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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► 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

ENVELOPE POSTMARK DATE NOV 09 2012

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
WAUKESHA COUNTY COMMUNITY FOUNDATION
2727 N. GRANDVIEW BLVD #122
WAUKESHA, WI 53188

D Employer Identification Number
39-1969122

E Telephone number
262-513-1861

G Gross receipts $ 2,865,123.

F Name and address of principal officer KATHRYN LEVERENZ
SAME AS C ABOVE

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)

Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.WAUKESHAFOUNDATION.ORG

H(c) Group exemption number ►

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation 1999 **M** State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities WCCF IS A POOL OF PERMANENT ENDOWMENT AND PROJECT FUNDS CREATED PRIMARILY BY AND FOR THE PEOPLE OF WAUKESHA COUNTY TO PROVIDE GRANT SUPPORT TO CHARITABLE ORGANIZATIONS. THE INTENT OF THE FOUNDATION IS TO SERVE A BROAD SPECTRUM OF THE COMMUNITY.

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	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
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	200
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.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,894,902.	1,679,595.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,516,231.	1,017,136.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,237.	137,375.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,382,896.	2,834,106.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,642,096.	2,810,832.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	178,898.	193,270.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 59,207.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	178,631.	244,804.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,999,625.	3,248,906.
19	Revenue less expenses Subtract line 18 from line 12	3,383,271.	-414,800.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,553,355.	23,448,038.
21	Total liabilities (Part X, line 26)	1,085,017.	1,257,952.
22	Net assets or fund balances Subtract line 21 from line 20	23,468,338.	22,190,086.

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941
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SCANNED NOV 28 2012

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

► Kathryn M. Leverenz
Signature of officer

11/6/12
Date

► President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KATY L. SOMMER	Katy L Sommer	10/10/12		P00273273

Firm's name ► RITZ HOLMAN LLP
Firm's address ► 330 E. KILBOURN STE. 550
MILWAUKEE, WI 53202-3144
Firm's EIN ►
Phone no (414) 271-1451

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

9-18

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . [ ] Yes [X] No

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 [X] 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 $ 2,810,832. including grants of $ 2,810,832.) (Revenue $)

THE ORGANIZATION PROVIDES SUPPORT FOR CHARITABLE PURPOSES, ORGANIZATIONS, AND ACTIVITIES LOCATED PRIMARILY WITHIN WAUKESHA COUNTY, WISCONSIN

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 ► 2,810,832.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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? *If 'Yes,' complete Schedule C, Part 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? *If 'Yes,' complete Schedule C, Part II*	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? *If 'Yes,' complete Schedule C, Part III*	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? *If 'Yes,' complete Schedule D, Part 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? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	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? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	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? *If 'Yes,' complete Schedule D, Part VI*	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? *If 'Yes,' complete Schedule D, Part VII*	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? *If 'Yes,' complete Schedule D, Part VIII*	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? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	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)? *If 'Yes,' complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	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? *If 'Yes,' complete Schedule F, Parts I and IV*	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? *If 'Yes,' complete Schedule F, Parts II and IV*	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? *If 'Yes,' complete Schedule F, Parts III and IV*	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? *If 'Yes,' complete Schedule G, Part I (see instructions)*	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? *If 'Yes,' complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		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 governments and organizations 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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		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 Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1		
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?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)			
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		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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 [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director or 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*	9			X

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

				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a			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?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O				
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c		X	
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14		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 SEE SCHEDULE O	15a		X	
b	Other officers of key employees of the organization SEE SCHEDULE O	15b		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?	16a			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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► KATHRYN LEVERENZ 2727 N. GRANDVIEW BLVD, STE 122 WAUKESHA WI 53188 262-513-1861

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) SUSAN BELLEHUMEUR DIRECTOR	1	X						0.	0.	0.
(2) ANDREA BRYANT DIRECTOR	1	X						0.	0.	0.
(3) GERALD COURI DIRECTOR	1	X						0.	0.	0.
(4) DANIEL D'ANGELO DIRECTOR	1	X						0.	0.	0.
(5) BRIAN DOROW DIRECTOR	1	X						0.	0.	0.
(6) MICHAEL DUCKETT TREASURER	1	X		X				0.	0.	0.
(7) ANNE FOSTER DIRECTOR	1	X						0.	0.	0.
(8) KARIN GALE DIRECTOR	1	X						0.	0.	0.
(9) KATHLEEN GRAY SECRETARY	1	X		X				0.	0.	0.
(10) STEVEN JOHNSON DIRECTOR	1	X						0.	0.	0.
(11) BRIAN KAMINSKI DIRECTOR	1	X						0.	0.	0.
(12) KARIN KULTGEN DIRECTOR	1	X						0.	0.	0.
(13) RICHARD LARSON DIRECTOR	1	X						0.	0.	0.
(14) KATHY LEDVINA DIRECTOR	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch 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			
(15) JOHN MACY CHAIRMAN	1	X		X				0.	0.	0.
(16) RHODY MEGAL DIRECTOR	1	X						0.	0.	0.
(17) CHARLES PALMER DIRECTOR	1	X						0.	0.	0.
(18) KENNETH RIESCH VICE PRESIDENT	1	X		X				0.	0.	0.
(19) JAMES RILEY DIRECTOR	1	X						0.	0.	0.
(20) REXFORD TITUS III DIRECTOR	1	X						0.	0.	0.
(21) JAMES WALDEN DIRECTOR	1	X						0.	0.	0.
(22) STEWART WANGARD DIRECTOR	1	X						0.	0.	0.
(23) JEFFREY WIESNER DIRECTOR	1	X						0.	0.	0.
(24) STEPHEN ZIEGLER DIRECTOR	1	X						0.	0.	0.
(25) KATHRYN LEVERENZ PRESIDENT	40			X				61,250.	0.	4,380.
1b Sub-total							►	61,250.	0.	4,380.
c Total from continuation sheets to Part VII, Section A							►	77,453.	0.	7,414.
d Total (add lines 1b and 1c)							►	138,703.	0.	11,794.

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*	3		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*	4		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*	5		X

Section B. Independent Contractors

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

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

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2011

Name of the Organization

WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer Identification number

39-1969122

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID SCHULTZ PAST PRESIDENT	40			X				77,453.	0.	7,414.

Form **990** Cont 2011

TEEA4301L 08/25/11

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,679,595.			
	g Noncash contributions included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f		1,679,595.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	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)		559,992.			559,992.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	457,690. /				
	b Less cost or other basis and sales expenses	/ 546.				
	c Gain or (loss)	457,690. / -546.				
	d Net gain or (loss)		457,144.	457,144.		
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18.	a 157,108.				
	b Less direct expenses	b 30,471.				
	c Net income or (loss) from fundraising events		126,637.			
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a 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				
	11a ADMIN FEE INCOME	522299	10,129.	10,129.		
	b MISCELLANEOUS		609.			609.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		10,738.			
	12 **Total revenue.** See instructions		2,834,106.	467,273.	0.	560,601.

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	2,810,832.	2,810,832.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
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	152,282.	0.	114,304.	37,978.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	27,563.		27,563.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	567.		567.	
10 Payroll taxes	12,858.		10,151.	2,707.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,207.		9,207.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	10,134.			10,134.
13 Office expenses	18,580.		17,522.	1,058.
14 Information technology	10,796.		10,796.	
15 Royalties				
16 Occupancy	11,100.		11,100.	
17 Travel	1,975.		1,675.	300.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,060.		7,030.	7,030.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	194.		194.	
23 Insurance	865.		865.	
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 INVESTMENT MGMT FEE	119,064.		119,064.	
b BAD DEBT EXPENSE	24,342.		24,342.	
c FEES	10,868.		10,868.	
d ANNUAL REPORT	6,622.		6,622.	
e All other expenses	6,997.		6,997.	
25 Total functional expenses. Add lines 1 through 24e	3,248,906.	2,810,832.	378,867.	59,207.
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		71,984.	1	101,254.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		501,763.	3	293,554.
	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			9	2,528.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 14,956.			
	b	Less accumulated depreciation	10b 12,550.	44.	10c	2,406.
	11	Investments — publicly traded securities		23,943,060.	11	23,048,296.
	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		36,504.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,553,355.	16	23,448,038.
LIABILITIES	17	Accounts payable and accrued expenses			17	3,970.
	18	Grants payable		156,500.	18	196,675.
	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		928,517.	25	1,057,307.
	26	**Total liabilities.** Add lines 17 through 25		1,085,017.	26	1,257,952.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		22,966,575.	27	21,896,532.
	28	Temporarily restricted net assets		501,763.	28	293,554.
	29	Permanently restricted net assets			29	
		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		23,468,338.	33	22,190,086.
	34	Total liabilities and net assets/fund balances		24,553,355.	34	23,448,038.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,834,106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,248,906.
3	Revenue less expenses Subtract line 2 from line 1	3	-414,800.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,468,338.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-863,452.
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	22,190,086.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] 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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
WAUKESHA COUNTY COMMUNITY FOUNDATION	39-1969122

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 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 is a Type I, Type II or Type III supporting organization, check this box ☐

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)	
(ii)	A family member of a person described in (i) above?	11g (ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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')	3,200,444.	1,674,960.	2,385,479.	2,894,902.	1,670,595.	11,826,380.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	3,200,444.	1,674,960.	2,385,479.	2,894,902.	1,670,595.	11,826,380.
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)						3,297,067.
6 **Public support.** Subtract line 5 from line 4						8,529,313.

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	3,200,444.	1,674,960.	2,385,479.	2,894,902.	1,670,595.	11,826,380.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	854,211.	548,591.	464,316.	538,309.	559,992.	2,965,419.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	33,735.	37,707.	47,650.	21,655.	126,637.	267,384.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV					10,738.	10,738.
11 **Total support.** Add lines 7 through 10						15,069,921.

12 Gross receipts from related activities, etc (see instructions)	12	0.

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	56.60 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	59.29 %

16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the 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 yr 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 yr 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 lns 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

WAUKESHA COUNTY COMMUNITY FOUNDATION 39-1969122

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
OTHER REVENUE	609.				
ADMIN FEE INCOME	10,129.				
TOTAL	$ 10,738.	$ 0.	$ 0.	$ 0.	$ 0.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number

39-1969122

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	66	
2	Aggregate contributions to (during year)	1,426,038.	
3	Aggregate grants from (during year)	1,375,380.	
4	Aggregate value at end of year	17,463,450.	

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? . . [X] 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 [X] 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)
[ ] Protection of natural habitat
[ ] Preservation of open space
[ ] Preservation of an historically important land area
[ ] Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► $ _____

(ii) Assets included in Form 990, Part X . . . . . ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 . ► $ _____

b Assets included in Form 990, Part X . . . . . ► $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	928,517.	694,707.	733,489.	987,980.	
b Contributions	203,324.	172,332.	199,973.	57,022.	
c Net investment earnings, gains, and losses	-3,791.	96,225.	138,086.	-150,377.	
d Grants or scholarships	55,617.	23,255.	369,185.	152,519.	
e Other expenditures for facilities and programs				0.	
f Administrative expenses	15,126.	11,492.	7,656.	8,617.	
g End of year balance	1,057,307.	928,517.	694,707.	733,489.	

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

a Board designated or quasi-endowment ► 1.00 %
b Permanent endowment ► 99.00 %
c Temporarily restricted endowment ► _____ %

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
(i) unrelated organizations		X
(ii) related organizations		X
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 SEE PART XIV

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				
d Equipment				
e Other		14,956.	12,550.	2,406.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ►				2,406.

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(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. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(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 *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ORGANIZATION ENDOWMENT FUNDS	1,057,307.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	1,057,307.

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) SEE PART XIV

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)	2,834,106.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,248,906.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-414,800.
4	Net unrealized gains (losses) on investments	-863,452.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	-863,452.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-1,278,252.

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	1,973,204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-863,452.		
b	Donated services and use of facilities	2b	2,550.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	-860,902.
3	Subtract line 2e from line 1			3	2,834,106.
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	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	2,834,106.

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

1	Total expenses and losses per audited financial statements			1	3,251,456.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,550.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	2,550.
3	Subtract line 2e from line 1			3	3,248,906.
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	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	3,248,906.

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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE PERMANENT GRANT SUPPORT TO CHARITABLE ORGANIZATIONS SERVING WAUKESHA COUNTY AND BEYOND.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOUSLY FILED TAX RETURNS AND THOSE EXPECTED TO BE TAKEN IN FUTURE TAX RETURNS. AS OF DECEMBER 31, 2011, THE

Part XIV Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE (CONTINUED)

ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR.

Part XIV Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number
39-1969122

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			►				0.

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

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

		(a) Event #1 WOMEN OF DISTI (event type)	(b) Event #2 WAUKESHA EDUCA (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	86,134.	36,572.	32,115.	154,821.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	86,134.	36,572.	32,115.	154,821.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,626.	14,133.	12,318.	29,077.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			►	29,077.
	11 Net income summary. Combine line 3, column (d), and line 10			►	125,744.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary. Combine lines 1, column (d) and line 7			►	

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility . . .	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? . ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $_____ and the amount of gaming revenue retained by the third party ► $_____

c If 'Yes,' enter name and address of the third party

Name ► _____

Address ►

16 Gaming manager information

Name ► _____

Gaming manager compensation ► $_____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

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

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, lines 21 or 22.
► **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number
39-1969122

Part I General Information on Grants and Assistance

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

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

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
(1) 180 JUVENILE DIVERSION 515 W MORELAND BLVD AC G46 WAUKESHA, WI 53188	39-1969122	501 (C) (3)	6,500.	0.	FMV		GENERAL/OPERATING SUPPORT
(2) ALZHEIMER'S ASSOCIATION 620 S 76TH SUITE 160 WEST ALLIS, WI 53214	39-1350965	501 (C) (3)	7,000.	0.	FMV		MARDI GRAS DINNER, GENERAL SUPPORT
(3) AMERICAN RED CROSS IN SE WI 2600 W WISCONSIN AVE MILWAUKEE, WI 53233	53-0196605	501 (C) (3)	21,000.	0.	FMV		GENERAL/OPERATING SUPPORT
(4) CARDINAL STRITCH UNIVERSITY 6801 N YATES ST BAYSIDE, WI 53217	39-0806196	501 (C) (3)	12,500.	0.	FMV		GENERAL/OPERATING SUPPORT
(5) CARROLL UNIVERSITY 100 N EAST AVE WAUKESHA, WI 53186	39-0806325	501 (C) (3)	5,100.	0.	FMV		SCHOLARSHIP
(6) CATHOLIC MEMORIAL HIGH SCHOOL 601 E COLLEGE AVE WAUKESHA, WI 53186	39-0964819	501 (C) (3)	104,500.	0.	FMV		GENERAL SUPPORT
(7) CHILDREN'S HOSPITAL PO BOX 1997 MILWAUKEE, WI 53201	39-1500075	501 (C) (3)	6,000.	0.	FMV		MIRACLE MARATHON, GENERAL SUPPORT
(8) CITY OF WAUKESHA 130 DELAFIELD ST WAUKESHA, WI 53188	39-6005642	170 (C) (1)	6,754.	0.	FMV		PLAYGROUND PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 57

3 Enter total number of other organizations listed in the line 1 table ► 9

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
1						
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANTEES RECEIVING SUPPORT FROM THE COMMUNITY GRANTS OR WOMEN AND GIRLS FUND COMPETITIVE GRANT PROCESSES ARE ASKED TO PROVIDE A DETAILED REPORT ON THEIR USE OF GRANTS WITHIN ONE YEAR OF RECEIVING THE GRANT. GRANTEES RECEIVING GRANTS FROM DONOR ADVISED FUNDS ARE NOT ASKED FOR REPORTS UNLESS THE DONOR ADVISOR REQUESTS THEM. GRANTEES RECEIVING GRANTS FROM OTHER FUNDS TYPICALLY RECEIVE UNRESTRICTED GRANTS AND ARE NOT ASKED FOR REPORTS.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2011

Name of the organization: WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number: 39-1969122

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
DIVINE SAVIOR HOLY ANGELS HS 4257 N 100TH ST MILWAUKEE, WI 53222	39-0929898	501 (C) (3)	6,000.		FMV		SCHOLARSHIPS
FAMILY SERVICE WAUKESHA CTY 101 W BROADWAY WAUKESHA, WI 53186	39-1038707	501 (C) (3)	5,250.		FMV		FEMALE FACILITATORS, GRANT
FC MILWAUKEE NATIONALS, INC. 5557 N 124TH ST BUTLER, WI 53007	39-1994134	501 (C) (3)	32,500.		FMV		UNIFORM SPONSORSHIP
FIRST PRESBYTERIAN CHURCH 810 N EAST AVENUE WAUKESHA, WI 53186	39-6000521	501 (C) (3)	7,000.		FMV		GENERAL/OPERATING SUPPORT
FOOD PANTRY OF WAUKESHA CTY 1301 SENTRY DR WAUKESHA, WI 53186	39-1502732	501 (C) (3)	10,850.		FMV		SPONSORSHIP, GENERAL SUPPORT
FRIENDS OF HOYT PARK & POOL PO BOX 13936 WAUWATOSA, WI 53213	86-1167275	501 (C) (3)	30,000.		FMV		PLEDGE
GERMAN IMMERSION FDN PO BOX 100670 MILWAUKEE, WI 53210	39-2023078	501 (C) (3)	15,000.		FMV		INTERNET COMPETITION
GOODWILL INDUSTRIES OF SE WI 5300 N 118TH CT MILWAUKEE, WI 53225	39-0808491	501 (C) (3)	10,000.		FMV		WKSHA WORKFORCE CONNECTION
GREENDALE HIGH SCHOOL 6801 SOUTHWAY GREENDALE, WI 53129	39-6002357	170 (C) (1)	15,000.		FMV		INTERNET COMPETITION
HOPE CENTER 502 N EAST AVE WAUKESHA, WI 53186	39-1585261	501 (C) (3)	17,500.		FMV		GENERAL/OPERATING SUPPORT

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2011

Name of the organization: WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number: 39-1969122

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
I BACK JACK FOUNDATION, INC PO BOX 41 HARTLAND, WI 53029	20-8139638	501(C)(3)	6,156.		FMV		SPONSORSHIP
INTERFAITH SENIOR PROGRAMS 210 NW BARSTOW ST 101 WAUKESHA, WI 53188	39-1393171	501(C)(3)	7,315.		FMV		SPONSORSHIP,GENERAL SUPPORT
KIDS FROM WISCONSIN 640 S 84TH ST MILWAUKEE, WI 53214	39-1425288	501(C)(3)	20,000.		FMV		GENERAL/OPERATING SUPPORT
LA CASA DE ESPERANZA 410 ARCADIAN AVE WAUKESHA, WI 53186	39-1144446	501(C)(3)	7,287.		FMV		GENERAL/OPERATING SUPPORT
LAKE AREA FREE CLINIC 856 ARMOUR RD SUITE 8 OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	8,500.		FMV		WOMEN & GIRLS HEALTH MAINTENANCE
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	8,550.		FMV		SCHOLARSHIP
MENTAL HEALTH ASSOCIATION S22 W22660 BROADWAY #5S WAUKESHA, WI 53186	39-1143559	501(C)(3)	42,217.		FMV		GENERAL SUPPORT/SPONSORSHIP
MILWAUKEE BALLET 504 W NATIONAL AVE MILWAUKEE, WI 53004	39-1134735	501(C)(3)	15,000.		FMV		GENERAL SUPPORT
MILWAUKEE CTY PARKS 9840 WATERTOWN PLANK RD WAUWATOSA, WI 53226	39-6005720	170(C)(1)	8,000.		FMV		MUSIC UNDER GLASS
MUKWONAGO COMMUNITY LIBRARY 300 WASHINGTON AVE MUKWONAGO, WI 53149	39-6008442	170(C)(1)	1,052,946.		FMV		CONSTRUCTION, DISPLAY CASES

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2011

Name of the organization
WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number
39-1969122

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
MUKWONAGO YMCA PO BOX 364 MUKWONAGO, WI 53149	20-1710496	501(C)(3)	100,000.		FMV		GENERAL SUPPORT
MUSIC IN CULTER PARK, INC PO BOX 391 WAUKESHA, WI 53187	26-0372222	501(C)(3)	6,400.		FMV		GENERAL SUPPORT
NEIGHBORHOOD HOUSE OF MILW 2819 W RICHARDSON PLACE MILWAUKEE, WI 53208	39-0806269	501(C)(3)	100,500.		FMV		SPONSORSHIP, GENERAL SUPPORT
NUGENESIS FARM PO BOX 180461 DELAFIELD, WI 53018	30-0626028	501(C)(3)	50,500.		FMV		GENERAL SUPPORT, SPONSORSHIP
OAK CREEK NATIONAL NIGHT OUT 8580 S HOWELL AVE OAK CREEK, WI 53154	82-0551804	501(C)(3)	7,500.		FMV		SPONSORSHIP
PARENTS PLACE 1570 E MORELAND BOULEVARD WAUKESHA, WI 53186	39-1513200	501(C)(3)	15,000.		FMV		PARENTING FOR SUCCESS
PAULINE HAASS PUBLIC LIBRARY N64 W23820 MAIN STREET SUSSEX, WI 53089	39-1836188	501(C)(3)	10,500.		FMV		GENERAL/OPERATING SUPPORT
PETTIT NATIONAL ICE CENTER 500 S 84TH ST WEST ALLIS, WI 53214	39-1712146	501(C)(3)	11,200.		FMV		SCOREBOARD SPONSORSHIP
POSTIVELY PEWAUKEE 120 W WISCONSIN AVE PEWAUKEE, WI 53072	36-4574409	501(C)(3)	6,750.		FMV		SPONSORSHIP
PRESBYTERIAN HOMES OF WI 222 PARK PLACE WAUKESHA, WI 53186	31-1662044	501(C)(3)	15,400.		FMV		GENERAL/OPERATING SUPPORT

Continuation Sheet for Schedule I (Form 990)

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2011

Name of the organization: WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number: 39-1969122

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
SALVATION ARMY 445 MADISON ST WAUKESHA, WI 53188	39-0806889	501(C)(3)	7,250.		FMV		GENERAL/OPERATING SUPPORT
SCHOOL DISTRICT OF WAUKESHA 222 MAPLE AVE WAUKESHA, WI 53186	39-6005053	170(C)(1)	112,574.		FMV		GENERAL SUPPORT, SCHOLARSHIP
SHARON LYNNE WILSON CENTER 19805 W CAPITOL DRIVE BROOKFIELD, WI 53045	39-1787648	501(C)(3)	24,050.		FMV		GENERAL SUPPORT
SOPHIA'S HEART FDN PO BOX 100858 MILWAUKEE, WI 53210	39-1560027	501(C)(3)	30,000.		FMV		INTERNET COMPETITION
ST. ROMAN PARISH SCHOOL 1710 W BOLIVAR AVE GREENFIELD, WI 53221	39-0921765	501(C)(3)	17,500.		FMV		INTERNET COMPETITION, PLAYGROUND
STRONG LINKS N47 W22107 WEYER RD PEWAUKEE, WI 53072	48-1263213	501(C)(3)	10,000.		FMV		BUILD DECK
THE SOJOURNER FAMILY PEACE PO BOX 080319 MILWAUKEE, WI 53208	39-1276210	501(C)(3)	32,660.		FMV		GENERAL/OPERATING SUPPORT
THE WOMEN'S CENTER, INC 505 N EAST AVENUE WAUKESHA, WI 53186	39-1269698	501(C)(3)	13,505.		FMV		GENERAL/OPERATING SUPPORT
UNITED COMMUNITY CENTER 1028 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(C)(3)	6,000.		FMV		SPONSORSHIP
UNITED WAY IN WAUKESHA CTY PO BOX 1041 WAUKESHA, WI 53187	39-0886376	501(C)(3)	51,950.		FMV		GENERAL/OPERATING SUPPORT

Continuation Sheet for Schedule I (Form 990)

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2011

Name of the organization: WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number: 39-1969122

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
UNIVERSITY OF MINNESOTA PO BOX 835 MINNEAPOLIS, MN 55440	41-6007513	170(C)(1)	7,350.		FMV		SCHOLARSHIP
UNIVERSITY OF WI - MADISON BURSARS OFFICE MADISON, WI 53726	39-1805963	170(C)(1)	20,250.		FMV		SCHOLARSHIPS
UNIVERSITY OF WI FDN 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	44,200.		FMV		GENERAL/OPERATING SUPPORT
UW-WAUKESHA FOUNDATION 1500 N UNIVERSITY DRIVE WAUKESHA, WI 53188	39-1588785	501(C)(3)	12,000.		FMV		FESTIVAL OF BOOKS, SPONSORSHIP
WAUKESHA CIVIC THEATRE PO BOX 221 WAUKESHA, WI 53187	39-6064685	501(C)(3)	23,735.		FMV		GENERAL/OPERATING SUPPORT
WAUKESHA COUNTY TECH COLLEGE 800 MAIN ST PEWAUKEE, WI 53072	39-6005054	501(C)(3)	6,800.		FMV		SCHOLARSHIP
WAUKESHA EDUCATION FOUNDATION 2727 GRANDVIEW BLVD STE 122 WAUKESHA, WI 53188	39-1969122	501(C)(3)	11,100.		FMV		GENERAL/OPERATING SUPPORT
WAUWATOSA NEIGHBORHOOD WATCH WAUWATOSA POLICE DEPT WAUWATOSA, WI 53226	39-1946758	170(C)(1)	7,500.		FMV		TOSA'S NIGHT OUT SPONSORSHIP
WAYS TO WORK 11700 W LAKE PARK DR MILWAUKEE, WI 53224	39-1945011	501(C)(3)	15,000.		FMV		GENERAL/OPERATING SUPPORT
WCTC FOUNDATION, INC 800 MAIN ST PEWAUKEE, WI 53072	39-1325835	501(C)(3)	10,700.		FMV		SCHOLARSHIP

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2011

Name of the organization
WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number
39-1969122

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
WI LUTHERAN HIGH SCHOOL 330 N GLENVIEW AVE WAUWATOSA, WI 53213	39-0888758	501(C)(3)	23,000.		FMV		SCHOLARSHIP, INTERNET COMPETITION
WILDLIFE IN NEED CENTER, INC W349 S1480 WATERVILLE RD OCONOMOWOC, WI 53066	39-1773974	501(C)(3)	5,550.		FMV		GENERAL SUPPORT
WISCONSIN PHILHARMONIC PO BOX 531 WAUKESHA, WI 53187	39-6056460	501(C)(3)	16,100.		FMV		GENERAL SUPPORT
WKSHA CTY HISTORICAL SOCIETY 101 W MAIN STREET WAUKESHA, WI 53186	39-6056461	501(C)(1)	7,875.		FMV		GENERAL/OPERATING SUPPORT
WKSHA MEMORIAL HOSP FDN 725 AMERICAN AVE WAUKESHA, WI 53188	39-1314542	501(C)(3)	119,900.		FMV		GENERAL/OPERATING SUPPORT
WKSHA SOUTH HIGH SCHOOL 401 E ROBERTA AVE WAUKESHA, WI 53186	39-6005053	170(C)(1)	5,150.		FMV		GENERAL/OPERATING SUPPORT
WOMEN FOR MACC 10000 INNOVATION DR #135 WAUWATOSA, WI 53226	39-1418308	501(C)(3)	5,500.		FMV		SPONSORSHIP
ZOOLOGICAL SOCIETY OF MILW 1421 N WATER ST MILWAUKEE, WI 53202	39-6077242	501(C)(3)	9,957.		FMV		KIDS NIGHT SPONSORSHIP

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
WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number
39-1969122

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WCCF IS A POOL OF PERMANENT ENDOWMENT AND PROJECT FUNDS CREATED PRIMARILY BY AND FOR THE PEOPLE OF WAUKESHA COUNTY TO PROVIDE GRANT SUPPORT TO CHARITABLE ORGANIZATIONS. THE INTENT OF THE FOUNDATION IS TO SERVE A BROAD SPECTRUM OF THE COMMUNITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE CHAIR. IT IS ALSO REVIEWED BY THE PRESIDENT AND TREASURER BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BY MONITORING ACTIVITIES AND TRANSACTIONS BOARD ACTIONS INCLUDE DIRECTOR RECUSALS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

ALL DIRECTORS ARE ASKED TO COMPLETE WRITTEN EVALUATIONS OF THE PRESIDENT. RESULTS ARE DISCUSSED BY THE EXECUTIVE COMMITTEE WITH THE PRESIDENT. COMPENSATION IS DETERMINED BY THE FINANCE COMMITTEE AND THEN REQUIRES FULL BOARD APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

ALL DIRECTORS ARE ASKED TO COMPLETE WRITTEN EVALUATIONS OF THE PRESIDENT. RESULTS ARE DISCUSSED BY THE EXECUTIVE COMMITTEE WITH THE PRESIDENT. COMPENSATION IS DETERMINED BY THE FINANCE COMMITTEE AND THEN REQUIRES FULL BOARD APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE CONFLICT OF INTEREST POLICY, BYLAWS, ARTICLES OF INCORPORATION AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN OR PERSONAL REQUEST.

WAUKESHA COUNTY COMMUNITY FOUNDATION 39-1969122

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	$ -863,452.
TOTAL	$ -863,452.

Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . ► [X]
- 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.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
WAUKESHA COUNTY COMMUNITY FOUNDATION	[X] 39-1969122
Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
2727 N. GRANDVIEW BLVD #122	[ ]
City, town or post office, state, and ZIP code For a foreign address, see instructions	
WAUKESHA, WI 53188	

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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► KATHRYN LEVERENZ

Telephone No. ► 262-513-1861 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 8/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 11 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print / File by the extended due date for filing the return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	WAUKESHA COUNTY COMMUNITY FOUNDATION	[X] 39-1969122
	Number, street, and room or suite number If a P O box, see instructions RITZ HOLMAN LLP 330 E. KILBOURN STE. 550	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code For a foreign address, see instructions MILWAUKEE, WI 53202-3144	

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	[redacted]	
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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► KATHRYN LEVERENZ
  Telephone No. ► 262-513-1861 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

4 I request an additional 3-month extension of time until 11/15 , 20 12

5 For calendar year 2011 , or other tax year beginning , 20 , and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason. [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a 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	8a	$
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 and any amount paid previously with Form 8868	8b	$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Katy L Sommer Title ► CPA Date ► 8/3/12