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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

<u>Fo</u>	r cal	endat year 2011 or tax year beginning		, and ending			
		of foundation ARENCE H. GRIBBLE TRUST			A Employer identification	n number	
_1	FII	RST_NATIONAL BANK & TRUS	T COMPANY		39-6083464	}	
		r and street (or P O. box number if mall is not delivered to street	t address)	Room/suite	8 Telephone number		
	345 EAST GRAND AVENUE 608-363-8164						
		town, state, and ZIP code LOIT, WI 53511			C If exemption application is p	sending, check here	▶
_							
-	01100	Final return	inior public charity	D 1. Foreign organization	S, CHECK HEIE		
	Final return Amended return X Address change Name change 2. Foreign organizations meeting the 8						▶□
H	H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated						
	Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here						.ea ▶
1.1		narket value of all assets at end of year J Account		Accrual	F If the foundation is in a		nation
(from	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1		
_1	▶ \$	284,176. (Part I, colu	ımn (d) must be on cash b	esis.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
P	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Diabura	ements
		necessarily equal the amounts in column (a)	expenses per books	ıncome	income	for charitable (cash basis	
	1	Contributions, gifts, grants, etc., received		·····	N/A		
	2					ļ	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	6,107.	6,107.		STATEME	nt i
-	5	a Gross rents					•
-	I _	Net rental income or (loss)		***************************************	{ !		
. 9	3 6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				ļ	
Bever	_	D assets on line 6a			[*******************************
. 6	7	, , , , , , , , , , , , , , , , , , , ,		0.		ļ	
	8						-1-1-1
	9	Income modifications Gross sales less returns		······································		ļ	······
	10			***************************************			***************************************
	1	C Gross profit or (loss)				 	······
	11		500.	0.		STATEME	N# 2
2012 	12		6,607.	6,107.			<u> </u>
	13	Compensation of officers, directors, trustees, etc	2,475.	2,475.			0.
7 F	14	Other employee salaries and wages					
ني. 	15	• • • • • • • • • • • • • • • • •					
	16	a Legal fees STMT 3	520.	0.		1	0.
) Super		b Accounting fees STMT 4	634.	0.			0.
		c Other professional fees					· · · · · · · · · · · · · · · · · · ·
Z	17						
SCANNED ministrative Expe	18	Taxes STMT 5	79.	0.	RECEIV	ED 1	0.
	19	Depreciation and depletion				181	
B E	20	Occupancy			MAY 2 1	2012	
Ą	21	Travel, conferences, and meetings			15		
ā	22	Printing and publications			ACCEL	25	
	23	Other expenses STMT 6	31.	0.	OGDEN,	UI	0.
rat	24	Total operating and administrative	2 720	0 455			_
SCANNED JU.		expenses. Add lines 13 through 23	3,739.	2,475.		<u> </u>	0.
	25		11,500.			11	,500.
	26	•	15 220	2 475		١,,	F 0 0
-	27	Add lines 24 and 25	15,239.	2,475.		11	<u>,500.</u>
	27		-8,632.	, ,			,
	1	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	-0,032	3,632.		ļ	
		Adjusted net income (if negative, enter -0-)		3,032.	N/A		
1235	501 12-11	LHA For Paperwork Reduction Act Notice, see	instructions.		L 47/43	Form 990-1	PF (2011)

LHA For Paperwork Reduction Act Notice, see instructions.

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		CLARENCE H. GRIBBLE TRUS			
<u>Fo</u>	rm 9	90-PF (2011) FIRST NATIONAL BANK & TF		39-60	083464 Page 2
	-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of ye	ar
	OF L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1				
	1	Savings and temporary cash investments	13,591.	4,958.	4,958.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			,
		Less: allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock	10,576.		
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less: accumulated depreciation			,
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	212,586.	223,163.	279,218.
	14	Land, buildings, and equipment basis			
		Less. accumulated depreciation			•••
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	236,753.	228,121.	284,176.
-	17	Accounts payable and accrued expenses			
•	18	Grants payable			•
S	19	Deferred revenue .			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			•
_	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
(A		and complete lines 24 through 26 and lines 30 and 31.			
Ë	24	Unrestricted			•
Net Assets or Fund Balances	25	Temporarily restricted .			
8	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.			
tso	27	Capital stock, trust principal, or current funds	0.	0.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
₹	29	Retained earnings, accumulated income, endowment, or other funds	236,753.	228,121.	
Š	30	Total net assets or fund balances	236,753.	228,121.	
	31	Total liabilities and net assets/fund balances	236,753.	228,121.	······································
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
<u>-</u>	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30			
		t agree with end-of-year figure reported on prior year's return)	v		236,753.
		amount from Part I, line 27a	•	2	-8,632.
		increases not included in line 2 (itemize)		2	0.
-		- 1 · · · · ·		101	~ •

228,121.

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

		osses for Tax on In ind(s) of property sold (e.g.		Income	(b) H	low ac	cquired	(e) Date	acquired	(d) Date sold
		or common stock, 200 shs			` P	- Purc - Dona	hase	(mo., i	day, yr)	(mo., day, yr)
1a										
**************************************	NE		· · · · · · · · · · · · · · · · · · ·		\vdash					
d .	· · · · · · · · · · · · · · · · · · ·				\vdash					
8				N	\vdash				· · · · · · · · · · · · · · · · · · ·	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale			-	(h) ((e) plu	Gain or (loss is (f) minus) (g)
<u>a</u>	ļ		·							
<u>b</u>	ļ									
d d			·							· · · · · · · · · · · · · · · · · · ·
8										
Complete only for assets show	ng gain in	column (h) and owned by t	he foundation	on 12/31/69					Col. (h) gain	
(I) F.M.V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (i) col. (j), if any			CO		not less that (from col (
<u>a</u>	1									
<u>b</u>										
d d			 			•				
8	<u> </u>									
2 Capital gain net income or (net c	apital loss	If gain, also enter of if (loss), enter -0-	in Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo	-	•		•						
If gain, also enter in Part I, line 8			- (0)		}					
If (loss), enter -0- in Part I, line 8 Part V Qualification L)+i 4040/-)	Dadwaad	Tau an Nas		3				
(For optional use by domestic privat										
If section 4940(d)(2) applies, leave t	this part bl	ank								
Was the foundation liable for the sec	ction 4942	tax on the distributable am	ount of any ye	ar in the base pe	riod?		•			Yes X No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in	each colu		ictions detore	making any entri						(d)
(a) Base period years Calendar year (or tax year beginn	ina ın\	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchar	ntable-	-use assets	,	Distrib	oùtion ratio rided by col (c))
2010	g/	1	3,421.		•	25	5,677	7.	(00. (0)	.05249
2009		1	0,941.			23	2,763	3.		.04700
2008			0,960.				5,479			.038393
2007			2,767.				8,135			.06733
2006		L.	2,000.			31	3,854	t •	·	.03823
2 Total of line 1, column (d)								2		.24345
3 Average distribution ratio for the	5-year ba	se period - divide the total o	n line 2 by 5,	or by the number	of yea	ars		-		
the foundation has been in existe	nce if less	than 5 years					•	3	ļ	.04869
4 Enter the net value of nonchanta	ble-use as	sets for 2011 from Part X, I	ine 5					. 4		277,093
5 Multiply line 4 by line 3			•					. 5		13,492
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)	••					6		36
7 Add lines 5 and 6								7		13,528
8 Enter qualifying distributions from	n Part XII,	line 4	••					. 8		11,500
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, ct	neck the box in Part VI, line	1b, and comp	lete that part usin	ig a 19	% tax	rate.			
Goo the Falt VI matructions.										

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

X

X

8b

WI

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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X

N/A

N/A

Yes X No

2b

3b

4a

If "Yes." list the years ▶

statement - see instructions)

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Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
Total number of others receiving over \$50,000 for professional services		D 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the iced, etc.	Expenses
1 N/A		
2		
3		
•		
		
•		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on life	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
<u> </u>		

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Total. Add lines 1 through 3

FIRST NATIONAL BANK & TRUST COMPANY Form 990-PF (2011) Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 281,313. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b c Fair market value of all other assets 10 281,313. d Total (add lines 1a, b, and c) 10 Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 277,093. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 13,855. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 13,855. Minimum investment return from Part X, line 6 1 73. Tax on investment income for 2011 from Part VI, line 5 Income tax for 2011. (This does not include the tax from Part VI) Add lines 2a and 2b 3 Distributable amount before adjustments Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 13,782. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 13,782. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 11,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 **b** Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 11,500. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 0. income. Enter 1% of Part I, line 27b

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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11,500.

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				13,782.
2 Undistributed income, If any, as of the end of 2011		***************************************	**************************************	
a Enter amount for 2010 only			0.	
ь Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011:			 	
a From 2006		,		
b From 2007				
c From 2008				
d From 2009				
e From 2010 563.				
f Total of lines 3a through e	563.			
4 Qualifying distributions for 2011 from		***************************************	•••••••••••••••••••••••••••••••••••••••	
Part XII, line 4: ►\$ 11,500.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior	***************************************			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			!!!!.!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		***************************************	***************************************	11,500.
- e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011	563.	***************************************	 	563.
(If an amount appears in column (d), the same amount must be shown in column (a))		••••••••••••		
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line	***************************************		***************************************	······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011. Subtract				***************************************
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				1,719.
7 Amounts treated as distributions out of				······································
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		,		•
a Excess from 2007				
b Excess from 2008				,
c Excess from 2009	`			
d Excess from 2010		` `		
8 Excess from 2011			H-H	<u></u>

Pa	rt XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A		
1 a	If the foundation has received a ruling o	r determination letter that	it is a private operating		22 - 14-		
	foundation, and the ruling is effective for 2011, enter the date of the ruling						
b	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)						
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total	
	investment return from Part X for						
	each year listed						
b	85% of line 2a						
C	Qualifying distributions from Part XII,						
	line 4 for each year listed .		· · · · · · · · · · · · · · · · · · ·				
d	Amounts included in line 2c not						
	used directly for active conduct of						
	exempt activities						
8	Qualifying distributions made directly						
	for active conduct of exempt activities						
3	Subtract line 2d from line 2c Complete 3a, b, or c for the						
J	alternative test relied upon:				,		
а	"Assets" alternative test - enter						
	(1) Value of all assets				-		
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test - enter 2/3 of minimum investment return						
,	shown in Part X, line 6 for each year listed						
· c	"Support" alternative test - enter.						
	(1) Total support other than gross						
	investment income (interest,						
	dividends, rents, payments on securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public						
	and 5 or more exempt organizations as provided in						
	section 4942(j)(3)(B)(III)						
	(3) Largest amount of support from						
	an exempt organization		·		 	-	
	(4) Gross investment income				1 105 000		
Pa	rt XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets	
	at any time during t	·	uctions.)			 	
	Information Regarding Foundatio	-		7b A		44	
а	List any managers of the foundation wh year (but only if they have contributed in			ributions received by the	e toungation before the clo	se of any tax	
NO	• • •	1010 (11 2 11 4 0,000). (000 00	500.00.00.00.00				
	List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation /	or an equally large porti	ion of the ownership of a n	artnership or	
0	other entity) of which the foundation has			or an adnamy large bott	OU OF THE CAMBELLINE OF 9 D	מינויסופוויף עו	
NO	***************************************						
2	Information Regarding Contributi	on Grant Gift Loan	Scholarshin etc. Pro	ograms:		·	
-	Check here ► ☐ If the foundation o				not accept unsolicited requ	lests for funds. If	
	the foundation makes gifts, grants, etc						
a	<u></u>	· · · · · · · · · · · · · · · · · · ·					
	a The name, address, and telephone number of the person to whom applications should be addressed COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN						
26	S JACKSON STREET,	JANESVILLE	, WI 53548				
b	The form in which applications should b			ould include:			
C	Any submission deadlines RIL 15 AND SEPT 15		· · · ·				
	Any restrictions or limitations on awards	s such as hy nangraphica	l areas charitable fielde	kinds of institutions or	other factors		
	GANIZATIONS WITHIN						

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Part AV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient Name and address (home or business)	If reciplent is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
COMMUNITY FOUNDATION OF SOUTHERN	NONE	CHARITABLE ORG	UNRESTRICTED GIFT TO	
WISCONSIN			FURTHER CHARITABLE	
26 S JACKSON STREET			PURPOSE	
JANESVILLE, WI 53548				11,500.
	*	 		
•				
•				
-				
		-		
Total		·	▶ 3a	11,500.
b Approved for future payment				
>*******				
NONE				
			[
				
Total	_		▶ 3b	0.
10101			► 30 [

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Part XVI-A . Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ed business income	Exclu	ded by section 512, 513, or 514	(e)
Enter gross amounts amoss otherwise mulcated	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C		· · · · · ·	1		
d	-				· · · · · · · · · · · · · · · · · · ·
•					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ		<u> </u>		27
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	6,107.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income	ļ 				
8 Gain or (loss) from sales of assets other					· · · · · · · · · · · · · · · · · · ·
than inventory					
9 Net income or (loss) from special events		-			·-·
10 Gross profit or (loss) from sales of inventory					
I1 Other revenue.					
a MISCELLANEOUS			01	500.	
	-		01	300.	
<u> </u>					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	<u></u>	0.		6,607.	
3 Total. Add line 12, columns (b), (d), and (e)				13	6,607.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than b					
					· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·
					
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FIRST NATIONAL BANK & TRUST COMPANY Form 990-PF (2011) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Organi	izations							
1	Did the or	ganization directly or indir	ectly engage in any of t	the following	g with any other organization	on described in section	on 501(c) of		Yes	No
	the Code ((other than section 501(c)	(3) organizations) or in	section 52	7, relating to political organ	izations?		Ī	1	
		from the reporting founda						Ι.		,
	(1) Cash							1a(1)	X
	(2) Other	assets						1a(2)	X
b	Other trans	sactions.								
	(1) Sales	of assets to a noncharitat	ble exempt organization	1			_	16(1)	Х
	• •	nases of assets from a nor	, •		·			1b(2)	X
		al of facilities, equipment, o	_		••			1b(3		X
	,	bursement arrangements		•	• •	•	•	1b(4	•1	X
	• •	s or loan guarantees			•		••• ••••••••••••••••••••••••••••••••••	16(5		X
	• •	rmance of services or mei	mbership or fundraising	o solicitatioi	ns .			1b(6	4	X
		f facilities, equipment, mai		-				10		X
	-		-		dule Column (b) should alv	wavs show the fair m	arket value of the good		ssets.	
•		•	•	-	d less than fair market valu	*				
		i) the value of the goods, (•		•		
	 -	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, a	nd sharing	arrangem	ents
				N/A						
				_						
					·					
						-				
						-				
										
				·- -						
	1. 45 . 6		L	4-44			• • •			
			-		or more tax-exempt organi	zations described		☐ Ye	, T¥	☐ No
		501(c) of the Code (other)) or in secu	011 5277	•		18	ها ۵	- INO
<u>D</u>		omplete the following sche (a) Name of org			(b) Type of organization	1	c) Description of relatio	nshin		
		N/A			Int. 1364 of a Samential	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-,			
		21,722								-
		·					····			
	Under	penalties of perjury, I declare t	then have examined this re	tum Includin	g accompanying schedules and	statements, and to the I	pest of my knowledge	May the IR	3 discuss	this
Sig	in and be	ellef, it is true, correct, and corr	aplete Declaration of preper	Cust Control	texpayer) is based on all Inform	nation of which preparer	nas any knowledge.	return with shown belo	the prepa	rer j
He	re	Pui/	Tut IN		3/11/12	Via Pasi	Sint Play	X Ye] No
	Sign	nature of officer or trustee			Date	Title	Office			
		Print/Type prepáter s na		reparer's si	gnature	Date	Check if PTI	N		
		TERRY VAAS	* 1			L I	self- employed			
Pa		PFS				05/08/12		<u>0008</u>		
	parer	Firm's name VAA	SSEN, PLUE	MER C	PAS, LLC		Firm's EiN ► 39-	2040	598	
Us	e Only	F	0 0 222 ===	A===			ļ			
		Firm's address ► 53						240	074	=
		l PL	ATTEVILLE,	MT 2	2010		Phone no 608	<u> -348</u>	-y/4	<u>. </u>

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A	A)
FIRST NATIONAL BANK	•		2,836.		0.	2,8	336.
FIRST NATIONAL BANK & TRUST COMPANY			3,271.		0.	3,2	271.
TOTAL TO FM 990-PF, PART I, I	JN 4		6,107.		0.	6,:	107.
FORM 990-PF	0'	THER I	NCOME			STATEMENT	2
DESCRIPTION			(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
MISCELLANEOUS				500.	0	•	
							
TOTAL TO FORM 990-PF, PART I,	LINE	11	<u> </u>	500.	0	•	
TOTAL TO FORM 990-PF, PART I,	LINE	11		500.	0	STATEMENT	3
FORM 990-PF	(Z EXPE	LEGAL		EST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARIT	ABLI
FORM 990-PF DESCRIPTION	(Z EXPE	LEGAL A) NSES	FEES (B) NET INV	EST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARIT	ABLE
FORM 990-PF DESCRIPTION LEGAL FEES	(Z EXPE	LEGAL A) NSES BOOKS	FEES (B) NET INV	EST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARIT	ABLE SES
-	EXPE PER	LEGAL A) NSES BOOKS 520.	FEES (B) NET INV	VEST-ICOME	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARIT	ABLE SES 0.
FORM 990-PF DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A	EXPE	LEGAL A) NSES BOOKS 520.	FEES (B) NET INV MENT IN NG FEES (B) NET INV	YEST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA E PURPOS STATEMENT (D) CHARITA	ABLE 0. 0.
FORM 990-PF DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A FORM 990-PF	EXPE	LEGAL A) NSES BOOKS 520. 520. COUNTI	FEES (B) NET INV MENT IN NG FEES (B) NET INV	YEST-	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA E PURPOS STATEMENT (D) CHARITA	O. O. ABLE

FORM 990-PF	TAX	ES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
UNITED STATES TREASURY	79.		0.			0.
TO FORM 990-PF, PG 1, LN 18	79.		0.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
MISCELLANEOUS	31.	0.				0.
TO FORM 990-PF, PG 1, LN 23	31.		0.			0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
MUTUAL FUNDS		COST		223,163.	279,2	18.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	-		223,163.	279,2	18.

CFSW GRANT APPLICATION

Use this application for the following funds:

Argyle Community Fund
Benton Community Fund

Blanchardville/Hollandale Area Fund Crawford County Community Fund Darlington Community Fund

Edgerton Community Fund

Elkhorn Fund

Evansville Fund

Lancaster Community Fund

Milton Fund Monroe Fund

New Glarus Community Fund Platteville Community Fund Shullsburg Community Fund South Wayne Community Fund

Cabin Fund

Community Enhancement Fund Marion J & Robert C Lietz Fund Rock County Agricultural Fund

APPLICATIONS ARE DUE IN THE OFFICE BY 4:00 PM. E-MAILS WILL NOT BE ACCEPTED. Refer to the Community Funds Grant Information website page and/or the respective Media Release for fund mailing address and application due date.

Proposal Outline for Application

Applicants seeking funds for projects should use this outline and present the request clearly and concisely. Please adhere to the recommended space limitations. The format is intended as a guide, providing direction; not every item will be relevant to every application.

I. PROJECT NARRATIVE (Do not exceed two pages)

Identify the problem or need to be addressed - Describe the significance of the proposed project to the area. Define the scope and significance of the problem or need to be addressed by the project. Document the size and characteristics of the population to be served. Indicate the level of collaboration with other agencies serving similar populations. Indicate how the proposed project would expand or complement existing community services.

Identify the project goals and/or desired outcomes - Describe the outcomes of the project in measurable terms. Who will be better off, and how, at the end of the grant period?

Identify the proposed strategy to accomplish these goals -Describe how the applicant plans to measure the progress and ultimate success of the proposed project.

Identify other principal sources of support - Describe the financial plan for current and future support of the proposed project. What is the rationale for the amount requested from the Community Foundation? If other funding is necessary to complete the project budget, where will it come from? If the project will continue, how will it be supported in the future?

Project Communication – Describe how you plan to announce and promote your proposed project. Your plan should include opportunities to inform the community about your project as well as recognize the Community Foundation of Southern Wisconsin.

II. PROJECT BUDGET (Do not exceed two pages)

Present a line item budget including project expenses and income sources, identifying how funds requested from the Community Foundation would be spent if requesting partial support.

III. Submit original and one (1) copy of the following:

- 1. Completed and signed application.
- 2. Complete list of the organization's officers and directors. Note which directors represent the population/clients you serve.
- 3. The organization's Statement of Financial Position (also known as Balance Sheet).
- 4. Complete project budget.

Submit original only of the following attachments:

- 1. A copy of the organization's 990 for the most recent year.
- 2. A copy of the organization's IRS 501(c)(3) determination letter.
- 3. The organization's actual income and expense statements for the **current** fiscal year, identifying the organization's principal sources of support.

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

Grant Application for Incomplete applications will NOT	(Click on this box for drop-down menu) be considered.
Date submitted:	
Organization or School Name:	
Organization or School Address: Ci	y, State Zip: Telephone:
Contact person: Title: Tele	phone:
Contact Person's address:	
City, State Zip: Ema	il Address:
Federal ID Number: Is the Organ	zation a 501 (c)(3) Yes No (If yes attach a copy of IRS letter)
	608-758-0883 or 800-995-2379 before completing this application or government entity you will not need a 501(c)3 letter or Form 990.
ORGAN	IZATIONAL INFORMATION
Date established: Number of full-tin	ne employees: Number of Regular Volunteers:
	n & purpose with description of population served and principal geographic r's service information for this project if it existed.
What are the dates of the organization's fisca	l year? Endowment or Reserve Funds: \$
Total operating expenses for the past fiscal	rear \$ current year budget \$
Has the governing board approved an equal	pportunity policy? Yes 🗌 No 🗍
Has this request been authorized by the orga	nization's governing body? Yes \(\subseteq \text{No} \subseteq \text{When?} \)
PF	OJECT INFORMATION
Project Title: Amount requested:	
Duration of the project: From: To	
Total project budget: \$ When are f	unds needed?
Who will directly benefit from project?	
Number of people to be served by this pr	niect:

Geographical location of people to be served:

PROJECT NARRATIVE

Briefly summarize the proposed project by answering the following questions:

(Please limit your responses to no more than two pages)

1. Identify the problem or need to be addressed:
2. Identify the project goals and/or desired outcomes:
3. Identify the proposed strategy to accomplish these goals/outcomes:
4. Is this a new or ongoing activity on the part of the sponsoring organization? If new, explain.
5. Identify other principal sources of support:
6. How will you publicly acknowledge the Fund should you receive a grant award?
7. Attach a detailed project budget, on a separate sheet, including all revenue sources and expenses.
This application must be signed by the president or an officer of the organization's governing body OR by the principal or superintendent of school applying.
Organization Officer OR Principal or Superintendent of School Signature
Please type name
Please print this form and mail with copies to the appropriate Fund address.
If you have any questions, please call Kristen at the Foundation at 608-758-0883 or 1-800-995-2379.

COMMUNITY FOUNDATION OF SOUTHERN WISCONSIN, INC.

26 South Jackson Street, Janesville, WI 53548
Phone: 608-758-0883 Fax: 608 758-8551 e-mail: Kristen@cfsw.org