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Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Doing Business As

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

500 FIRST STREET

Room/suite

2600

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

WAUSAU, WI 54403

F Name and address of principal officer **JEAN C. TEHAN**

SAME AS C ABOVE

D Employer identification number

39-1577472

E Telephone number

715-845-9555

G Gross receipts \$ **4,627,871.**

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: ▶ **CFONCW.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1987** **M** State of legal domicile: **WI**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN IS A NONPROFIT COMMUNITY CORPORATION,	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	32
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,276,702.	2,210,272.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	746,439.	1,010,665.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,643.	17,805.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,040,784.	3,238,742.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,283,244.	1,456,371.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	218,100.	241,787.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,776.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	96,195.	96,363.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,597,539.	1,794,521.
19	Revenue less expenses - Subtract line 18 from line 12	3,443,245.	1,444,221.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	35,059,056.	35,613,734.
	21	Total liabilities (Part X, line 26)	6,989,663.	7,911,980.
	22	Net assets or fund balances - Subtract line 21 from line 20	28,069,393.	27,701,754.

Part II Signature Block

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

Sign Here	Signature of officer	<i>SCOTT M. CATTANACH</i>		Date	8-7-12
	Type or print name and title	SCOTT CATTANACH, TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	WILLIAM J. LABRAKE, CPA	WILLIAM J. LABRAKE,	08/07/12	☐	P00031397
	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449			
	Firm's address ▶ PO BOX 8010				
	WAUSAU, WI 54402-8010	Phone no. 715-845-3111			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

2011-08-07 12:00:00

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11

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:

THE COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN IS A NONPROFIT COMMUNITY CORPORATION, CREATED BY AND FOR THE PEOPLE OF NORTH CENTRAL WISCONSIN. WE EXIST TO ENHANCE THE QUALITY OF LIFE OF THE GREATER WAUSAU 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 1,612,800. including grants of \$ 1,456,371.) (Revenue \$ _____)

ENRICH THE QUALITY OF THE GREATER WAUSAU AREA BY CREATING A COMMUNITY ENDOWMENT AND ENGAGING IN MEANINGFUL GRANTMAKING. CONVENE THE NONPROFIT SECTOR TO EDUCATE THEM ON AVAILABLE SERVICES AND FUNDING OPPORTUNITIES, AND TO PROVIDE A VENUE TO DISCUSS ISSUES OF GREATEST PRIORITY TO THEM.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses **1,612,800.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	6 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>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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>	15	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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 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? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13													
b Enter the number of voting members included in line 1a, above, who are independent		13												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done							X								
13 Did the organization have a written whistleblower policy?							X								
14 Did the organization have a written document retention and destruction policy?							X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										X					
b Other officers or key employees of the organization										X					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?															

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PAULINE ZWECK - 715-845-9555**
500 FIRST STREET, SUITE 2600, WAUSAU, WI 54403

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) KEITH KOCOUREK PRESIDENT	1.00	X		X				0.	0.	0.
(2) JENY NIEUWENHUIS GUSTAFSON VICE PRESIDENT	0.50	X		X				0.	0.	0.
(3) SCOTT CATTANACH TREASURER	0.50	X		X				0.	0.	0.
(4) ART JUEDES DIRECTOR	0.50	X						0.	0.	0.
(5) STEVEN IMMEL DIRECTOR	0.50	X						0.	0.	0.
(6) MARY NELL REIF DIRECTOR	0.50	X						0.	0.	0.
(7) NEIL SLAMKA DIRECTOR	0.50	X						0.	0.	0.
(8) JENNIFER SWEENEY SECRETARY	0.50	X		X				0.	0.	0.
(9) SUSAN TIEDEMANN DIRECTOR	0.50	X						0.	0.	0.
(10) MARGARET GHIDORZI DIRECTOR	0.50	X						0.	0.	0.
(11) DIANE POSTLER SLATTERY DIRECTOR	0.50	X						0.	0.	0.
(12) JAMIE SCHAEFER DIRECTOR	0.50	X						0.	0.	0.
(13) HUGH JONES DIRECTOR	0.50	X						0.	0.	0.
(14) JEAN TEHAN EXECUTIVE DIRECTOR	40.00			X				84,408.	0.	1,686.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								84,408.	0.	1,686.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								84,408.	0.	1,686.

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

- | | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	30,004.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,180,268.				
	g Noncash contributions included in lines 1a-1f \$		289,613.				
	h Total. Add lines 1a-1f			2,210,272.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,003,791.			1,003,791.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			6,874.			6,874.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less. direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a INCREASE IN CSV		525100	17,680.			17,680.	
b OTHER INCOME		900099	125.	125.			
c							
d All other revenue							
e Total. Add lines 11a-11d			17,805.				
12 Total revenue. See instructions.			3,238,742.	125.	0.	1,028,345.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,356,621.	1,356,621.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	99,750.	99,750.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,094.	38,743.	38,743.	8,608.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	127,325.	57,296.	57,296.	12,733.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	13,352.	6,008.	6,008.	1,336.
10 Payroll taxes	15,016.	6,757.	6,757.	1,502.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,200.		13,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,168.		40,168.	
g Other				
12 Advertising and promotion				
13 Office expenses	10,749.	2,553.	8,196.	
14 Information technology	18,473.	8,313.	8,313.	1,847.
15 Royalties				
16 Occupancy	30,596.	13,768.	13,768.	3,060.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	264.	87.	90.	87.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,004.		15,004.	
23 Insurance	3,775.		3,775.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING & DEVELOPMENT	25,172.	12,586.		12,586.
b FUND EXPENSE	10,471.	10,471.		
c TEMPORARY SERVICES	2,403.		2,403.	
d MISCELLANEOUS	1,090.	18.	1,055.	17.
e All other expenses	-75,002.	-171.	-74,831.	
25 Total functional expenses. Add lines 1 through 24e	1,794,521.	1,612,800.	139,945.	41,776.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,243.	1	3,740.
	2 Savings and temporary cash investments	3,591,432.	2	2,641,652.
	3 Pledges and grants receivable, net	769,069.	3	2,318,678.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,241.	9	6,179.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 142,272.		
	b Less accumulated depreciation	10b 73,624.	10c	68,648.
	11 Investments - publicly traded securities	30,401,502.	11	30,339,740.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	217,417.	15	235,097.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	35,059,056.	16	35,613,734.
Liabilities	17 Accounts payable and accrued expenses	64,293.	17	63,346.
	18 Grants payable	338,591.	18	210,720.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,586,779.	25	7,637,914.
	26 Total liabilities. Add lines 17 through 25	6,989,663.	26	7,911,980.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,785,984.	27	15,066,352.
	28 Temporarily restricted net assets	8,282,450.	28	8,626,773.
	29 Permanently restricted net assets	4,000,959.	29	4,008,629.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	28,069,393.	33	27,701,754.
	34 Total liabilities and net assets/fund balances	35,059,056.	34	35,613,734.

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,238,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,794,521.
3	Revenue less expenses Subtract line 2 from line 1	3	1,444,221.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,069,393.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,811,860.
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	27,701,754.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a

X

2b

X

2c

X

3a

X

3b

Form 990 (2011)

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

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

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2229685.	2198026.	1593822.	4276702.	2210272.	12508507.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2229685.	2198026.	1593822.	4276702.	2210272.	12508507.
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)						3841989.
6 Public support. Subtract line 5 from line 4						8666518.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2229685.	2198026.	1593822.	4276702.	2210272.	12508507.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1535871.	1060277.	578,552.	618,550.	1003791.	4797041.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	17,334.	36,151.	16,826.	17,643.	17,805.	105,759.
11 Total support. Add lines 7 through 10						17411307.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	49.78 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	50.39 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

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	81	
2 Aggregate contributions to (during year)	624,528.	
3 Aggregate grants from (during year)	599,132.	
4 Aggregate value at end of year	7,629,640.	
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).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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	4,399,209.	4,150,663.	3,331,831.	4,858,954.	
b Contributions	1,100.	24,970.	100.	525.	
c Net investment earnings, gains, and losses	-101,159.	513,622.	992,533.	-1,330,559.	
d Grants or scholarships					
e Other expenditures for facilities and programs	203,978.	290,046.	173,801.	197,089.	
f Administrative expenses					
g End of year balance	4,095,172.	4,399,209.	4,150,663.	3,331,831.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ .00 %b Permanent endowment ☒ 94.00 %c Temporarily restricted endowment ☒ 6.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations		X
3a(ii) related organizations		X
3b		

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		46,100.	11,525.	34,575.
d Equipment		44,128.	24,779.	19,349.
e Other		52,044.	37,320.	14,724.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				68,648.

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	7,637,914.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

7,637,914.

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 XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,238,742.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,794,521.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,444,221.
4	Net unrealized gains (losses) on investments	4	-1,774,269.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-37,591.
9	Total adjustments (net). Add lines 4 through 8	9	-1,811,860.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-367,639.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,484,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,774,269.
b	Donated services and use of facilities	2b	19,800.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-1,754,469.
3	Subtract line 2e from line 1	3	3,238,742.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,238,742.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,814,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	19,800.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	19,800.
3	Subtract line 2e from line 1	3	1,794,521.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,794,521.

Part XIV Supplemental Information

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

PART X, LINE 2: IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS,

ASC TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, REQUIRES AN

ORGANIZATION TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX

POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OR THE

POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL

INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT

RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED

IN THE FINANCIAL STATEMENTS.

Part XIV Supplemental Information (continued)

THE FOUNDATION RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX
POSITIONS OR UNRECOGNIZED TAX BENEFITS. FEDERAL TAX RETURNS FOR 2008 AND
BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER OF FUNDS TO FUNDS HELD FOR AGENCIES -37,591.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number
39-1577472

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS MARATHON COUNTY WAUSAU, WI 54403	39-0808444	501(C)(3)	7,200.	0.			GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION WAUSAU, WI 54401	39-1256656	501(C)(3)	4,000.	0.			FESTIVAL OF TREES
ASPIRUS HEALTH FOUNDATION WAUSAU, WI 54401	39-1256656	501(C)(3)	10,000.	0.			JUVENILE DIABETES TREATMENT
ASPIRUS HEALTH FOUNDATION WAUSAU, WI 54401	39-1256656	501(C)(3)	9,765.	0.			GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION WAUSAU, WI 54401	39-1256656	501(C)(3)	5,100.	0.			COMFORT CARE & HOSPICE SERVICES
CITY OF WAUSAU WAUSAU, WI 54403		CITY	12,045.	0.			RIVER WALK DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

57.

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

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WI - WAUSAU, WI 54401	39-1258616	501(C)(3)	750.	0.			BOWL FOR KIDS
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WI - WAUSAU, WI 54401	39-1258616	501(C)(3)	250.	0.			BIG LUAU
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WI - WAUSAU, WI 54401	39-1258616	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	2,000.	0.			GREAT FUTURES START HERE
BOYS & GIRLS CLUB OF THE WAUSAU AREA - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	10,000.	0.			TRANSPORTATION
BOYS & GIRLS CLUB OF THE WAUSAU AREA - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	27,829.	0.			GENERAL SUPPORT
CANINE COMPANIONS FOR INDEPENDENCE DELAWARE, OH 43015	94-2494324	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CENTER FOR THE VISUAL ARTS WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	2,046.	0.			A LOFTY IDEA
CENTER FOR THE VISUAL ARTS WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	1,900.	0.			EGYPT: PAST AND PRESENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE VISUAL ARTS WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	8,923.	0.			REFIGURE
DAIRYLAND STATE ACADEMY WAUSAU, WI 54401		501(C)(3)	39,643.	0.			PROGRAM DEVELOPMENT
EXPERIMENTAL AIRCRAFT ASSOCIATION OSHKOSH, WI 54903-3086	39-1033301	501(C)(3)	11,500.	0.			YOUNG EAGLES
EXPERIMENTAL AIRCRAFT ASSOCIATION OSHKOSH, WI 54903-3086	39-1033301	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILY PLANNING HEALTH SERVICES WAUSAU, WI 54401	39-1206364	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FELLOWSHIP FOR CHRISTIAN ATHLETES WAUSAU, WI 54401	39-1752850	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH WAUSAU, WI 54403	39-0806385	501(C)(3)	11,500.	0.			GENERAL SUPPORT
FOUNDATION OF ST. JOSEPH'S HOSPITAL - MARSHFIELD, WI 54449		HOSPITAL	5,000.	0.			DOVE CAPITAL CAMPAIGN
FRIENDS OF PRIDE PARK TOMAHAWK, WI 54487	26-3442387	501(C)(3)	10,000.	0.			BLEACHER PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - GREEN BAY, WI 54308-9427	39-1016314	501(C)(3)	13,500.	0.			GENERAL SUPPORT
GOOD SHEPHERD LUTHERAN CHURCH WAUSAU, WI 54403		CHURCH	6,000.	0.			GENERAL SUPPORT & PASTOR'S FUND
HOMER HEIGHTS, INC./FOREST PARK VILLAGE - WAUSAU, WI 54403	39-1484989	501(C)(3)	10,000.	0.			ADULT DAY SERVICES
HOWARD YOUNG HEALTH CARE FOUNDATION, INC. - WOODRUFF, WI 54568	39-1521169	501(C)(3)	5,000.	0.			LAKELAND FOOD PANTRY
HUMANE SOCIETY OF MARATHON COUNTY WAUSAU, WI 54401	39-6103305	501(C)(3)	5,750.	0.			GENERAL SUPPORT
LAKELAND COLLEGE SHEBOYGAN, WI 53082	39-0821861	COLLEGE	6,500.	0.			BUSINESS SCHOOL
MARATHON COUNTY HISTORICAL SOCIETY WAUSAU, WI 54403	39-0875968	501(C)(3)	20,900.	0.			GENERAL SUPPORT
MARATHON COUNTY HISTORICAL SOCIETY WAUSAU, WI 54403	39-0875968	501(C)(3)	2,000.	0.			REUPHOLSTERING
MARATHON COUNTY PUBLIC LIBRARY WAUSAU, WI 54403	39-6005716	PUBLIC LIBRARY	3,000.	0.			21ST CENTURY LEARNING CENTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARATHON COUNTY PUBLIC LIBRARY WAUSAU, WI 54403	39-6005716	PUBLIC LIBRARY	3,500.	0.			LARGE PRINT BOOKS
MARATHON COUNTY PUBLIC LIBRARY WAUSAU, WI 54403	39-6005716	PUBLIC LIBRARY	1,500.	0.			GENERAL SUPPORT
MARSHFIELD CLINIC MARSHFIELD, WI 54449		HOSPITAL	10,000.	0.			CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA 02114		HOSPITAL	63,800.	0.			IMPROVE FLU VACCINE IMMUNOGENICITY
MERRILL NORMAL PARK MERRILL, WI 54452	39-6005531	501(C)(3)	75,500.	0.			NORMAL PARK PROJECT
MOUNTAIN BAY ELEMENTARY SCHOOL WESTON, WI 54476		SCHOOL	2,011.	0.			ENRICHMENT ACTIVITIES FOR MATH INSTRUCTION
MOUNTAIN BAY ELEMENTARY SCHOOL WESTON, WI 54476		SCHOOL	4,500.	0.			THE ARTS: AN EXPRESSION OF CREATIVITY
MUSIC ON THE RIVER TOMAHAWK, WI 54487	41-2279162	501(C)(3)	30,000.	0.			MUSIC ON THE RIVER PAVILION
NATIONAL DISASTER DOG SEARCH FOUNDATION - OJAI, CA 93023	77-0412509	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEIGHBORS' PLACE WAUSAU, WI 54403	39-1640241	501(C)(3)	23,200.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE WAUSAU, WI 54403	39-1640241	501(C)(3)	7,600.	0.			FOOD PANTRY
NEW HOPE COMMUNITY CHURCH WAUSAU, WI 54403		CHURCH	6,000.	0.			GENERAL SUPPORT
NEVER FORGOTTEN HONOR FLIGHT WAUSAU, WI 54402	27-4271620	501(C)(3)	184,174.	0.			VETERAN HONOR FLIGHTS
NEWMAN CATHOLIC HIGH SCHOOL WAUSAU, WI 54401		CHURCH	11,000.	0.			GENERAL SUPPORT
NORTHCENTRAL TECHNICAL COLLEGE WAUSAU, WI 54401		COLLEGE	10,000.	0.			EMERGENCY VILLAGE
NORTHCENTRAL TECHNICAL COLLEGE WAUSAU, WI 54401		COLLEGE	1,425.	0.			BUSINESS ESSENTIALS WORKSHOP
PASTIME CLUB MINOCQUA, WI 54548	20-8072539	501(C)(3)	7,750.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION WAUSAU, WI 54403	23-7240695	501(C)(3)	23,780.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERFORMING ARTS FOUNDATION WAUSAU, WI 54403	23-7240695	501(C)(3)	2,276.	0.			YAMMA ENSEMBLE RESIDENCY
RANDLIN ADULT FAMILY CARE HOMES WAUSAU, WI 54402	31-1753025	501(C)(3)	7,500.	0.			RANDLIN HOMES MOVERS START UP
RANDLIN ADULT FAMILY CARE HOMES WAUSAU, WI 54402	31-1753025	501(C)(3)	600.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE MARSHFIELD, WI 54449	93-0833012	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY WAUSAU, WI 54402	39-0806889	501(C)(3)	16,050.	0.			GENERAL SUPPORT
SAMOSSET COUNCIL - BOY SCOUTS OF AMERICA - WESTON, WI 54476	23-7076816	501(C)(3)	17,750.	0.			GENERAL SUPPORT
SAMOSSET COUNCIL - BOY SCOUTS OF AMERICA - WESTON, WI 54476	23-7076816	501(C)(3)	1,000.	0.			HMONG TROOP PROGRAM
SAMOSSET COUNCIL - BOY SCOUTS OF AMERICA - WESTON, WI 54476	23-7076816	501(C)(3)	1,500.	0.			SCHOLARSHIPS
ST. AMBROSE EPISCOPAL CHURCH ANTIGO, WI 54409		CHURCH	10,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOREFRONT LEARNING CENTER WAUSAU, WI 54403	39-1080179	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED SCHOOL DISTRICT OF ANTIGO ANTIGO, WI 54409		SCHOOL	52,433.	0.			SPLASH PAD ADDITION
UNITED WAY OF MARATHON COUNTY WAUSAU, WI 54403	39-0935496	501(C)(3)	100.	0.			FILL A BACK PACK FILL A NEED
UNITED WAY OF MARATHON COUNTY WAUSAU, WI 54403	39-0935496	501(C)(3)	2,700.	0.			TRAINING FOR NON-PROFIT BOARD
UNITED WAY OF MARATHON COUNTY WAUSAU, WI 54403	39-0935496	501(C)(3)	500.	0.			WOMEN IN ACTION/POP
UNITED WAY OF MARATHON COUNTY WAUSAU, WI 54403	39-0935496	501(C)(3)	52,100.	0.			GENERAL SUPPORT
UW MADISON SCHOOL OF VETERINARY MEDICINE - MADISON, WI 53706		COLLEGE	5,000.	0.			GENERAL SUPPORT
UW-OPO EDUCATION WAUSAU, WI 54401	39-1138823	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UWMC FOUNDATION WAUSAU, WI 54401	39-1138823	501(C)(3)	10,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VSA ARTS OF WISCONSIN MADISON, WI 53704-7364	39-1526913	501(C)(3)	5,505.	0.			GENERAL SUPPORT
WAUSAU CONSERVATORY OF MUSIC WAUSAU, WI 54403	39-1391008	501(C)(3)	6,698.	0.			MUSIC CAMPS
WAUSAU CONSERVATORY OF MUSIC WAUSAU, WI 54403	39-1391008	501(C)(3)	9,263.	0.			GENERAL SUPPORT
WAUSAU CONSERVATORY OF MUSIC WAUSAU, WI 54403	39-1391008	501(C)(3)	2,240.	0.			FACULTY ARTIST SERIES
WAUSAU CONSERVATORY OF MUSIC WAUSAU, WI 54403	39-1391008	501(C)(3)	2,155.	0.			ANNUAL JAZZ FESTIVAL
WAUSAU & MARATHON COUNTY PARKS FOUNDATION - WAUSAU, WI 54403	39-1476612	501(C)(3)	15,307.	0.			HANDICAPPED ACCESSIBLE KAYAK & CANOE DOCK
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,383.	0.			A NEW LEAF: THE ART OF BOTANICAL PAINTING
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,490.	0.			DESTINATION DINOTOPIA: JAMES GURNEY IN RESIDENCE
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,480.	0.			FROM THE FORGE: DAN NAUMAN IN RESIDENCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,500.	0.			STEVEN SIEGEL: STACKED AND STAKED SITE
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,480.	0.			WIRE PLAY: A RESIDENCY WITH THOMAS HILL
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	100.	0.			HELEN HAMMES MEMORIAL
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,500.	0.			ACCESSIBILITY FOR ALL
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	7,500.	0.			OUTDOOR SCULPTURE COLLECTION
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	5,000.	0.			BIRDS IN ART 2011 ARTISTS' DINNER
WOODSON ART MUSEUM WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,000.	0.			GENERAL SUPPORT
WAUSAU KAYAK/CANOE CORPORATION WAUSAU, WI 54403	39-1602858	501(C)(3)	9,500.	0.			WHITEWATER PARK IMPROVEMENTS
WAUSAU SCHOOL DISTRICT WAUSAU, WI 54402-0359		SCHOOL	2,500.	0.			FIRST THEY KILLED MY FATHER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUSAU SCHOOL DISTRICT WAUSAU, WI 54402-0359		SCHOOL	1,675.	0.			RHYTHM NATIONS: DEVELOPING THE RHYTHMIC ABILITIES
WAUSAU SCHOOL DISTRICT WAUSAU, WI 54402-0359		SCHOOL	1,000.	0.			SUMMIT ON THE FUTURE OF EDUCATION
WAUSAU SYMPHONY & BAND WAUSAU, WI 54403	39-1387616	501(C)(3)	7,102.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION MADISON, WI 53705-0036	23-7300462	501(C)(3)	8,900.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY WAUSAU, WI 54403	39-1290452	501(C)(3)	12,350.	0.			GENERAL SUPPORT
WOODSON YMCA FOUNDATION WAUSAU, WI 54403	39-6066206	501(C)(3)	1,500.	0.			INVEST IN YOUTH
WOODSON YMCA FOUNDATION WAUSAU, WI 54403	39-6066206	501(C)(3)	1,450.	0.			COMMUNITY PARTNERS
WOODSON YMCA FOUNDATION WAUSAU, WI 54403	39-6066206	501(C)(3)	8,300.	0.			GENERAL SUPPORT
YWCA OF WAUSAU WAUSAU, WI 54403	39-1631657	501(C)(3)	1,120.	0.			WINDOW BLINDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF WAUSAU WAUSAU, WI 54403	39-1631657	501(C)(3)	2,077.	0.			I •HEART- ART WEEK
YWCA OF WAUSAU WAUSAU, WI 54403	39-1631657	501(C)(3)	1,000.	0.			HOST CITY FOR STAND AGAINST RACISM 2012
YWCA OF WAUSAU WAUSAU, WI 54403	39-1631657	501(C)(3)	10,600.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP FUND FOR STUDENTS ATTENDING THE FOLLOWING SCHOOLS: NEWMAN CATHOLIC HIGH SCHOOL, NORTH CENTRAL TECHNICAL COLLEGE, NTC FOUNDATION, INC., UW-EAU CLAIRE, UW-STEVENS POINT, UW-MADISON,	88	99,750.	0.		

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

SCHEDULE I, PART I, LINE 2: THE COMMUNITY FOUNDATION MONITORS ITS GRANT

AWARDS IN SEVERAL WAYS.

DONOR ADVISED FUNDS: GRANTS AWARDED FROM DONOR ADVISED FUNDS ARE SENT AFTER

THE FOUNDATION HAS DETERMINED THAT THE ORGANIZATION IS A 501(C)(3)

CHARITABLE ORGANIZATION OR MEETS ELIGIBILITY AS A CHARITABLE ENTITY. GRANT

RECIPIENTS ARE ASKED TO SEND AN ACKNOWLEDGEMENT LETTER FOR FUNDS RECEIVED.

SCHOLARSHIPS: PAYMENT IS MADE DIRECTLY TO THE INSTITUTION THE STUDENT IS

ATTENDING AFTER THE FOUNDATION HAS RECEIVED PROOF OF REGISTRATION PROVING

THAT THEY HAVE MET THE REQUIREMENTS OF THE AWARD. UNRESTRICTED FUNDS (AND

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Part IV Supplemental Information

RESTRICTED FUNDS THAT UTILIZE A GRANT APPLICATION PROCESS): ONCE THE BOARD HAS APPROVED THE RECOMMENDATIONS OF THE DISTRIBUTIONS COMMITTEE, RECIPIENTS RECEIVE A GRANT AWARD AGREEMENT LETTER, WHICH THEY SIGN AND RETURN TO THE FOUNDATION WHEN THEY ARE READY TO PROCEED WITH THE PROJECT. THIS AGREEMENT LETTER BINDS THE ORGANIZATION TO COMPLETE THE PROJECT AS OUTLINED IN THEIR APPLICATION; AND DETERMINES THE DATE FOR PAYMENT FROM THE FOUNDATION. A FINAL REPORT IS REQUIRED OF THE GRANT RECIPIENT WITHIN ONE YEAR OF THE GRANT DATE, OR WITHIN SIX MONTHS OF COMPLETION OF THE PROJECT (WHICHEVER COMES FIRST). SITE VISITS AND FOLLOW UP CALLS ARE CONDUCTED AS NECESSARY.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: SCHOLARSHIP FUND FOR STUDENTS ATTENDING THE FOLLOWING SCHOOLS: NEWMAN CATHOLIC HIGH SCHOOL, NORTH CENTRAL TECHNICAL COLLEGE, NTC FOUNDATION, INC., UW-EAU CLAIRE, UW-STEVENSON POINT, UW-MADISON, UW-MARATHON COUNTY, UW-MILWAUKEE AND WAUSAU EAST HIGH SCHOOL.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	283,075.	MEAN OF HIGH AND LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PAPER)	X	1	6,538.	COST
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, LINE 32B: A BROKER IS USED TO SELL THE SECURITIES THAT ARE
DONATED.**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

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

CREATED BY AND FOR THE PEOPLE OF NORTH CENTRAL WISCONSIN. WE EXIST TO
ENHANCE THE QUALITY OF THE GREATER WAUSAU AREA.

OUR GOALS ARE TO:

-RESPONSIBLY SOLICIT, MANAGE, AND DISTRIBUTE PHILANTHROPIC ASSETS
CREATED BY CHARITABLE GIFTS AND BEQUESTS.

-COMMUNICATE OPPORTUNITIES AND BENEFITS OF PHILANTHROPY TO COMMUNITIES
SERVED.

-DEMONSTRATE LEADERSHIP AND ACT AS A CATALYST TO DESIGN PROGRAMS AND
IDENTIFY ISSUES IN COLLABORATION WITH OTHER FOUNDATIONS, CORPORATIONS,
ORGANIZATIONS, AND COMMUNITIES.

-ENGAGE IN CREATIVE AND SENSITIVE GRANT MAKING TO ENRICH COMMUNITIES
SERVED.

-DEVOTE SPECIAL EMPHASIS TO ENHANCING THE VIBRANCY AND LIVABILITY OF
THE GREATER WAUSAU AREA AND MARATHON COUNTY.

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

OUR GOALS ARE TO:

-RESPONSIBLY SOLICIT, MANAGE, AND DISTRIBUTE PHILANTHROPIC ASSETS
CREATED BY CHARITABLE GIFTS AND BEQUESTS.

-COMMUNICATE OPPORTUNITIES AND BENEFITS OF PHILANTHROPY TO COMMUNITIES
SERVED.

-DEMONSTRATE LEADERSHIP AND ACT AS A CATALYST TO DESIGN PROGRAMS AND
IDENTIFY ISSUES IN COLLABORATION WITH OTHER FOUNDATIONS, CORPORATIONS,

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

ORGANIZATIONS, AND COMMUNITIES.

-ENGAGE IN CREATIVE AND SENSITIVE GRANT MAKING TO ENRICH COMMUNITIES
SERVED.

-DEVOTE SPECIAL EMPHASIS TO ENHANCING THE VIBRANCY AND LIVABILITY OF
THE GREATER WAUSAU AREA AND MARATHON COUNTY.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS ARE PROVIDED
A COPY OF THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICIES ARE
FILLED OUT BY THE BOARD MEMBERS AND UPDATED ANNUALLY AND REVIEWED EACH
YEAR.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING
COMPENSATION IS AS FOLLOWS: THE BOARD OF DIRECTORS OBTAIN COMPARABLE DATA
TO EVALUATE THEIR COMPENSATION STRUCTURE AND USE THAT FOR A BASIS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC THROUGH THEIR ANNUAL REPORT AND WEBSITE.

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

NET UNREALIZED LOSSES ON INVESTMENTS:	-1,774,269.
TRANSFER OF FUNDS TO FUNDS HELD FOR AGENCIES	-37,591.
TOTAL TO FORM 990, PART XI, LINE 5	-1,811,860.

FORM 990, PART XII, 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

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 and click on *e-file for Charities & Nonprofits*.

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions COMMUNITY FOUNDATION OF NORTH CENTRAL WI	Employer identification number (EIN) or ☒ 39-1577472
	Number, street, and room or suite no. If a P O box, see instructions 500 FIRST STREET, NO. 2600	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WAUSAU, WI 54403	

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	01	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

PAULINE ZWECK

- The books are in the care of ► **500 FIRST STREET, SUITE 2600 - WAUSAU, WI 54403**
Telephone No ► **715-845-9555** 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 **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2011** or
► ☐ tax year beginning _____, and ending _____

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)