIN, INC.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BLUES AND OTHER COLORS (event type)	WOMEN'S FUND LUNCHEON (event type)	9 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	24,348.	20,919.	87,576.	132,843.
	2	Less Charitable contributions	3,561.	16,419.	23,899.	43,879.
	3	Gross income (line 1 minus line 2)	20,787.	4,500.	63,677.	88,964.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		725.		725.
	7	Food and beverages	3,106.	2,164.		5,270.
	8	Entertainment	2,000.	1,050.		3,050.
	9	Other direct expenses	3,607.	460.	36,424.	40,491.
	10	Direct expense summary Add lines 4 through 9 in column (d)				(49,536)
	11	Net income summary Combine line 3, column (d), and line 10				39,428.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			(_____)
	8	Net gaming income summary Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

COMMUNITY FOUNDATION OF SOUTHERN

Schedule G (Form 990 or 990-EZ) 2010 WISCONSIN, INC.

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- 11. Does the organization operate gaming activities with nonmembers?
12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13. Indicate the percentage of gaming activity operated in:
a The organization's facility
b An outside facility
14. Enter the name and address of the person who prepares the organization's gaming/special events books and records

Yes No checkboxes and a table with columns 13a, 13b and percentages.

Name [arrow] _____

Address [arrow] _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [Yes/No]

- b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party

Name [arrow] _____

Address [arrow] _____

16 Gaming manager information

Name [arrow] _____

Gaming manager compensation [arrow] \$ _____

Description of services provided [arrow] _____

- [] Director/officer [] Employee [] Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN**

Employer identification number
39-1711388

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERYONE COOPERATING TO HELP OTHERS, INC. - 65 S HIGH ST - JANESVILLE, WI 53548-3842	39-1222279	501(C)(3)	27,974.	0.			GENERAL SUPPORT
YMCA OF NORTHERN ROCK COUNTY, INC. 221 DODGE ST JANESVILLE, WI 53548-3885	39-0806368	501(C)(3)	25,100.	0.			GENERAL SUPPORT
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - 54 S JACKSON ST - JANESVILLE, WI 53548-3837	39-0806383	501(C)(3)	8,850.	0.			GENERAL SUPPORT
GREEN COUNTY FAMILY YMCA, INC. 1307 2ND ST MONROE, WI 53566-1169	39-1405623	501(C)(3)	7,866.	0.			GENERAL SUPPORT
MONROE ARTS CENTER, INC. 1315 11TH ST MONROE, WI 53566-1744	39-1209502	501(C)(3)	7,638.	0.			GENERAL SUPPORT
MONROE THEATRE GUILD, INC. N2360 JORDAN ST JUDA, WI 53550-9772	39-1253448	501(C)(3)	16,676.	0.			CAPITAL CAMPAIGN

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

▶ 39.
▶ 1.

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

Schedule I (Form 990) (2010)

**COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.**

39-1711388

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
MONROE WOMAN'S CLUB 304 25TH AVE MONROE, WI 53566-1253	23-7426828	501(C)(7)	55,000.	0.			CHRISTMAS STOCKING PROGRAM
ROTARY GARDENS, INC. 1455 PALMER DR JANESVILLE, WI 53545-5215	39-1775351	501(C)(3)	45,681.	0.			GENERAL SUPPORT
THE SALVATION ARMY 514 SUTHERLAND AVE JANESVILLE, WI 53545-2448	36-2167910	501(C)(3)	8,200.	0.			GENERAL SUPPORT
SCHOOL DISTRICT OF JANESVILLE-ADAMS SCHOOL BREAKFAST CLUB - 1138 E MEMORIAL DR - JANESVILLE, WI 53545-1837	39-6002726	GOVERNMENT ENTIT	7,650.	0.			TIM CULLEN INTERNSHIP PROGRAM AND FOOD DRIVES
SCHOOL DISTRICT OF MONROE 925 16TH AVE MONROE, WI 53566-1763	39-6003491	GOVERNMENT ENTIT	6,090.	0.			GENERAL SUPPORT
ST. JOHN VIANNEY CATHOLIC CHURCH 1245 CLARK ST JANESVILLE, WI 53545-4903	39-0927293	501(C)(3)	12,350.	0.			GENERAL SUPPORT
THE GATHERING PLACE OF MILTON, INC. - 715 CAMPUS LN - MILTON, WI 53563-1738	39-1699315	501(C)(3)	12,480.	0.			GENERAL SUPPORT
UNITED WAY OF NORTH ROCK COUNTY, INC. - 205 N MAIN ST STE 101 - JANESVILLE, WI 53545-3062	39-6006734	501(C)(3)	23,649.	0.			GENERAL SUPPORT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ROCK COUNTY, INC. - 1735 S WASHINGTON ST - JANESVILLE, WI 53546-6203	39-0808510	501(C)(3)	7,490.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF JANESVILLE, INC. - 200 W COURT ST - JANESVILLE, WI 53545-3886	39-1645796	501(C)(3)	22,250.	0.			GENERAL SUPPORT
JANESVILLE YOUTH BASEBALL AND SOFTBALL ASSOCIATION, INC. - 1401 WOODMAN RD - JANESVILLE, WI 53545-1063	39-6075557	501(C)(3)	54,658.	0.		CONSTRUCTION OF YOUTH BASEBALL COMPLEX	
THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM - 2100 1ST AVE N STE 700 - BIRMINGHAM, AL 35203-4223	63-1209631	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CREEKSIDE PLACE, INC. 102 MAPLE ST EYANVILLE, WI 53536-1423	20-8509682	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DARLINGTON COMMUNITY SCHOOLS 11630 CENTER HILL RD DARLINGTON, WI 53530-9231	39-6001618	GOVERNMENT ENTIT	5,128.	0.			GENERAL SUPPORT
ELKHORN AREA SCHOOL DISTRICT 3 N JACKSON ST ELKHORN, WI 53121-1905	39-6023761	501(C)(3)	5,281.	0.			GENERAL SUPPORT
GOOD SHEPARD LUTHERAN CHURCH 118 E MASON ST LENA, IL 61048-9709	36-2592109	501(C)(3)	14,000.	0.			GENERAL SUPPORT
GRANT COUNTY HISTORICAL SOCIETY 129 E MAPLE ST LANCASTER, WI 53813-1765	39-6076413	501(C)(3)	16,104.	0.			GENERAL SUPPORT
HEALTHNET OF JANESVILLE, INC. 23 W MILWAUKEE ST STE 208 JANESVILLE, WI 53548-2981	39-1778804	501(C)(3)	6,594.	0.			GENERAL SUPPORT

LHA

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEDBERG PUBLIC LIBRARY 316 S MAIN ST JANESVILLE, WI 53545-3912	39-6005473	GOVERNMENT ENTITY	9,496.	0.			GENERAL SUPPORT
HOUSE OF MERCY 320 LINCOLN ST JANESVILLE, WI 53548-4616	39-0816848	501(C)(3)	6,240.	0.			GENERAL SUPPORT
JANESVILLE EXCELLENCE IN EDUCATION FOUNDATION, INC. - 464 MIDLAND RD - JANESVILLE, WI 53546-2345	27-3617707	501(C)(3)	5,500.	0.			GENERAL SUPPORT
LANCASTER ASSOCIATION OF CHURCHES, INC. - 225 S MADISON ST - LANCASTER, WI 53813-1777	47-0936907	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MERRILL AREA CHAMBER OF COMMERCE FOUNDATION, INC. - 705 N CENTER AVE - MERRILL, WI 54452-1275	20-1891431	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MILTON COMMUNITY ACTION GROUP, INC. - 36 HILLTOP DR - MILTON, WI 53563-1402	39-1640238	501(C)(3)	53,183.	0.			GENERAL SUPPORT
MILTON FFA ALUMNI ASSOCIATION, INC. - 114 W HIGH ST - MILTON, WI 53563-1699	39-1671644	501(C)(3)	7,300.	0.			GENERAL SUPPORT
MILTON SENIOR HIGH SCHOOL 114 W HIGH ST MILTON, WI 53563-1699	39-6031414	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NEW GLARUS VISION, INC. 501 1ST ST NEW GLARUS, WI 53574-8908	39-1804366	501(C)(3)	5,506.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLATTEVILLE MAIN STREET PROGRAM, INC. - 20 S 4TH ST - PLATTEVILLE, WI 53818-3200	39-1964461	501(C)(3)	5,971.	0.			GENERAL SUPPORT
SCHOOL DISTRICT OF JAMESVILLE 527 S FRANKLIN ST JAMESVILLE, WI 53548-4779	39-6002726	GOVERNMENT ENTIT	20,323.	0.			GENERAL SUPPORT
SHELTERBOX USA 8374 MARKET ST STE 203 LAKEWOOD RANCH, FL 34202-5137	20-0471604	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE SHARING FOUNDATION, INC. 42 PALMER WAY CARLISLE, MA 01741-1547	01-0518534	501(C)(3)	6,700.	0.			GENERAL SUPPORT
UNITED WAY OF GREEN COUNTY, INC. 1505 9TH ST MONROE, WI 53566-1425	39-6060531	501(C)(3)	9,683.	0.			GENERAL SUPPORT
VILLAGE OF SOUTH WAYNE 107 E CENTER ST SOUTH WAYNE, WI 53587-9696	39-6006374	GOVERNMENT ENTIT	16,877.	0.			GENERAL SUPPORT
WOMEN'S CARE CENTER, INC. 360 N NOTRE DAME AVE SOUTH BEND, IN 46617-2314	35-1609945	501(C)(3)	16,600.	0.			GENERAL SUPPORT

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Schedule I (Form 990) (2010)

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
Part III can be duplicated 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
SCHOLARSHIPS FOR POST-SECONDARY EDUCATION	400	669,367.	0.		

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

SCHEDULE I, PART I, LINE 2: THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN CONDUCTS A DUE DILLIGENCE PROCESS ON ALL APPLICANTS BEFORE GRANT FUNDS ARE DISBURSED. THE DUE DILLIGENCE PROCESS VARIES AMONG THE FUNDS ADMINISTERED BY THE ORGANIZATION. SOME FUNDS REQUIRE A GRANT RECIPIENT TO INCUR ALLOWABLE EXPENDITURES AND SUBMIT APPROPRIATE SUPPORTING DOCUMENTATION BEFORE THE GRANTS FUNDS ARE DISBURSED WHILE OTHER FUNDS PERIODICALLY DISBURSE GRANT FUNDS UPON THE RECEIPT OF PROGRESS REPORTS FROM THE GRANT RECIPIENT. NO GRANT RECIPIENT CAN RECEIVE ANOTHER GRANT UNTIL ALL OUTSTANDING PROGRESS REPORTED ARE PROVIDED. SCHOLARSHIP FUNDS ARE

Part IV Supplemental Information

DISBURSED DIRECTLY TO THE RECIPIENT'S EDUCATIONAL INSTITUTION ONCE ALL THE
NECESSARY CRITERIA HAVE BEEN SATISFIED.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.** Employer identification number **39-1711388**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	306,577.	MARKET QUOTATIONS
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	13	1,160.	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	184	27,716.	COST/SELLING PRICE
26 Other ▶ (FARM EQUIPMEN)	X	1	5,000.	COST/SELLING PRICE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) (2010)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33
Also complete this part for any additional information

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE
NUMBER OF ITEMS RECEIVED IN COLUMN (B).

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF SOUTHERN
WISCONSIN, INC.

Employer identification number
39-1711388

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPIC GRANTING ORGANIZATION THAT MATCHES PERSONAL PHILANTHROPY
WITH COMMUNITY NEEDS THROUGH GRANTS AND SCHOLARSHIPS FROM ENDOWED AND
NON-ENDOWED FUNDS.

FORM 990, PART VI, SECTION B, LINE 11: THE PREPARED FORM 990 IS REVIEWED
BY THE EXECUTIVE DIRECTOR AND THE CHIEF FINANCIAL OFFICER AND A COPY OF THE
RETURN IS MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY BEFORE THE
RETURN IS SIGNED BY THE CHAIR OF THE GOVERNING BODY AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ALL DIRECTORS AND
EMPLOYEES REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A STATEMENT
THAT DISCLOSES ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE POLICY
IS REVIEWED AND ANY INTERESTS ARE AGAIN DISCLOSED BEFORE ALL MEETINGS OF
THE GRANT SELECTION COMMITTEE. THESE DISCLOSURES ARE REVIEWED BY THE
EXECUTIVE DIRECTOR AND ARE MONITORED THROUGHOUT THE YEAR FOR ANY CONFLICTS
THAT MAY ARISE. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM
PARTICIPATING IN THE GOVERNING BODY'S OR COMMITTEE'S DISCUSSIONS AND
DECISIONS REGARDING THE RELATED TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A: THE DIRECTORS ANNUALLY CONDUCT A
PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR AND MAKE ANY
RECOMMENDATIONS FOR COMPENSATION. THE DIRECTORS USE DATA FROM THE MOST
RECENT COMPENSATION SURVEY PUBLISHED BY THE COUNCIL ON FOUNDATIONS TO
DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THE DIRECTORS ARE ALSO
WELL DIVERSIFIED IN PROFESSIONS AND HAVE EXPERIENCE WITH CURRENT

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.	Employer identification number 39-1711388
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COMPENSATION LEVELS IN THE REGION. THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE MEMBERS OF THE GOVERNING BODY AS PART OF THE ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED GAINS ON INVESTMENTS:</u>	<u>2,558,580.</u>
<u>CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE</u>	
<u>REMAINDER TRUSTS</u>	<u>312,309.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	<u>2,870,889.</u>

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.** Employer identification number **39-1711388**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?		
						Yes	No	
KARL HAUSNER FARMS FOUNDATION, LTD., 26-0269816, E7296 COUNTY ROAD B, SPRING GREEN, WI 53588-9733	SUPPORTING ORGANIZATION OF THE COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN	WISCONSIN	501(C)(3)	LINE 11A, I N/A				X

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Schedule R (Form 990) 2010 39-1711388 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end of year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Multiple horizontal lines for supplemental information.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

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

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

Type or print	Name of exempt organization COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.	Employer identification number 39-1711388
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 26 S JACKSON ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions JANESVILLE, WI 53548-3838	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990 T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TINA LORENZ

• The books are in the care of ▶ **26 S JACKSON ST - JANESVILLE, WI 53548-3838**
 Telephone No ▶ **608-758-0883** FAX No ▶ **608-758-8551**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.