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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**

A For the 2011 calendar year, or tax year beginning <u>7/1/2011</u> , and ending <u>6/30/2012</u>																	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>FORT ATKINSON COMMUNITY FOUNDATION</u></td> </tr> <tr> <td colspan="2">Doing Business As _____</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><u>PO BOX 218</u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td><u>FORT ATKINSON</u></td> <td><u>WI 53538</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>	C Name of organization <u>FORT ATKINSON COMMUNITY FOUNDATION</u>		Doing Business As _____		Number and street (or P O box if mail is not delivered to street address)	Room/suite	<u>PO BOX 218</u>		City or town, state or country, and ZIP + 4		<u>FORT ATKINSON</u>	<u>WI 53538</u>	F Name and address of principal officer		_____	
C Name of organization <u>FORT ATKINSON COMMUNITY FOUNDATION</u>																	
Doing Business As _____																	
Number and street (or P O box if mail is not delivered to street address)	Room/suite																
<u>PO BOX 218</u>																	
City or town, state or country, and ZIP + 4																	
<u>FORT ATKINSON</u>	<u>WI 53538</u>																
F Name and address of principal officer																	

D Employer identification number <u>39-6220899</u>																	
E Telephone number <u>(920) 563-6616</u>																	
G Gross receipts \$ <u>1,792,315</u>																	
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)																	
H(c) Group exemption number ▶ _____																	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																	
J Website: ▶ _____																	
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____																	
L Year of formation <u>1973</u>																	
M State of legal domicile <u>WI</u>																	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>TO PROVIDE FOR THE CHARITABLE NEEDS OF THE FORT ATKINSON METROPOLITAN AREA.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,091,054	527,691
	10	Investment income (Part VII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	886,763	1,264,624
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,977,817	1,792,315
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,046,623	527,135
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	17	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
Expenses	18	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	125,461	128,133
	19	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,172,084	655,268
	20	Revenue less expenses. Subtract line 18 from line 12	-194,267	1,137,047
	21	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	22	Total liabilities (Part X, line 26)	19,882,637	20,004,392
	23	Net assets or fund balances. Subtract line 21 from line 20	1,799,157	1,244,892
	24		18,083,480	18,759,500

Part II Signature Block

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

Sign Here	Signature of officer	<u>1-25-13</u> Date			
	<u>Ronald J. Vogel, chairman</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>ROBERT KAE ITZKE</u>		<u>1/8/2013</u>		<u>P00809862</u>
	Firm's name ▶ <u>DAVID L. SCRIMA, S C</u>	Firm's EIN ▶ <u>39-1945841</u>			
	Firm's address ▶ <u>328 W SUNSET DR, WAUKESHA, WI 53189</u>	Phone no <u>(262) 542-8401</u>			

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

(HTA)

SCANNED FEB 28 2013

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Part III**Statement of Program Service Accomplishments**

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

☒ X

- 1** Briefly describe the organization's mission:
TO PROVIDE FOR THE CHARITABLE NEEDS OF THE FORT ATKINSON METROPOLITAN AREA.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 0 including grants of \$ 266,717) (Revenue \$ 0)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 0 including grants of \$ 260,418) (Revenue \$ 0)
SEE SCHEDULE O

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

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

4e Total program service expenses ▶ 0

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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	
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
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	
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. ☒

Section A. Governing Body and Management

	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	5	
b Enter the number of voting members included in line 1a, above, who are independent	5	
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 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	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	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		
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 was done	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	15a	
b Other officers or key employees of the organization	15b	
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 take 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 ► WI

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► PREMIERBANK, TRUSTEE
 70 N MAIN ST, FORT ATKINSON, WI 53538

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) PHIL NIEMEYER DIRECTOR	4.00	X		X				0	0	0
(2) DEAN BROWN DIRECTOR	4.00	X		X				0	0	0
(3) JAMES NELSON DIRECTOR	4.00	X		X				0	0	0
(4) RONALD VOGEL DIRECTOR	4.00	X		X				0	0	0
(5) BETH MCLAUGHLIN DIRECTOR	4.00	X		X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

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

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

	Yes	No
3		X
4		X
5		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

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

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
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0			
	b Membership dues	1b 0			
	c Fundraising events	1c 0			
	d Related organizations	1d 0			
	e Government grants (contributions)	1e 0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 527,691			
	g Noncash contributions included in lines 1a-1f: \$	0			
	h Total. Add lines 1a-1f	527,691			
Program Service Revenue	Business Code				
	2a	0			
	b	0			
	c	0			
	d	0			
	e	0			
	f All other program service revenue	0			
g Total. Add lines 2a-2f	0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	452,384			452,384
	4 Income from investment of tax-exempt bond proceeds	0			
	5 Royalties	0			
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0 0			
	d Net rental income or (loss)	0			
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory	0 0			
	b Less cost or other basis and sales expenses	0 0			
	c Gain or (loss)	0 0			
	d Net gain or (loss)	812,240			812,240
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0			
	b Less: direct expenses	b 0			
	c Net income or (loss) from fundraising events	0			
	9a Gross income from gaming activities See Part IV, line 19	a 0			
	b Less direct expenses	b 0			
	c Net income or (loss) from gaming activities	0			
	10a Gross sales of inventory, less returns and allowances	a 0			
b Less cost of goods sold	b 0				
c Net income or (loss) from sales of inventory	0				
Miscellaneous Revenue		Business Code			
11a	0				
b	0				
c	0				
d All other revenue	0				
e Total. Add lines 11a-11d	0				
12 Total revenue. See instructions	1,792,315	0	0	1,264,624	

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	260,418	260,418		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	266,717	266,717		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	47,796		47,796	
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
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 FEES	80,337		80,337	
b	GENERAL EXPENSE	0			
c		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	655,268	527,135	128,133	0
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 <input type="checkbox"/> 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		1	
	2 Savings and temporary cash investments	2,184,884	2	3,029,259
	3 Pledges and grants receivable, net	133,577	3	56,559
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c 0	
	11 Investments—publicly traded securities	17,564,176	11	16,918,574
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,882,637	16	20,004,392	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	1,799,157	18	1,244,892
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,799,157	26	1,244,892
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,712,197	27	3,683,750
	28 Temporarily restricted net assets	14,371,283	28	15,075,750
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,083,480	33	18,759,500
34 Total liabilities and net assets/fund balances	19,882,637	34	20,004,392	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,792,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	655,268
3	Revenue less expenses. Subtract line 2 from line 1	3	1,137,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,083,480
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-461,027
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,759,500

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	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.		X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
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		

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

FORT ATKINSON COMMUNITY FOUNDATION

Employer identification number

39-6220899

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	656,261	744,372	799,313	1,091,054	527,691	3,818,691
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	656,261	744,372	799,313	1,091,054	527,691	3,818,691
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,818,691

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	656,261	744,372	799,313	1,091,054	527,691	3,818,691
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	600,500	690,392	635,439	886,763	1,264,624	4,077,718
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						7,896,409
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	48.36%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	54.89%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
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. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

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).

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FORT ATKINSON COMMUNITY FOUNDATION

Employer identification number

39-6220899

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	5	
2 Aggregate contributions to (during year)	30,100	
3 Aggregate grants from (during year)	22,000	
4 Aggregate value at end of year	603,298	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	0
1d	
1e	
1f	0

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	

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

a Board designated or quasi-endowment %

b Permanent endowment %

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:

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				0

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	0	

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,792,315
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	655,268
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,137,047
4	Net unrealized gains (losses) on investments	4	-461,027
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-461,027
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	676,020

1	Total revenue, gains, and other support per audited financial statements		1	1,331,288
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,331,288
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,331,288

1	Total expenses and losses per audited financial statements		1	655,268
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	655,268
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	655,268

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 XIV . **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

FORT ATKINSON COMMUNITY FOUNDATION

39-6220899

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOYS & GIRLS CLUB			91,275	0			
(2) FORT ATKINSON CHAMBER			2,762	0			
(3) WATER TOWER PROJECT			73,051	0			
(4) DON SCHINK PUBLIC ART ME			1,050	0			
(5) FORT ATKINSON HIGH SCHC			12,108	0			
(6) PURDY SCHOOL			10,000	0			
(7) FORT ATKINSON MEMORIAL			34,386	0			
(8) UNITED WAY			11,780	0			
(9) RAINBOW HOSPICE FOUNDA			111,704	0			
(10) CITY OF FORT ATKINSON			425,892	0			
(11) FORT ATKINSON FIRE DEPA			4,451	0			
(12) SCHOOL DIST OF FORT ATK			12,500	0			

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

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

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

(HTA)

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 SEE ATTACHED LIST	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

Continuation Sheet for Schedule I (Form 990)

Page 1 of 1

Name of the organization

FORT ATKINSON COMMUNITY FOUNDATION

Employer identification number

39-6220899

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) HOARD MUSEUM			1,100	0			
(14)			0	0			
(15)			0	0			
(16)			0	0			
(17)			0	0			
(18)			0	0			
(19)			0	0			
(20)			0	0			
(21)			0	0			
(22)			0	0			
(23)			0	0			
(24)			0	0			
(25)			0	0			
(26)			0	0			
(27)			0	0			
(28)			0	0			
(29)			0	0			

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

**Open To Public
Inspection**

FORT ATKINSON COMMUNITY FOUNDATION

Employer identification number
39-6220899

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIAN PHELPS	SON OF PAST PRESIDE	1,500	SCHOLARSHIP		X
(2)		0			
(3)		0			
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

Part V Supplemental Information

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

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

FORT ATKINSON COMMUNITY FOUNDATION

Employer identification number

39-6220899

Form 990 Part III Line 4A This Foundation has an extensive scholarship program as shown on the

Detail of Grants attached to this return. Twenty Five (25) separate scholarship programs which

benefit scores of individuals as shown on the List of Disbursements. Procedure and operation

of each scholarship fund through applications, screenings, and recommendations is described in

attachment to this return. The amount of scholarship grants listed above is distributed from

the various scholarship funds. The criteria of each scholarship fund is specifically set forth

in documents under which the Foundation accepted the scholarship. The individuals who work on

screening committees and the scholarship committee that make recommendations to the Board are

all volunteers. There were no direct expenses of the scholarship fund other than

administration, time and expenses that cannot be segregated.

Form 990 Part III Line 4b This Foundation does not have any other program that could be called

an activity other than the scholarship fund listed above. The Foundation receives numerous

grant requests for assistance to providing funds for many projects within the City of Fort

Atkinson for the School District programs, including sport programs such as little league

baseball. Grants are primarily given for capital improvements and equipment, but not operating

expenses. The breakdown of all grants and scholarships, including individual names, are shown

in the detailed attachment to this return prepared by the Trustee.

Form 990 Part VI Section B Line 11a The executive director receives the 990 and signs and

mails it after reviewing it.

Form 990 Part VI Section B Line 12c Board members sign a statement stating they have no

conflicts of interest.

Form 990 Part VI Section C Line 19 All documents are available at the Foundation's office and

available upon request.

Form 990 Part XI Line 5 Unrealized loss on investments was \$461,027.

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
12/16/2011			0.00	0.00
			0.00	0.00
	SCHOLARSHIPS			
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO EMILIE BAKKEN 1ST INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56279	-1,500.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO LYDIA STATZ FINAL INSTALLMENT - 3RD RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56280	-3,000.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO THOMAS JOHNSON 1ST INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56281	-1,500.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO JOSHUA MEYERHOFER FINAL INSTALLMENT - 3RD RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56282	-3,000.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO SARAH SCHMID 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56283	-6,000.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO ABBY WILSON 7TH INSTALLMENT - CLASS OF 2008 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 56284	-2,875.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO EMILIE BAKKEN 2ND INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 56285	-1,500.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO ELLEN RINGLE 3RD INSTALLMENT - CLASS OF 2010 M & C STALLER MEMORIAL SCHOLARSHIP CHECK NUMBER 56286	-875.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MADISON FBO CASSIDY LYONS 2ND INSTALLMENT - CLASS OF 2010 DR. JAMES RUSSELL ATHLETIC SCHOLARSHIP CHECK NUMBER 56287	-625.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-EAU CLAIRE FBO JULIA JOHNSON 1ST INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56288	-1,500.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01
Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions



Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2011	UNIVERSITY OF WISCONSIN-PLATTEVILLE FBO ERIC MEHRING 1ST INSTALLMENT - 2ND RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56289	-1,500.00	0.00	0.00
08/11/2011	UNIVERSITY OF MINNESOTA FBO TAYLOR SMITHYMAN 3RD INSTALLMENT - CLASS OF 2010 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 56290	-2,875.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-MILWAUKEE FBO MARTY WIESE FINAL INSTALLMENT - 3RD RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56291	-3,000.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO AMANDA WALLACE JANE SHAW KNOX/AAUW GRADUATE SCHOLARSHIP CHECK NUMBER 56292	-1,500.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO KIM WESTBY 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56293	-2,000.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO LUCAS SMITHYMAN 3RD INSTALLMENT - CLASS OF 2008 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 56294	-2,875.00	0.00	0.00

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

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO BETHANY STOPPEL 2011 BULL FAMILY SCHOLARSHIP CHECK NUMBER 56295	-500.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO ROBERT CHADY 2011 R & C RUTLEDGE MEMORIAL SCHOLARSHIP CHECK NUMBER 56296	-2,000.00	0.00	0.00
08/11/2011	MADISON COLLEGE FBO JUNE SULLIVAN 2011 AAUW SECOND CHANCE SCHOLARSHIP CHECK NUMBER 56297	-1,000.00	0.00	0.00
08/11/2011	MADISON COLLEGE FBO MARY SCHMITT 2011 AAUW SECOND CHANCE SCHOLARSHIP CHECK NUMBER 56298	-1,000.00	0.00	0.00
08/11/2011	MADISON COLLEGE FBO JENNIFER MUCKLERROY 2011 AAUW SECOND CHANCE SCHOLARSHIP CHECK NUMBER 56299	-1,000.00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-STEVENSON POINT FBO GRACE FIRARI 1ST INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56300	-1,500.00	0.00	0.00
08/11/2011	CONCORDIA UNIVERSITY - WISCONSIN FBO KATHRYN DRAEGER 2011 R & C RUTLEDGE MEMORIAL SCHOLARSHIP CHECK NUMBER 56301	-2,000.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2011	DE PAUL UNIVERSITY FBO MERCEDES BERNARD 7TH INSTALLMENT - CLASS OF 2009 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 56302	-1,916 67	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-OSHKOSH FBO BRIAN PHELPS 2011 R & C RUTLEDGE MEMORIAL SCHOLARSHIP CHECK NUMBER 56303	-1,500 00	0.00	0.00
08/11/2011	EDGEWOOD COLLEGE FBO SARA ROTHBERGER FINAL INSTALLMENT - 3RD RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56304	-3,000 00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-RIVER FALLS FBO DANILE PETERSON 1ST INSTALLMENT - 2ND RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56305	-1,500 00	0.00	0.00
08/11/2011	UNIVERSITY OF WISCONSIN-RIVER FALLS FBO ALYSSA BANDA BEN & ADA HAKE AGRICULTURE SCHOLARSHIP CHECK NUMBER 56306	-5,000.00	0.00	0.00
08/11/2011	CARTHAGE COLLEGE FBO NATALIE MEPHAM 1ST INSTALLMENT - 2ND RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56307	-1,500 00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2011	CARTHAGE COLLEGE FBO ELIZABETH MEPHAM 1ST INSTALLMENT - 2ND RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56308	-1,500.00	0.00	0.00
08/11/2011	UNIVERSITY OF MINNESOTA - TWIN CITIES FBO AMY BELZ 1ST INSTALLMENT - 2ND RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56309	-1,500.00	0.00	0.00
08/11/2011	ST NORBERT COLLEGE FBO TIMOTHY HARTWICK 2ND INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 56310	-1,500.00	0.00	0.00
08/11/2011	MACALASTER COLLEGE FBO KERRY HARTWICK 3RD INSTALLMENT - CLASS OF 2010 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 56311	-2,875.00	0.00	0.00
08/11/2011	FLORIDA STATE UNIVERSITY FBO ALYSSA JONES 1ST INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 56312	-1,500.00	0.00	0.00
08/11/2011	VANDERCOOK COLLEGE OF MUSIC FBO GINA DIECE 2011 R & C RUTLEDGE MEMORIAL SCHOLARSHIP CHECK NUMBER 56313	-2,000.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/11/2011	COLORADO STATE UNIVERSITY FBO NICOLE FORSETH 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56314	-2,500.00	0.00	0.00
08/11/2011	KENNESAW STATE UNIVERSITY FBO RACHEL FICK 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56315	-1,500.00	0.00	0.00
08/11/2011	UNIVERSITY OF DENVER FBO KARALYNN ROYSTER 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56316	-4,000.00	0.00	0.00
08/11/2011	UNIVERSITY OF KANSAS FBO ORION GRAF 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56317	-2,000.00	0.00	0.00
08/11/2011	MARQUETTE DENTAL SCHOOL FBO CAITLIN KUDLATA 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56318	-2,000.00	0.00	0.00
08/15/2011	UNIVERSITY OF WISCONSIN-GREEN BAY FBO EVAN HILL 1ST INSTALLMENT - CLASS OF 2011 DR SYDNEY WEIDEMANN SCHOLARSHIP CHECK NUMBER 56393	-1,250.00	0.00	0.00
08/18/2011	SOUTH DAKOTA SCHOOL OF MINES/TECHNOLOGY FBO SHELBY GRAFFIN 1ST INSTALLMENT - CLASS OF 2011 DR SYDNEY WEIDEMANN SCHOLARSHIP CHECK NUMBER 56454	-1,250.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions



Date		Income Cash	Principal Cash	Investment Cost Basis
08/23/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO MEGAN GANG 3RD INSTALLMENT - CLASS OF 2009 DR. JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 56460	-500.00	0.00	0.00
08/23/2011	MARQUETTE UNIVERSITY FBO SPENCER AGNEW 3RD INSTALLMENT - CLASS OF 2009 DR. JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 56461	-500.00	0.00	0.00
08/23/2011	BROWN UNIVERSITY FBO SETH KLEINSCHMIDT 5TH INSTALLMENT - CLASS OF 2009 WALTER & LOUISE BUELL MERIT SCHOLARSHIP CHECK NUMBER 56462	-2,875.00	0.00	0.00
08/25/2011	UNIVERSITY OF WISCONSIN-MADISON FBO LIBBY TRONNES JANE SHAW KNOX/AAUW GRADUATE SCHOLARSHIP CHECK NUMBER 56481	-1,500.00	0.00	0.00
08/26/2011	MADISON COLLEGE FBO MARILYN (MIDGE) GILL 2011 SCHOLARSHIP AWARD AAUW SECOND CHANCE SCHOLARSHIP CHECK NUMBER 56520	-1,000.00	0.00	0.00
08/29/2011	MARQUETTE UNIVERSITY DENTAL SCHOOL FBO CAITLIN KUDLATA 3RD/FINAL INSTALLMENT - AWARDED 2009 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 56525	-5,000.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01
Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
08/30/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO BRITTANY CLARK 2011 GENE HALKER MEMORIAL SCHOLARSHIP CHECK NUMBER 56527	-400.00	0.00	0.00
08/30/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO BRITTANY CLARK 2011 FACF GENERAL SCHOLARSHIP CHECK NUMBER 56528	-500.00	0.00	0.00
08/30/2011	WI SCHOOL OF PROFESSIONAL PSYCHOLOGY FBO MARY NEFF 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56530	-6,000.00	0.00	0.00
08/31/2011	CONCORDIA UNIVERSITY - WISCONSIN FBO CATHERINE KRAHN HORTON 6TH/FINAL INSTALLMENT JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 56532	-1,780.00	0.00	0.00
09/02/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO SHAWNA HECHT 1ST INSTALLMENT - FALL SEMESTER J SHAW KNOX/AAUW ADOPT-A-STUDENT CHECK NUMBER 56576	-1,000.00	0.00	0.00
09/07/2011	MADISON COLLEGE FBO HEIDI SAUNDERS 2011 AAUW SECOND CHANCE SCHOLARSHIP CHECK NUMBER 56600	-1,000.00	0.00	0.00
09/09/2011	UNIVERSITY OF DENVER FBO KARALYNN ROYSTER JANE SHAW KNOX/AAUW GRADUATE SCHOLARSHIP CHECK NUMBER 56610	-1,500.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
09/09/2011	UNIVERSITY OF WISCONSIN-WHITEWATER FBO SCOTT JOHNSON 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 56702	-2,000.00	0.00	0.00
09/22/2011	UNIVERSITY OF WISCONSIN-MADISON FBO TAYLOR KELLEHER 3RD & 4TH INSTALLMENTS - CLASS OF 2008 DR JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 56759	-1,250.00	0.00	0.00
01/12/2012	UNIVERSITY OF WISCONSIN-MADISON FBO RAMSEY STATZ 1ST & 2ND INSTALLMENTS - CLASS OF 2011 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 57712	-5,750.00	0.00	0.00
01/12/2012	UNIVERSITY OF WISCONSIN-MADISON FBO ABBY WILSON 8TH/FINAL INSTALLMENT - CLASS OF 2008 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 57713	-2,875.00	0.00	0.00
01/12/2012	UNIVERSITY OF WISCONSIN-EAU CLAIRE FBO JULIA JOHNSON 2ND INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57714	-1,500.00	0.00	0.00
01/12/2012	UNIVERSITY OF WISCONSIN-MILWAUKEE FBO MARIA CORPUS 1ST & 2ND INSTALLMENTS - CLASS OF 2011 BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57715	-3,000.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/12/2012	UNIVERSITY OF WISCONSIN-MILWAUKEE FBO MARIA CORPUS 2011 THRIFT SHOP/JEAN REICH SCHOLARSHIP CHECK NUMBER 57716	-2,000.00	0.00	0.00
01/12/2012	UNIVERSITY OF WISCONSIN-WHITEWATER FBO SHAWNA HECHT SPRING 2012 SEMESTER JANE SHAW KNOX/AAUW SCHOLARSHIP CHECK NUMBER 57717	-1,000.00	0.00	0.00
01/12/2012	DE PAUL UNIVERSITY FBO MERCEDES BERNARD 8TH INSTALLMENT - CLASS OF 2009 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 57718	-1,916.67	0.00	0.00
01/12/2012	UNIVERSITY OF WISCONSIN-OSHKOSH FBO ROSE FILIPAK 2011 J & F LUTHER MEMORIAL SCHOLARSHIP CHECK NUMBER 57719	-1,700.00	0.00	0.00
01/12/2012	UNIVERSITY OF WISCONSIN-OSHKOSH FBO ROSE FILIPAK 1ST & 2ND INSTALLMENTS - CLASS OF 2011 M & C STALLER MEMORIAL SCHOLARSHIP CHECK NUMBER 57720	-1,250.00	0.00	0.00
01/12/2012	MILWAUKEE SCHOOL OF ENGINEERING FBO ERIC JOHNSON 2011 JEROME HAKE ENGINEERING SCHOLARSHIP CHECK NUMBER 57721	-4,000.00	0.00	0.00
01/12/2012	MACALASTER COLLEGE FBO KERRY HARTWICK 4TH INSTALLMENT - CLASS OF 2010	-2,875.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/12/2012	W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 57722			
	FLORIDA STATE UNIVERSITY FBO ALYSSA JONES 2ND INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57723	-1,500.00	0.00	0.00
01/12/2012	TAYLOR UNIVERSITY FBO LAUREN RIGGS 1ST INSTALLMENT - CLASS OF 2011 JUANITA SCHREINER SCHOLARSHIP CHECK NUMBER 57724	-2,125.00	0.00	0.00
01/16/2012	BROWN UNIVERSITY FBO SETH KLEINSCHMIDT 6TH INSTALLMENT - CLASS OF 2009 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 57808	-2,875.00	0.00	0.00
01/17/2012	UNIVERSITY OF WISCONSIN-MADISON FBO ELLEN RINGLE 4TH INSTALLMENT - CLASS OF 2010 M & C STALLER MEMORIAL SCHOLARSHIP CHECK NUMBER 57810	-875.00	0.00	0.00
01/17/2012	UNIVERSITY OF WISCONSIN-MADISON FBO TAYLOR BROWN 1ST&2ND INSTALLMENT - CLASS OF 2011 THEODORE BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 57811	-3,000.00	0.00	0.00
01/17/2012	MILWAUKEE SCHOOL OF ENGINEERING FBO ERIC JOHNSON 1ST&2ND INSTALLMENT - CLASS OF 2011	-3,000.00	0.00	0.00

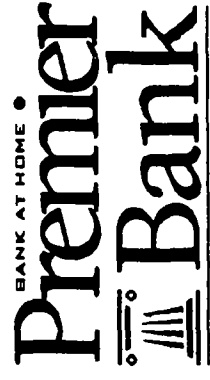
For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/17/2012	THEODORE BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 57812			
	CARTHAGE COLLEGE FBO NATALIE MEPHAM	-1,500.00	0.00	0.00
	2ND RENEWAL 2ND INSTALLMENT-CLASS OF 09' THEODORE BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 57813			
01/17/2012	CARTHAGE COLLEGE FBO ELIZABETH MEPHAM	-1,500.00	0.00	0.00
	2ND RENEWAL 2ND INSTALLMENT-CLASS OF 09' THEODORE BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 57814			
01/17/2012	UNIVERSITY OF MINNESOTA - TWIN CITIES FBO SHALANE HUNDT	-2,125.00	0.00	0.00
	1ST INSTALLMENT - CLASS OF 2011 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 57815			
01/18/2012	UNIVERSITY OF WISCONSIN-LACROSSE FBO MARLEE RICE	-312.50	0.00	0.00
	1ST INSTALLMENT - CLASS OF 2011 DR JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 57832			
01/20/2012	UNIVERSITY OF WISCONSIN-MADISON FBO RACHEL HOMMEN	-3,000.00	0.00	0.00
	1ST & 2ND INSTALLMENTS - CLASS OF 2011 BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57865			
01/20/2012	UNIVERSITY OF WISCONSIN-MADISON FBO MYLES GASPER	-3,500.00	0.00	0.00
	2011 JASON DAHNERT MEMORIAL SCHOLARSHIP			



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/20/2012	CHECK NUMBER 57866 UNIVERSITY OF WISCONSIN-MADISON FBO ABIGAIL BARE 2ND INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 57874	-750.00	0.00	0.00
01/20/2012	UNIVERSITY OF WISCONSIN-MADISON FBO ASHLEY JENSEN 2ND INSTALLMENT - CLASS OF 2010 JUANITA SCHREINER MEMORIAL SCHOLARSHIP CHECK NUMBER 57875	-750.00	0.00	0.00
01/24/2012	UNIVERSITY OF WISCONSIN-MADISON FBO REBECCA MC HENRY 1ST & 2ND INSTALLMENTS - CLASS OF 2011 BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57880	-3,000.00	0.00	0.00
01/24/2012	UNIVERSITY OF WISCONSIN-MADISON FBO THOMAS JOHNSON 2ND INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57881	-1,500.00	0.00	0.00
01/24/2012	BELMONT UNIVERSITY FBO MARIAH TOPEL 2011 W & L BUELL HONOR SCHOLARSHIP CHECK NUMBER 57882	-100.00	0.00	0.00
01/25/2012	UNIVERSITY OF WISCONSIN-MADISON FBO EMILIE BAKKEN 2ND INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57893	-1,500.00	0.00	0.00

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

Account Number: **50 00 0063 1 01**

Date: **From JULY 01, 2011 through JUNE 30, 2012**

Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
01/25/2012	UNIVERSITY OF WISCONSIN-GREEN BAY FBO EVAN HILL 2ND/FINAL INSTALLMENT-CLASS OF 2011 DR SYDNEY H WEIDEMANN SCHOLARSHIP CHECK NUMBER 57901	-1,250.00	0.00	0.00
01/26/2012	UNIVERSITY OF WISCONSIN-MADISON FBO AMY BELZ 2ND INSTALLMENT - 2ND RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57902	-1,500.00	0.00	0.00
01/26/2012	UNIVERSITY OF WISCONSIN-STEVENS POINT FBO GRACE FIRARI 2ND INSTALLMENT - 1ST RENEWAL BATTERMAN FOUNDATION SCHOLARSHIP CHECK NUMBER 57903	-1,500.00	0.00	0.00
01/27/2012	UW WHITEWATER - REFUND SCHOLARSHIP PYMT LUCAS SMITHYMAN - 8/11/11-NOT ENROLLED	2,875.00	0.00	0.00
01/30/2012	UNIVERSITY OF WISCONSIN-RIVER FALLS FBO DANIEL J PETERSON 2ND RENEW/2ND INSTALLMENT -CLASS OF 2009 THEODORE BATTERMAN SCHOLARSHIP CHECK NUMBER 57953	-1,500.00	0.00	0.00
02/01/2012	UNIVERSITY OF MINNESOTA FBO TAYLOR SMITHYMAN 4TH INSTALLMENT - CLASS OF 2010 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 57961	-2,875.00	0.00	0.00
02/01/2012	CEDARVILLE UNIVERSITY FBO BETHANY EBBEN 2011 W & L BUELL HONOR SCHOLARSHIP	-1,500.00	0.00	0.00



For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012



Statement of Transactions

Date		Income Cash	Principal Cash	Investment Cost Basis
02/06/2012	CHECK NUMBER 57962 UNIVERSITY OF WISCONSIN-STEVENSON POINT FBO NATHAN MODE 4TH/FINAL INSTALLMENT - CLASS OF 2008 DR JAMES RUSSELL SCHOLARSHIP CHECK NUMBER 58005	-625.00	0.00	0.00
02/15/2012	UNIVERSITY OF WISCONSIN-PLATTEVILLE FBO ERIC MEHRING 2011 SCHOLARSHIP AWARD ROBERT & JUDITH KNAPP SCHOLARSHIP CHECK NUMBER 58065	-2,500.00	0.00	0.00
02/15/2012	UNIVERSITY OF WISCONSIN-PLATTEVILLE FBO ERIC N MEHRING 2ND PYMT/2ND RENEWAL - CLASS OF 2009 BATTERMAN FAMILY SCHOLARSHIP CHECK NUMBER 58071	-1,500.00	0.00	0.00
02/20/2012	REV 1/12/12 SCHOLARSHIP PYMT TO MACALESTER COLLEGE CHECK NEVER RECIEVED BY SCHOOL	2,875.00	0.00	0.00
02/20/2012	MACALASTER COLLEGE FBO KERRY HARTWICK 4TH INSTALLMENT - CLASS OF 2010 W&L BUELL MERIT SCHOLARSHIP CHECK NUMBER 58105	-2,875.00	0.00	0.00
02/23/2012	PRINCETON UNIVERSITY/SA FBO ARJUN S DHILLON 1ST&2ND INSTALLMENTS - CLASS OF 2011 W&L BUELL MERIT SCHOLARSHIP CHECK NUMBER 58107	-5,750.00	0.00	0.00

For the Account of: FORT ATKINSON COMMUNITY FOUNDATION
GENERAL ACCOUNT

Account Number: 50 00 0063 1 01

Date: From JULY 01, 2011 through JUNE 30, 2012

Statement of Transactions



Date		Income Cash	Principal Cash	Investment Cost Basis
04/12/2012	DE PAUL UNIVERSITY FBO MERCEDES BERNARD 9TH INSTALLMENT - CLASS OF 2009 W & L BUELL MERIT SCHOLARSHIP CHECK NUMBER 58492	-1,916.67	0.00	0.00
05/17/2012	UNIVERSITY OF WISCONSIN-MADISON FBO BETH HENNES 2011 J KNOX/AAUW GRADUATE SCHOLARSHIP CHECK NUMBER 58786	-1,500.00	0.00	0.00
05/17/2012	UNIVERSITY OF WISCONSIN-WHITEWATER FBO BETH HENNES 2011 W & L BUELL GRADUATE SCHOLARSHIP CHECK NUMBER 58787	-2,000.00	0.00	0.00
	TOTAL SCHOLARSHIPS	-195,542.51	0.00	0.00
	BUSINESS EXPENSES			

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

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

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

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

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

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

		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	
	FORT ATKINSON COMMUNITY FOUNDATION	<input checked="" type="checkbox"/>	39-6220899
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)	
	PO BOX 218	<input type="checkbox"/>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	FORT ATKINSON	WI	53538

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

01

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

- The books are in the care of ► PREMIERBANK, TRUSTEE

Telephone No. ► FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or

► ☒ tax year beginning 7/1/2011, and ending 6/30/2012

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	\$
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	\$
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

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

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