



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning 7/1/2010, and ending 6/30/2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization FORT ATKINSON COMMUNITY FOUNDATION  
 Doing Business As \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 218  
 City or town, state or country, and ZIP + 4  
FORT ATKINSON WI 53538

**D** Employer identification number 39-6220899  
**E** Telephone number (920) 563-6616  
**G** Gross receipts \$ 1,977,817

**F** Name and address of principal officer \_\_\_\_\_  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ \_\_\_\_\_

**K** Form of organization  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation 1973 **M** State of legal domicile WI

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities. <u>TO PROVIDE FOR THE CHARITABLE NEEDS OF THE FORT ATKINSON METROPOLITAN AREA</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>5</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>5</u>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>0</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>25</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	799,313	1,091,054
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	258,593	886,763
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,057,906	1,977,817
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	542,911	2,046,623
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	119,787	125,461
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	662,698	2,172,084
<b>19</b> Revenue less expenses Subtract line 18 from line 12	395,208	-194,267	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 17,673,073	End of Year 19,882,637
	<b>21</b> Total liabilities (Part X, line 26)	0	1,799,157
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	17,673,073	18,083,480

**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: James J. Nelson Date: 2/15/12  
 Type or print name and title: James J. Nelson, President

**Paid Preparer's Use Only**  
 Preparer's name: ROBERT KABITZKE Preparer's signature: [Signature] Date: 1/17/2012 Check  if self-employed  
 Firm's name: DAVID L SCRIMA, S C Firm's EIN: \_\_\_\_\_  
 Firm's address: 328 W SUNSET DR, WAUKESHA, WI 53189 Phone no: (262) 542-8401

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

6173

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE FOR THE CHARITABLE NEEDS OF THE FORT ATKINSON METROPOLITAN AREA.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 0 including grants of \$ 226,545 ) (Revenue \$ 0) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 0 including grants of \$ 1,820,078 ) (Revenue \$ 0) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)

4e Total program service expenses 0

**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? (see instructions)	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 <b>Section 501(c)(3) organizations.</b> 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>		
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 (see instructions)</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? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	N/A	

**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?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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 . . . . .	<input type="text" value="0"/>	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<input type="text" value="0"/>	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input type="text" value="N/A"/>	<input type="checkbox"/>
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 . . . . .	<input type="text" value="0"/>	<input type="checkbox"/>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<input type="text" value="N/A"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input type="checkbox"/>	<input type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	<b>Section 501(c)(7) organizations.</b> Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
b	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 . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
c	Enter the amount of reserves on hand . . . . .	<input type="text" value=""/>	<input type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

Table with 5 columns: Question ID, Description, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Description, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed - WI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
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.

**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			
(1) PHIL NIEMEYER DIRECTOR	4	X					0	0	0	
(2) J. MICHAEL PHELPS PRESIDENT	4	X		X			0	0	0	
(3) JAMES NELSON DIRECTOR	4	X					0	0	0	
(4) RONALD VOGEL DIRECTOR	4	X					0	0	0	
(5) BETH MCLAUGHLIN DIRECTOR	4	X					0	0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										



**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			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0	0	0	
<b>d Total (add lines 1b and 1c)</b> .....							0	0	0	

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . . .	1a 0			
	b Membership dues . . . . .	1b 0			
	c Fundraising events . . . . .	1c 0			
	d Related organizations . . . . .	1d 0			
	e Government grants (contributions) . . . . .	1e 0			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 1,091,054			
	g Noncash contributions included in lines 1a-1f	\$ 0			
	h <b>Total.</b> Add lines 1a-1f	▶ 1,091,054			
Program Service Revenue	Business Code				
	2a		0		
	b		0		
	c		0		
	d		0		
	e		0		
	f All other program service revenue . . . . .		0		
g <b>Total.</b> Add lines 2a-2f	▶ 0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .	▶ 532,521			532,521
	4 Income from investment of tax-exempt bond proceeds . . . . .	▶ 0			
	5 Royalties . . . . .	▶ 0			
	6a Gross Rents . . . . .	(i) Real (ii) Personal			
	b Less: rental expenses . . . . .				
	c Rental income or (loss) . . . . .	0 0			
	d Net rental income or (loss) . . . . .	▶ 0			
	7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses . . . . .				
	c Gain or (loss) . . . . .	0 0			
	d Net gain or (loss) . . . . .	▶ 354,242			354,242
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a 0			
	b Less: direct expenses . . . . .	b 0			
	c Net income or (loss) from fundraising events . . . . .	▶ 0			
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	a 0			
b Less: direct expenses . . . . .	b 0				
c Net income or (loss) from gaming activities . . . . .	▶ 0				
10a Gross sales of inventory, less returns and allowances . . . . .	a 0				
b Less: cost of goods sold . . . . .	b 0				
c Net income or (loss) from sales of inventory . . . . .	▶ 0				
Miscellaneous Revenue		Business Code			
11a		0			
b		0			
c		0			
d All other revenue . . . . .		0			
e <b>Total.</b> Add lines 11a-11d	▶ 0				
12 <b>Total revenue.</b> See instructions . . . . .	▶ 1,977,817	0	0	886,763	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(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 . . . .	1,820,078	1,820,078		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	226,545	226,545		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	0			
11	Fees for services (non-employees):				
a	Management . . . . .	37,200		37,200	
b	Legal . . . . .	0			
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	0			
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	0			
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0	0	0	0
23	Insurance . . . . .	1,028		1,028	
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 FEES . . . . .	84,898		84,898	
b	GENERAL EXPENSE . . . . .	2,335		2,335	
c	. . . . .	0			
d	. . . . .	0			
e	. . . . .	0			
f	All other expenses . . . . .	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	2,172,084	2,046,623	125,461	0
26	<b>Joint costs.</b> 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 . . . . .				

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .		1		
	2	Savings and temporary cash investments . . . . .		2	2,184,884	
	3	Pledges and grants receivable, net . . . . .		0 3	133,577	
	4	Accounts receivable, net . . . . .		0 4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				
	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) . . . . .				
	7	Notes and loans receivable, net . . . . .		0 7	0	
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0		
	b	Less: accumulated depreciation . . . . .	10b	0	10c	0
	11	Investments—publicly traded securities . . . . .		17,673,073 11	17,564,176	
	12	Investments—other securities. See Part IV, line 11 . . . . .		0 12	0	
	13	Investments—program-related. See Part IV, line 11 . . . . .		0 13	0	
	14	Intangible assets . . . . .		0 14	0	
	15	Other assets. See Part IV, line 11 . . . . .		0 15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		17,673,073 16	19,882,637		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .		17		
	18	Grants payable . . . . .		18	1,799,157	
	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 . . . . .				
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		0 23	0	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		0 24	0	
25	Other liabilities. Complete Part X of Schedule D . . . . .		0 25	0		
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		0 26	1,799,157		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		27	3,712,197	
	28	Temporarily restricted net assets . . . . .		28	14,371,283	
	29	Permanently restricted net assets . . . . .		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances . . . . .</b>		17,673,073 33	18,083,480		
34	<b>Total liabilities and net assets/fund balances . . . . .</b>		17,673,073 34	19,882,637		

**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	1,977,817
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,172,084
3	Revenue less expenses. Subtract line 2 from line 1	3	-194,267
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,673,073
5	Other changes in net assets or fund balances (explain in Schedule O)	5	604,674
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	18,083,480

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? .N/A		
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. N/A		

**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 <b>FORT ATKINSON COMMUNITY FOUNDATION</b>	Employer identification number <b>39-6220899</b>
-----------------------------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

**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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

**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.") . . . . .	746,178	656,261	744,372	799,313	1,091,054	4,037,178
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	746,178	656,261	744,372	799,313	1,091,054	4,037,178
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 <b>Public support.</b> Subtract line 5 from line 4.						4,037,178

**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 . . . . .	746,178	656,261	744,372	799,313	1,091,054	4,037,178
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	505,140	600,500	690,392	635,439	886,763	3,318,234
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						7,355,412
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <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	54.89%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 <b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6)						0

**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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

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	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

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





**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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.

Name of the organization <b>FORT ATKINSON COMMUNITY FOUNDATION</b>	Employer identification number <b>39-6220899</b>
-----------------------------------------------------------------------	-----------------------------------------------------

**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 . . . . .	5	
2 Aggregate contributions to (during year)	52,895	
3 Aggregate grants from (during year) . . . . .	500	
4 Aggregate value at end of year . . . . .	575,708	

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? . . . . .  Yes  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? . . . . .  Yes  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             | 0      |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                | 0      |
- 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	0	0	0		

- 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:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     |    |
| (ii) related organizations  |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0

**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 . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .	0	
(A) . . . . .	0	
(B) . . . . .	0	
(C) . . . . .	0	
(D) . . . . .	0	
(E) . . . . .	0	
(F) . . . . .	0	
(G) . . . . .	0	
(H) . . . . .	0	
(I) . . . . .	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

**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)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0

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).



**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FORT ATKINSON COMMUNITY FOUNDATION

**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.

OMB No. 1545-0047  
**2010**  
Open to Public Inspection  
Employer identification number 39-6220899

(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
(1) WATER TOWER PROJECT			40,301	0			
(2) BARRIE PARK IMP.			21,798	0			
(3) BOYS & GIRLS CLUB			103,650	0			
(4) LIBRARY CONSTRUCTION			1,454,141	0			
(5) MATC BLDG CONSTRUCTION			60,000	0			
(6) FORT ARTS COUNCIL PROJE			10,000	0			
(7) BARRIE SCHOOL PLAYGROU			7,500	0			
(8) UNITED WAY			10,560	0			
(9) SCHOOL DISTRICT OF FORT			500	0			
(10) RAINBOW HOSPICE			88,296	0			
(11) FORT ATKINSON CHAMBER			1,400	0			
(12) JEFFERSON COUNTY PARKS			3,000	0			

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

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

(HTA)

# Continuation Sheet for Schedule I (Form 990)

Name of the organization <b>FORT ATKINSON COMMUNITY FOUNDATION</b>	Employer identification number <b>39-6220899</b>
-----------------------------------------------------------------------	-----------------------------------------------------

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(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
(13) CITY OF FORT ATKINSON			10,332	0			
(14) FORT ATKINSON MEMORIAL HOS			8,600	0			
(15) .....			0	0			
(16) .....			0	0			
(17) .....			0	0			
(18) .....			0	0			
(19) .....			0	0			
(20) .....			0	0			
(21) .....			0	0			
(22) .....			0	0			
(23) .....			0	0			
(24) .....			0	0			
(25) .....			0	0			
(26) .....			0	0			
(27) .....			0	0			
(28) .....			0	0			
(29) .....			0	0			





<b>SCHOLARSHIPS</b>				
08/11/2010	UNIVERSITY OF WISCONSIN-MADISON FBO KAITLIN BARE 1ST INSTALLMENT - 3RD RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52911	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-MADISON FBO LYDIA STATZ 1ST INSTALLMENT/2ND RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52912	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-MADISON FBO JOSHUA L MEYERHOFER 2ND INSTALLMENT/1ST RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP	-1,500.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	CHECK NUMBER 52913 UNIVERSITY OF WISCONSIN-MADISON FBO SARAH SCHMID 2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52914	-3,000.00	0 00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-MADISON FBO ABBY C WILSON 5TH INSTALLMENT - CLASS OF 2008 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 52915	-2,875.00	0 00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-MADISON FBO DAVID GRAMLEY 2010 SCHOLARSHIP AWARD JASON DAHNERT MEMORIAL SCHOLARSHIP CHECK NUMBER 52916	-3,500 00	0.00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-MADISON FBO MICHELE COLEMAN 5TH & 6TH INSTALLMENTS - CLASS OF 2007 MAURICE & CLARA STALLER SCHOLARSHIP CHECK NUMBER 52917	-1,625.00	0 00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-MADISON FBO SAMUEL HARTWICK 1ST INSTALLMENT - CLASS OF 20010 DR.SYDNEY WEIDEMANN SCHOLARSHIP CHECK NUMBER 52918	-2,000.00	0 00	0.00
08/11/2010	CARROLL UNIVERSITY FBO REGINA STIEMKE 2010 SPRING/FALL SEMESTERS BATTERMAN FAMILY FOUNDATION SCHOLARSHIP	-3,000.00	0 00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

# Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	CHECK NUMBER 52919 UNIVERSITY OF WISCONSIN-PLATTEVILLE FBO ERIC N MEHRING 1ST INSTALLMENT/1ST RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52920	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-PLATTEVILLE FBO TANNER BRADLEY 2010 SCHOLARSHIP AWARD BEN & ADA HAKE AGRICULTER SCHOLARSHIP CHECK NUMBER 52921	-5,000.00	0.00	0.00
08/11/2010	UNIV OF NORTH CAROLINA SCHOOL OF ARTS FBO MORGAN HAYES 2010 SPRING/FALL SEMESTERS BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52922	-3,000.00	0.00	0.00
08/11/2010	UNIVERSITY OF MINNESOTA FBO JESSICA GRANEC 2010 SCHOLARSHIP PAYMENT JANE SHAW KNOX/AAUW GRADUATE SCHOLARSHIP CHECK NUMBER 52923	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF MINNESOTA FBO STACIE HILL 1ST INSTALLMENT/3RD RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52924	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF MINNESOTA FBO JESSICA GRANEC 2010 SCHOLARSHIP AWARD RALPH & CLARA RUTLEDGE SCHOLARSHIP	-2,000.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date	Description	Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	CHECK NUMBER 52925			
	UNIVERSITY OF WISCONSIN-MILWAUKEE			
	FBO DEREK MCLAIN	-1,500.00	0.00	0.00
	1ST INSTALLMENT/3RD RENEWAL			
	BATTERMAN FAMILY FOUNDATION SCHOLARSHIP			
	CHECK NUMBER 52926			
08/11/2010	UNIVERSITY OF WISCONSIN-MILWAUKEE			
	FBO MARTY M WIESE	-3,000.00	0.00	0.00
	2010 SPRING/FALL SEMESTERS			
	BATTERMAN FAMILY FOUNDATION SCHOLARSHIP			
	CHECK NUMBER 52927			
08/11/2010	UNIVERSITY OF WISCONSIN-MILWAUKEE			
	FBO CHRISTINE FARY	-3,000.00	0.00	0.00
	2010 SCHOLARSHIP AWARD			
	WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP			
	CHECK NUMBER 52928			
08/11/2010	UNIVERSITY OF WISCONSIN-WHITEWATER			
	FBO SUZANNE PAYNTER	-1,500.00	0.00	0.00
	2010 SCHOLARSHIP AWARD			
	JANE SHAW KNOW/AAUW GRADUATE SCHOLARSHIP			
	CHECK NUMBER 52929			
08/11/2010	UNIVERSITY OF WISCONSIN-WHITEWATER			
	FBO JENNIFER ROGERS	-500.00	0.00	0.00
	2010 SCHOLARSHIP AWARD			
	WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP			
	CHECK NUMBER 52930			
08/11/2010	UNIVERSITY OF WISCONSIN-WHITEWATER			
	FBO JESSICA KOONTZ	-500.00	0.00	0.00
	2010 SCHOLARSHIP AWARD			
	WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP			



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	CHECK NUMBER 52931 UNIVERSITY OF WISCONSIN-WHITEWATER FBO SUZANNE PAYNTER 2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52932	-500.00	0.00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-WHITEWATER FBO ASHLEY LAWRENCE 7TH INSTALLMENT - CLASS OF 2007 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 52933	-2,750.00	0.00	0.00
08/11/2010	MADISON COLLEGE FBO MARILYN (MIDGE) GILL 2010 SCHOLARSHIP AWARD AAUW SECOND CHANCE GRANT CHECK NUMBER 52934	-1,000.00	0.00	0.00
08/11/2010	MADISON COLLEGE FBO JUNE SULLIVAN 2010 SCHOLARSHIP AWARD AAUW SECOND CHANCE GRANT CHECK NUMBER 52935	-1,000.00	0.00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-LACROSSE FBO ENRIKA HLAVACEK 7TH INSTALLMENT - CLASS OF 2007 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 52936	-2,750.00	0.00	0.00
08/11/2010	UNIVERSITY OF WISCONSIN-LACROSSE FBO AMY MROZINSKI 2010 SCHOLARSHIP AWARD EILEEN HARRISON EDUCATION SCHOLARSHIP	-2,500.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	CHECK NUMBER 52937			
	UNIVERSITY OF WISCONSIN-LACROSSE	-2,000.00	0.00	0.00
	FBO OLIVIA HARTWICK			
	1ST INSTALLMENT - CLASS OF 2010			
	DR SYDNEY WEIDEMANN SCHOLARSHIP			
	CHECK NUMBER 52938			
08/11/2010	CONCORDIA UNIVERSITY - WISCONSIN	-2,000.00	0.00	0.00
	FBO KATHRYN DRAEGER			
	2010 SCHOLARSHIP AWARD			
	WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP			
	CHECK NUMBER 52939			
08/11/2010	UNIVERSITY OF NOTRE DAME	-3,000.00	0.00	0.00
	FBO ANNE KOTZ			
	2010 SCHOLARSHIP AWARD			
	WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP			
	CHECK NUMBER 52940			
08/11/2010	UNIVERSITY OF NOTRE DAME	-500.00	0.00	0.00
	FBO ANNE KOTZ			
	2010 SCHOLARSHIP AWARD			
	GENE HALKER MEMORIAL SCHOLARSHIP			
	CHECK NUMBER 52941			
08/11/2010	UNIVERSITY OF WISCONSIN-OSHKOSH	-2,000.00	0.00	0.00
	FBO BRIAN PHELPS			
	2010 SCHOLARSHIP AWARD			
	RALPH & CLARA RUTLEDGE SCHOLARSHIP			
	CHECK NUMBER 52942			
08/11/2010	MARQUETTE UNIVERSITY	-500.00	0.00	0.00
	FBO SPENCER AGNEW			
	2ND INSTALLMENT - CLASS OF 2009			
	DR JAMES RUSSELL SCHOLARSHIP			



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	CHECK NUMBER 52943			
	MARQUETTE UNIVERSITY	-5,000.00	0.00	0.00
	FBO CAITLIN KUDLATA			
	2ND INSTALLMENT - CLASS OF 2009			
	JUANITA SCHREINER MEMORIAL SCHOLARSHIP			
	CHECK NUMBER 52944			
08/11/2010	VITERBO UNIVERSITY	-1,500.00	0.00	0.00
	FBO MELISSA FIAMONCINI			
	2010 SCHOLARSHIP AWARD			
	WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP			
	CHECK NUMBER 52945			
08/11/2010	EDGEWOOD COLLEGE	-1,500.00	0.00	0.00
	FBO SARA M ROTHBERGER			
	1ST INSTALLMENT/2ND RENEWAL			
	BATTERMAN FAMILY FOUNDATION SCHOLARSHIP			
	CHECK NUMBER 52946			
08/11/2010	UNIVERSITY OF MINNESOTA - TWIN CITIES	-2,000.00	0.00	0.00
	FBO GRETCHEN M HARALDSON			
	2ND & FINAL INSTALLMENT - CLASS OF 2009			
	DR.SYDNEY WEIDEMANN SCHOLARSHIP			
	CHECK NUMBER 52947			
08/11/2010	WAUKESHA COUNTY TECHNICAL COLLEGE	-500.00	0.00	0.00
	FBO LUKAS SHERRATT			
	4TH & FINAL INSTALLMENT - CLASS OF 2007			
	DR. JAMES RUSSELL SCHOLARSHIP			
	CHECK NUMBER 52948			
08/11/2010	UNIVERSITY OF WISCONSIN-RIVER FALLS	-1,500.00	0.00	0.00
	FBO DANIEL J PETERSON			
	1ST INSTALLMENT/1ST RENEWAL			
	BATTERMAN FAMILY FOUNDATION SCHOLARSHIP			





For the Account of: **FORT ATKINSON COMMUNITY FOUNDATION**  
**GENERAL ACCOUNT**

Account Number: 50 00 0063 1 01  
 Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	CHECK NUMBER 52949 BROWN UNIVERSITY FBO SETH KLEINSCHMIDT 3RD INSTALLMENT - CLASS OF 2009 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 52950	-2,875.00	0.00	0.00
08/11/2010	CARTHAGE COLLEGE FBO ELIZABETH A MEPHAM 1ST INSTALLMENT/1ST RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52951	-1,500.00	0.00	0.00
08/11/2010	CARTHAGE COLLEGE FBO NATALIE M MEPHAM 1ST INSTALLMENT/1ST RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52952	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF MINNESOTA - TWIN CITIES FBO AMY BELZ 1ST INSTALLMENT/1ST RENEWAL BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 52953	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF DENVER OFFICE OF FINANCIAL AID FBO KARALYNN ROYSTER 2010 SCHOLARSHIP AWARD JANE SHAW KNOX/AAUW GRADUATE SCHOLARSHIP CHECK NUMBER 52954	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF DENVER OFFICE OF FINANCIAL AID FBO KARALYNN ROYSTER	-3,000.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date	Description	Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52955	-1,000.00	0.00	0.00
08/11/2010	ASHFORD UNIVERSITY ATTN: ACCOUNTING DEPT FBO ERIN HEIMAN 2010-2011 FALL/SPRING SEMESTERS JANE SHAW KNOX/AAUW ADOPT-A-STUDENT CHECK NUMBER 52956	-500.00	0.00	0.00
08/11/2010	MOUNT MARY COLLEGE STUDENT ACCOUNT REP/CASHIER FBO KATHERINE ATHAS 2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52958	-3,000.00	0.00	0.00
08/11/2010	KENNESAW STATE UNIVERSITY BURSAR'S OFFICE FBO RACHEL FICK 2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52959	-500.00	0.00	0.00
08/11/2010	UNIVERSITY OF KANSAS OFFICE STUDENT FINANCIAL AID FBO ORION GRAF 2010 SCHOLARSHIP AWARD	-2,000.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date	Description	Income Cash	Principal Cash	Investment Cost Basis
08/11/2010	WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52960	-3,000.00	0.00	0.00
08/11/2010	WALDEN UNIVERSITY CASHIER'S OFFICE FBO LAURA ROGERS 2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52961	-3,000.00	0.00	0.00
08/11/2010	OREGON STATE UNIVERSITY ATTN. STUDENT ACCOUNTS/SCHOLARSHIP FBO COURTNEY NIKOLAY 2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52962	-3,000.00	0.00	0.00
08/11/2010	SILVER LAKE COLLEGE FBO JESSICA VANDERZANDEN 2010 SCHOLARSHIP AWARD WALTER&LOUISE BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 52963	-2,000.00	0.00	0.00
08/11/2010	UNIVERSITY OF ILLINOIS AT CHICAGO OFFICE OF STUDENT FINANCIAL AID AFFAIRS FBO ANN HEESACKER 2010 SCHOLARSHIP AWARD RALPH & CLARA RUTLEDGE SCHOLARSHIP CHECK NUMBER 52964	-1,500.00	0.00	0.00
08/11/2010	UNIVERSITY OF ILLINOIS AT CHICAGO OFFICE OF STUDENT FINANCIAL AID AFFAIRS FBO ANN HEESACKER 3RD & FINAL INSTALLMENT - CLASS OF 2007 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 52965	-1,500.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/12/2010	MADISON COLLEGE FBO JESSICA HANSEN 2010 SCHOLARSHIP AWARD AAUW SECOND CHANCE SCHOLARSHIP CHECK NUMBER 52990	-1,000.00	0.00	0.00
08/20/2010	UNIVERSITY OF WISCONSIN-WHITEWATER FBO MATTHEW NOLL 2010 SCHOLARSHIP AWARD RALPH AND CLARA RUTLEDGE SCHOLARSHIP CHECK NUMBER 53079	-1,000.00	0.00	0.00
08/24/2010	UNIVERSITY OF WISCONSIN-MADISON FBO CASSIDY LYONS 1ST INSTALLMENT - CLASS OF 2010 DR JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 53085	-625.00	0.00	0.00
08/24/2010	UNIVERSITY OF WISCONSIN-MILWAUKEE FBO ALYSSA OTTOW 2010 SCHOLARSHIP AWARD W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 53086	-3,000.00	0.00	0.00
08/27/2010	UNIVERSITY OF WISCONSIN-MADISON FBO JACOB CRAVENS 1ST INSTALLMENT - CLASS OF 2010 DR JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 53138	-625.00	0.00	0.00
08/27/2010	UNIVERSITY OF WISCONSIN-MADISON FBO ELIZABETH GEORGE 2010 R & C RUTLEDGE MEMORIAL SCHOLARSHIP CHECK NUMBER 53139	-3,000.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/27/2010	UNIVERSITY OF WISCONSIN-WHITEWATER FBO MEGAN GANG 2ND INSTALLMENT - CLASS OF 2009 DR JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 53140	-500.00	0.00	0.00
08/27/2010	VITERBO UNIVERSITY FBO SHIRLEY BROWN FALL 2010 SEMESTER JANE SHAW KNOX/AAUW SCHOLARSHIP CHECK NUMBER 53141	-1,000.00	0.00	0.00
08/27/2010	NORTHWESTERN COLLEGE FBO ERICA ACKATZ FALL 2010 SEMESTER JANE SHAW KNOX/AAUW SCHOLARSHIP CHECK NUMBER 53142	-1,000.00	0.00	0.00
08/27/2010	BETHEL SEMINARY FBO LINDSAY BARGANZ 2009 & 2010 SCHOLARSHIP AWARDS W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 53143	-6,000.00	0.00	0.00
09/07/2010	DE PAUL UNIVERSITY FBO MERCEDES BERNARD 4TH INSTALLMENT - CLASS OF 2009 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 5327	-1,916.67	0.00	0.00
09/17/2010	UNIVERSITY OF WISCONSIN-PLATTEVILLE FBO ERIC MEHRING 2010 SCHOLARSHIP AWARD JEROME HAKE ENGINEERING SCHOLARSHIP CHECK NUMBER 53360	-5,000.00	0.00	0.00



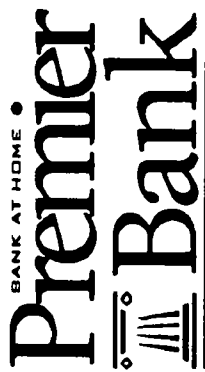
For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
11/11/2010	MADISON COLLEGE FBO SAMANTHA TOPEL 2010 SCHOLARSHIP AWARD WOMEN SECOND CHANCE SCHOLARSHIP CHECK NUMBER 53753	-1,000.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO SAMUEL HARTWICK 2ND/FINAL INSTALLMENT - CLASS OF 2010 DR SYDNEY H WEIDEMANN SCHOLARSHIP CHECK NUMBER 54285	-2,000.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO ELLEN RINGLE 1ST & 2ND INSTALLMENT - CLASS OF 2010 MAURICE & CLARA STALLER MEM SCHOLARSHIP CHECK NUMBER 54286	-1,750.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO MICHELE COLEMAN 7TH INSTALLMENT - CLASS OF 2007 MAURICE & CLARA STALLER MEM. SCHOLARSHIP CHECK NUMBER 54287	-812.50	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO ASHLEY JENSEN 1ST INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 54288	-750.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO LYDIA E STATZ 2ND RENEWAL/2ND INSTALLMENT - CLASS 2008 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54289	-1,500.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO KAITLIN BARE 3RD RENEWAL/2ND INSTALLMENT - CLASS 2007 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54290	-1,500.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO THOMAS W JOHNSON 1ST & 2ND INSTALLMENTS - CLASS OF 2010 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54291	-3,000.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MADISON FBO ABBY C WILSON 6TH INSTALLMENT - CLASS OF 2008 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 54292	-2,875.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-EAU CLAIRE FBO JULIA JOHNSON 1ST/FINAL INSTALLMENT - CLASS OF 2010 JAMES & FRANCES LUTHER MEM. SCHOLARSHIP CHECK NUMBER 54293	-2,500.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-EAU CLAIRE FBO JULIA S JOHNSON 1ST & 2ND INSTALLMENT - CLASS OF 2010 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54294	-3,000.00	0.00	0.00
01/13/2011	CARROLL UNIVERSITY FBO REGINA STIEMKE 3RD RENEWAL/2ND INSTALLMENT - CLASS 2007 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54295	-1,500.00	0.00	0.00



For the Account of: **FORT ATKINSON COMMUNITY FOUNDATION**  
**GENERAL ACCOUNT**

Account Number: 50 00 0063 1 01  
 Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/13/2011	UNIVERSITY OF MINNESOTA FBO STACIE HILL 3RD RENEWAL/2ND INSTALLMENT - CLASS 2007 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54296	-1,500.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-MILWAUKEE FBO MARTY WIESE 2ND RENEWAL/2ND INSTALLMENT - CLASS 2008 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54297	-1,500.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO CAITLIN SCHROEDER 1ST/FINAL INSTALLMENT - CLASS OF 2010 ARDELL WIEDERHOEFT LEGACY SCHOLARSHIP CHECK NUMBER 54298	-1,000.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-STEVENS POINT FBO GRACE F FIRARI 1ST & 2ND INSTALLMENT - CLASS OF 2010 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54299	-3,000.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-LACROSSE FBO OLIVIA HARTWICK 2ND/FINAL INSTALLMENT - CLASS OF 2010 DR SYDNEY H WEIDEMANN SCHOLARSHIP CHECK NUMBER 54300	-2,000.00	0.00	0.00
01/13/2011	UNIVERSITY OF WISCONSIN-LACROSSE FBO ENRIKA HLAVACEK 8TH INSTALLMENT - CLASS OF 2007 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 54301	-2,750.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2010 through JUNE 30, 2011



## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/13/2011	DE PAUL UNIVERSITY FBO MERCEDES BERNARD 5TH INSTALLMENT - CLASS OF 2009 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 54302	-1,916.67	0.00	0.00
01/13/2011	VITERBO UNIVERSITY FBO ABIGAIL R BARE 1ST INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 54303	-750.00	0.00	0.00
01/13/2011	VITERBO UNIVERSITY FBO SHIRLEY BROWN 4TH INSTALLMENT JANE SHAW KNOX/AUW ADOPT-A-STUDENT CHECK NUMBER 54304	-1,000.00	0.00	0.00
01/13/2011	EDGEWOOD COLLEGE FBO SARA M ROTHBERGER 2ND RENEWAL/2ND INSTALLMENT - CLASS 2008 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54305	-1,500.00	0.00	0.00
01/13/2011	BROWN UNIVERSITY FBO SETH KLEINSCHMIDT 4TH INSTALLMENT - CLASS OF 2009 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 54306	-2,875.00	0.00	0.00
01/13/2011	UNIVERSITY OF MINNESOTA - TWIN CITIES FBO AMY K BELZ 1ST RENEWAL/2ND INSTALLMENT - CLASS 2009 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54307	-1,500.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/13/2011	ST NORBERT COLLEGE FBO TIMOTHY J HARTWICK 1ST INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 54308	-1,500.00	0.00	0.00
01/13/2011	MACALASTER COLLEGE FBO KERRY HARTWICK 1ST & 2ND INSTALLMENTS - CLASS OF 2010 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 54309	-5,750.00	0.00	0.00
01/13/2011	FLORIDA STATE UNIVERSITY FBO ALYSSA C JONES 1ST & 2ND INSTALLMENT - CLASS OF 2010 THEODORE W BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54310 <i>579,300</i>	-3,000.00	0.00	0.00
01/13/2011	UNIVERSITY OF ARIZONA OFFICE OF SCHOLARSHIPS/FINANCIAL AID FBO LAUREN E HAYES 1ST/FINAL INSTALLMENT - CLASS OF 2010 ISABELLE MATHEWS EDUCATION SCHOLARSHIP CHECK NUMBER 54311	-2,500.00	0.00	0.00
01/17/2011	UNIVERSITY OF WISCONSIN-MILWAUKEE FBO DEREK MCLAIN 3RD RENEWAL 2ND/FINAL INSTALLMENT - 2007 BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 54386	-1,500.00	0.00	0.00
01/17/2011	UNIVERSITY OF WISCONSIN-RIVER FALLS FBO DANIEL J PETERSON 1ST RENEWAL 2ND INSTALLMENT - CLASS 2009 BATTERMAN FAMILY FOUNDATION SCHOLARSHIP	-1,500.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/17/2011	CHECK NUMBER 54387 CARTHAGE COLLEGE FBO NATALIE MEPHAM 1ST RENEWAL 2ND INSTALLMENT - CLASS 2009 BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 54388	-1,500.00	0.00	0.00
01/17/2011	CARTHAGE COLLEGE FBO ELIZABETH MEPHAM 1ST RENEWAL 2ND INSTALLMENT - CLASS 2009 BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 54389	-1,500.00	0.00	0.00
01/20/2011	UNIVERSITY OF WISCONSIN-MADISON FBO EMILIE BAKKEN 1ST/2ND INSTALLMENTS - CLASS OF 2010 BATTERMAN FAMILY FOUNDATION SCHOLARSHIP CHECK NUMBER 54402	-3,000.00	0.00	0.00
01/20/2011	UNIVERSITY OF WISCONSIN-MADISON FBO EMILIE BAKKEN 1ST INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 54403	-1,500.00	0.00	0.00
01/20/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO MATTHEW NOLL 2010 SCHOLARSHIP AWARD RALPH & CLARA RUTLEDGE SCHOLARSHIP CHECK NUMBER 54404	-1,000.00	0.00	0.00
01/25/2011	UNIVERSITY OF MINNESOTA FBO TAYLOR SMITHYMAN 1ST/2ND INSTALLMENT - CLASS OF 2010 WALTER & LOUISE BUELL MERIT SCHOLARSHIP	-5,750.00	0.00	0.00

For the Account of: **FORT ATKINSON COMMUNITY FOUNDATION**  
**GENERAL ACCOUNT**



Account Number: **50 00 0063 1 01**  
 Date: *From JULY 01, 2010 through JUNE 30, 2011*

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/26/2011	CHECK NUMBER 54460 UNIVERSITY OF WISCONSIN-EAU CLAIRE FBO ALYSSA BENDER 2010 SCHOLARSHIP AWARD WALTER & LOUISE BUELL HONOR SCHOLARSHIP CHECK NUMBER 54484	-1,500 00	0 00	0.00
01/26/2011	UNIVERSITY OF WISCONSIN-PLATTEVILLE FBO ERIC MEHRING 1ST RENEWAL 2ND INSTALLMENT - CLASS 2009 THEODORE BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 54485	-1,500 00	0 00	0.00
01/26/2011	WISCONSIN LUTHERAN COLLEGE FBO JENNIFER SIMDON 2010 SCHOLARSHIP AWARD FORT THRIFT & JEAN REICH SCHOLARSHIP CHECK NUMBER 54486	-2,000.00	0.00	0.00
01/27/2011	UNIVERSITY OF WISCONSIN-LACROSSE FBO KARA KLUBERTANZ 2010 SCHOLARSHIP AWARD WALTER & LOUISE BUELL HONOR SCHOLARSHIP CHECK NUMBER 54491	-500 00	0.00	0.00
01/27/2011	MS ASHLEY LAWRENCE REIMBURSE EXPENSES INCURRED TO COMPLETE UNDERGRAD STUDIES IN LESS THAN 4 YRS BUELL MERIT SCHOLARSHIP CHECK NUMBER 54492	-1,732 44	0.00	0.00
02/07/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO LUCAS SMITHYMAN 1ST & 2ND INSTALLMENT - CLASS OF 2008 WALTER & LOUISE BUELL MERIT SCHOLARSHIP	-5,750 00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION  
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01  
Date: From JULY 01, 2010 through JUNE 30, 2011



# Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
02/10/2011	CHECK NUMBER 54562 ASHFORD UNIVERSITY FBO ERIN HEIMAN 2ND/FINAL INSTALLMENT - CLASS OF 2010 JANE SHAW KNOX/AAUW WOMEN SCHOLARSHIP CHECK NUMBER 54566	-1,000.00	0.00	0.00
02/17/2011	FLORIDA STATE UNIVERSITY FBO ALYSSA C JONES 1ST & 2ND INSTALLMENT - CLASS OF 2010 THEODORE BATTERMAN SCHOLARSHIP CHECK NUMBER 54654 <i>Returned check.</i>	-3,000.00	0.00	0.00
03/21/2011	UNIVERSITY OF WISCONSIN-STEVENS POINT FBO NATHAN MODE 3RD INSTALLMENT - CLASS OF 2008 DR. JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 54947	-625.00	0.00	0.00
03/29/2011	DE PAUL UNIVERSITY FBO MERCEDES BERNARD 6TH INSTALLMENT - CLASS OF 2009 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 55002	-1,916.67	0.00	0.00
05/16/2011	MIDDLEBURY COLLEGE FBO BETH HENNES 2011 SCHOLARSHIP AWARD EILEEN HARRISON EDUCATION SCHOLARSHIP CHECK NUMBER 55473	-2,000.00	0.00	0.00
05/27/2011	VITERBO UNIVERSITY FBO SHIRLEY BROWN FINAL INSTALLMENT JANE SHAW KNOX/AAUW SCHOLARSHIP	-1,000.00	0.00	0.00



For the Account of: **FORT ATKINSON COMMUNITY FOUNDATION**  
**GENERAL ACCOUNT**

Account Number: 50 00 0063 1 01  
 Date: From JULY 01, 2010 through JUNE 30, 2011

## Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
06/03/2011	CHECK NUMBER 55555			
	ASHFORD UNIVERSITY			
	FBO ERIN HEIMAN			
	FINAL INSTALLMENT			
	JANE SHAW KNOX/AAUW SCHOLARSHIP			
	CHECK NUMBER 55600			
	<b>TOTAL SCHOLARSHIPS</b>		<b>0.00</b>	<b>0.00</b>
	<b>BUSINESS EXPENSES</b>			
		-1,000.00	0.00	0.00
		<u>276,545.00</u>		

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

FORT ATKINSON COMMUNITY FOUNDATION

Employer identification number

39-6220899

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)			0	0						
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
<b>Total</b>				▶ \$ 0						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		





**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

FORT ATKINSON COMMUNITY FOUNDATION

39-6220899

Form 990 Part III Line 4A This Foundation has an extensive scholarship program as shown on the  
Detail of Grants attached to this return. Twenty Five (25) separate scholarship programs which  
benefit scores of individuals as shown on the List of Disbursements. Procedure and operation  
of each scholarship fund through applications, screenings, and recommendations is described in  
attachment to this return. The amount of scholarship grants listed above is distributed from  
the various scholarship funds. The criteria of each scholarship fund is specifically set forth  
in documents under which the Foundation accepted the scholarship. The individuals who work on  
screening committees and the scholarship committee that make recommendations to the Board are  
all volunteers. There were no direct expenses of the scholarship fund other than  
administration, time and expenses that cannot be segregated.

Form 990 Part III Line 4B This Foundation does not have any other program that could be called  
an activity other than the scholarship fund listed above. The Foundation receives numerous  
grant requests for assistance to providing funds for many projects within the City of Fort  
Atkinson for the School District programs, including sport programs such as little league  
baseball. Grants are primarily given for capital improvements and equipment, but not operating  
expenses. The breakdown of all grants and scholarships, including individual names, are shown  
in the detailed attachment to this return prepared by the Trustee.

Form 990 Part XII Line 1 Changed to accrual basis to match Audit which was completed for the  
first time this year.

Form 990 Part XI Line 5 Conversion to accrual from prior year accounts payable was (1,159,379)  
and current year unrealized gains was \$1,764,053 for a net change of \$604,674

Name of the organization

Employer identification number

**FORT ATKINSON COMMUNITY FOUNDATION**

**39-6220899**

Area with horizontal dashed lines for supplemental information.

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

OMB No 1545-1709

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

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

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

**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](http://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*

<b>Type or print</b>	Name of exempt organization FORT ATKINSON COMMUNITY FOUNDATION	Employer identification number 39-6220899
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 PO BOX 218	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FORT ATKINSON WI 53538	

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

- The books are in the care of ▶ PREMIERBANK, TRUSTEE .....

Telephone No. ▶ ..... FAX No. ▶ .....

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2012, 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 7/1/2010, and ending 6/30/2011

**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

<b>3a</b> 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	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$ 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.