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Department of the Treasury

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 Open to Public

Inspection For the 2012 calendar year, or tax year beginning and ending Check if D Employer identification number C Name of organization Address change INCOURAGE COMMUNITY FOUNDATION, Name change 39-1772651 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 715-423-3863 478 E. GRAND AVENUE Amended $6.1\overline{17.787}$ G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-tion pending WISCONSIN RAPIDS, WI H(a) Is this a group return F Name and address of principal officer KELLY RYAN Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527) ◀ (insert no.) If "No." attach a list, (see instructions) J Website: ► WWW.INCOURAGECF.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1993 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: WE PROMOTE STRATEGIC AND LEVERAGE COMMUNITY RESOURCES PHILANTHROPY, BUILD SOCIAL CAPITAL, if the organization discontinued its operations or disposed of more than 25% Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, lines 1) 4 24 JUL 1 8 2013 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 287 6 Total number of volunteers (estimate if necessary) 6,397. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN. UT 4,857. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,544,257 856,832. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 1,212,096. 1,024,419. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,881,251. 2,756,353. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,732,691. 813,326. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ö. Benefits paid to or for members (Part IX, column (A), line 4) 1,189,131. 1,145,395. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 111,757. b Total fundraising expenses (Part IX, column (D), line 25) 937,526. 1,050,385 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,939,983. 3,928,471 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,058,732. -1,172,118. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 27,508,371. 26,310,210. 20 Total assets (Part X, line 16) 1.484,414. 1,071,174 Total liabilities (Part X, line 26) 25,239,036. 26,023,957. Net assets or fund balances. Subtract line 21 from line 20 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 claration of preparer (other than officer) is based on all information of which preparer has any knowledge. (M) true, correct, and complete. 29 Sign ∀ Here KEZLY KYAN PRESIDENT & CEO Type or print name and title Date Print/Type preparer's name Preparer's signature MARY A. COATES, CPA 06/24/13 ₽00134220 Paid MARY A. COATES, CPA Firm's name WIPFLI LLP 39-0758449 Preparer Firm's EIN Use Only Firm's address 🛌 PO BOX 8010 WAUSAU, WI 54402-8010 715-845-3111 Phone no. X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

<u>Form</u>	990 (2012) INCOURAGE COMMUNITY FOUNDATION, INC. 39-1772651 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	WE PROMOTE STRATEGIC PHILANTHROPY, BUILD SOCIAL CAPITAL, AND LEVERAGE
	COMMUNITY RESOURCES FOR THE COMMON GOOD. WE ENVISION A RESILIENT,
	THRIVING COMMUNITY THAT EMBRACES AND SUPPORTS ALL PEOPLE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,134,990. including grants of \$ 806,873.) (Revenue \$)
	THE FOUNDATION PROMOTES COLLECTIVE AND STRATEGIC PHILANTHROPY
	PRINCIPALLY IN THE SOUTH WOOD COUNTY AREA IN CENTRAL WISCONSIN. THIS
	RURAL AREA INCLUDES NINE MUNICIPALITIES LOCATED IN PARTS OF TWO
	COUNTIES, WITH A COMBINED POPULATION OF ABOUT 45,000. IN 2012, 271 GRANTS WERE APPROVED (EXCLUDING AGENCY GRANTS SUBJECT TO FAS 136)
	BENEFITTING 159 TAX-EXEMPT ORGANIZATIONS. ALSO IN 2012, 187 SCHOLARSHIPS WERE APPROVED BENEFITTING 116 RECIPIENTS. THE FOUNDATION
	ALSO HAS SEVERAL FUNDS THAT BENEFIT THE COMMUNITY BY DIRECTLY
	SUPPORTING ACTIVITIES SUCH AS A DRUG COURT, CITY BAND CONCERTS, VARIOUS
	COMMUNITY CAPITAL CAMPAIGNS, ETC. THE FOUNDATION'S GRANTMAKING
	STRATEGIES ARE ALIGNED WITH THE LONG-TERM MISSION, VISION AND RELATED
	PROGRAMS NOTED IN LINES 1, 4B AND 4C.
4b	(Code) (Expenses \$ 144,668 · including grants of \$ 1,453 ·) (Revenue \$)
710	THE FOUNDATION IS KNOWN NATIONALLY FOR ORGANIZING AND DEVELOPING
	PROGRAMS AND LEADING COMMUNITY INITIATIVES THAT LEVERAGE RESOURCES AND
	EMPOWER PEOPLE IN WAYS THAT CREATE CONNECTED STRATEGIES, WITH THE
	INTENT TO ADVANCE OPPORTUNITIES FOR ALL. THE FOUNDATION PROMOTES
	BUILDING SOCIAL CAPITAL AND LEVERAGING COMMUNITY RESOURCES IN SUPPORT
	OF A RESILIENT AND THRIVING COMMUNITY THAT EMBRACES AND SUPPORTS ALL
	PEOPLE. THE FOUNDATION SUPPORTS POSITIVE COMMUNITY CHANGE BY PROMOTING
	ADAPTIVE LEADERSHIP SKILLS, RELATIONSHIP BUILDING, COLLABORATION,
	CONVENING, ADVOCACY, A SHARED LEARNING ENVIRONMENT AND THE EFFECTIVE
	EXCHANGE OF RELEVANT INFORMATION. PROGRAMS LED BY THE FOUNDATION
	INCLUDE AN ADVANCED LEADERSHIP INSTITUTE, TEEN LEADERSHIP PROGRAMS,
	EDUCATIONAL WORKSHOPS AND TRAINING OPPORTUNITIES (ORGANIZATIONAL,
4c	(Code) (Expenses \$ 1,048,480 • including grants of \$ 5,000 •) (Revenue \$)
	IN PURSUIT OF A LONG-TERM STRATEGY OF CREATING A COHESIVE, INTEGRATED
	SOCIAL SERVICES AND WORKFORCE DEVELOPMENT SYSTEM THAT FOSTERS NEW
	SOLUTIONS FOR ECONOMIC GROWTH, IN OCTOBER OF 2008 THE FOUNDATION WAS
	SELECTED AS ONE OF THE FIRST RURAL ORGANIZATIONS NATIONWIDE CHOSEN BY
	THE NATIONAL FUND FOR WORKFORCE SOLUTIONS (NFWS) TO LEAD A PROJECT SITE
	THROUGH ITS IMPLEMENTATION PARTNER JOBS FOR THE FUTURE, INC. THE LOCAL
	NFWS INITIATIVE, WORKFORCE CENTRAL, IS DEVELOPING A DUAL-CUSTOMER,
	SECTOR-BASED APPROACH FOR ADVANCING LOW-SKILLED, LOW-WAGE WORKERS INTO
	JOBS WITH FAMILY SUSTAINING WAGES. ENHANCING INTEGRATION OF SOCIAL
	SERVICES AND MOBILIZATION OF COMMUNITY ORGANIZATIONS IS A CORE ELEMENT
	OF THIS PHILANTHROPIC-LED STRATEGY. (CONTINUED ON SCHEDULE O)
_	
4d	, , , , , , , , , , , , , , , , , , , ,
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,328,138.
_ 4e _	
	Form 990 (2012)

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			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?	2	X	
3	Did the ofganization 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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	v	
	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,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	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, VIII, IX, or X			
	as applicable			
а	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		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
đ	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		х
е	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 and XII	12a		х
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 and XII is optional	12b	Х	
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		<u> </u>
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		х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l
	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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)
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Pa	rt 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		l	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	<u></u>	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		İ	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25 <u>a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ŀ		
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			1
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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			ŀ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		<u></u> _	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ľ	
	contributions? If "Yes," complete Schedule M	30	L	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	L
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u>.</u> _	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	i	l	I

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

1012) INCOURAGE COMMUNITY FOUNDATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2012)
Part V Sta

	Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	}		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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			j
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u>-</u> -	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u>x</u>
	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			х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
þ	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		X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		<u> </u>		_
-	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed duning the year	- -		. x -
e		7e 7f	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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			
Ū	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.			
а	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:	j		
а	Initiation fees and capital contributions included on Part VIII, line 12			١,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			'
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) [11b] [2-1-1-2-1-2-1-2-1-2-2-2-2-2-2-2-2-2-2-2	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l '
	Is the organization licensed to issue qualified health plans in more than one state?	13a		T -
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	- 1		
	organization is licensed to issue qualified health plans		i	'
	Enter the amount of reserves on hand			<u> </u>
	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	000	/00 x 5:
		Form	990	(2012)

Form 990 (2012) INCOURAGE COMMUNITY FOUNDATION, INC. 39-1//2051 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	ton 71 devening body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		ŀ	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l .		
	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	Х	
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ŀ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	 	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405]
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	X	ļ. -
12a	· · ·	12a 12b	X	
b		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	x	
12	In Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13 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	<u> </u>	<u> </u>	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a	X	1
h	Other officers or key employees of the organization	15b	х	
	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			1
_	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			l
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id fina	ncıal	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	-	
	DAWN NEUMAN - 715-423-3863			
	478 E GRAND AVE, WISCONSIN RAPIDS, WI 54494			

-om	aan	(2012)	

INCOURAGE COMMUNITY FOUNDATION, INC.

39-1772651

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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.

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

- 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

(A)	(B)	U.gc						(D)	(E)	(F)
Name and Title	Average hours per		not c	heck :	more	ı than ıs bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	er an	dad	recto	or/trus	tee)	from	from related	other
	(list any hours for	Jirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	99 01	stee			nsate		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	trust	nal tru		oyee	eg	l			and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHELDON FERKEY	2.00	╌	=		Ť		-			
DIRECTOR/TREASURER	0.50	х		Х				0.	0.	0.
(2) GUADALUPE ANCEL	4.00					Г		-		
DIRECTOR/CHAIR		Х		X				0.	0.	0.
(3) CRAIG LAMBERT	2.00									
DIRECTOR/VICE CHAIR AT 1-12		X		Х		<u> </u>		0.	0.	0.
(4) PAUL LIEBHERR	2.00									_
DIRECTOR/SECRETARY AT 1-12		Х		X				0.	0.	0.
(5) JAKE CLOSE	2.00									
DIRECTOR TO 12-12		X			<u> </u>	<u> </u>		0.	0.	0.
(6) HELEN JUNGWIRTH	2.00									
DIRECTOR		X	_					0.	0.	0.
(7) ANN SOE	2.00								_	
DIRECTOR TO 12-12		Х		<u> </u>		L	L	0.	0.	0.
(8) CHERYL URBAN	2.00								_	_
DIRECTOR TO 2-12	1	X		<u> </u>	<u> </u>	├	<u> </u>	0.	0.	0.
(9) FRED CAMACHO	2.00								_	<u>ر</u> ا
DIRECTOR TO 2-12	1 2 00	X		<u> </u>	_	-	<u> </u>	0.	0.	0.
(10) CARL WARTMAN	2.00	,,				}			_	1
DIRECTOR	0.50	Х	⊢	_			_	0.	0.	0.
(11) SANDRA HUGHES	2.00	.,			ŀ				0.	_
DIRECTOR TO 6-12	2.00	Х		<u> </u>	_	├		0.	0.	0.
(12) KIRK WILLARD	2.00	x						0.	0.	,
DIRECTOR	40.00	_	_	-	┝	-		<u> </u>		0.
(13) KELLY RYAN	1.00			х				130,488.	0.	11 025
PRESIDENT/CEO	40.00	-	\vdash	^		-	-	130,400.		11,835.
(14) DAWN NEUMAN	2.00	1		x				114,880.	0.	5,103.
CHIEF FIN./OPS. OFFICER	2.00	-	\vdash	^		-		114,000.		3,103.
		-	├	\vdash		\vdash	\vdash			
										- 000

E COMMUN	NITY FOUNDAT	ON, INC.	39-1772	651 Page 8		
tees, Key Employees, and Highest Compensated Employees (continued)						
(B)	(C)	(D)	(E)	(F)		

ــــــــــــــــــــــــــــــــــــــ	Section A. Officers, Directors, Tru		pioy	rees			igne	st (, , _ , _ , _ , _ , _ , _ , _ , _ , _ ,				
	(A)	(B)				C)	_		(D)	(E)	l	(F)	
	Name and title	Average		not c	heck		than		Reportable	Reportable		Estima	
		hours per week					is bot or/trus		1	compensation	י	amour	
		(list any	⊢			Ī	Т	Γ	- Ironi	from related organizations	,	othe	
		hours for	Individual trustee or director					l	the organization	(W-2/1099-MIS		compens from t	
		related	e or d	章			sated	l	(W-2/1099-MISC)	(44-27 1099-14110	ς,	organiz	
		organizations	ruste	l trus		8	le le		(** 27 1000 141100)			and rela	
		below	ag	Itona	_	ploy	yee g					organiza	
		line)	ng vi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ł		
		1	-	=	Ŭ	Ť		Ë				_	
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			Į.										
				<u> </u>	<u> </u>	<u> </u>	Ļ		245 260		${}$	1.0	~~~
	Sub-total								245,368.		0.	16,	
	Total from continuation sheets to Part	VII, Section A							0.		0.	1.0	0
	Total (add lines 1b and 1c)						<u> </u>		245,368.		0.	16,	<u> </u>
2	Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	е		
	compensation from the organization												1
												Yes	No
3	Did the organization list any former office	r, director, or tru	uste	e, ke	y er	mplo	oyee	, or	highest compensated e	mployee on			1
	line 1a? If "Yes," complete Schedule J for	such individual										3	X
4	For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	atıor	n and	to t	her compensation from	the organization	j]
	and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual		L	4	X
5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	ı	l]
	rendered to the organization? If "Yes," co	mplete Schedul	e J 1	or se	uch	pers	son			_	l	5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of	compensated inc	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ation from	
	the organization. Report compensation for	r the calendar y	ear	endı	ng v	vrth	or w	ıthı	n the organization's tax	year			
	(A)								(B)			(C)	
	Name and busines	s address							Description of s	services	C	ompensat	on
UNI	VERSITY OF WI, CENTER	ON WIS	STI	RA!	CEC	ΞY			RESEARCH AND				
118	O OBSERVATORY DRIVE,	MADISON	,	W	C !	53'	706	5	EVALUATION S	ERVICES		170,	495
								\neg				<u> </u>	
								ļ					
							_	\neg	-				
			-					\dashv					
]			
	·							\dashv	<u> </u>				

1 \$100,000 of compensation from the organization

		 Check_if Schedule O cont	tains a response	to any question ii	n this Part VIII			
		Show it Gonadule O colli	anto a reoportse	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ats Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					ļ
ΘĚ	c	Fundraising events	1c					
a ii	d	Related organizations	1d					
S,E	e	Government grants (contribut	— — — — — — — — — — — — — — — — — — —					ļ
200	f	All other contributions, gifts, gran	· —					ĺ
₽ĕ		similar amounts not included abo		856,832.				İ
ĒĢ	g			22,237.				
age	h	Total. Add lines 1a-1f			856,832.			
	- "	Total: Add iiiles Ta II		Business Code				
ø	2 a			Business Code			-	
Š	Ь р							
Se	C							
E S	d	-			-			·
Program Service Revenue	۾ ا					-		
Ę	f	All other program service reve	2016					
		Total. Add lines 2a-2f	31140	•				
	3	Investment income (including	dıvidends, ınter		•			
		other similar amounts)	, 4,7,40,,40,,	▶	543,262.		6,397.	536,865.
	4	Income from investment of ta	x-exempt bond	proceeds	, , ,		<u> </u>	
	5	Royalties	ax exempt seme	p.000000				
		Hoyanies	(i) Real	(iı) Personal				
	6 a	Gross rents	(l) Fields	(ii) i ciscilai				
	Ь			† 1		·]
	c	D	-	1				
	d							
		Gross amount from sales of	(i) Securities	(ıi) Other				
	' "	assets other than inventory	4,717,693					
	Ь	· .	<u> </u>	 				
	~	and sales expenses	4,233,014	. 3,522.				İ
		Gain or (loss)	484,679					1
		Net gain or (loss)	,	, , , , , , , , , , , , , , , , , , ,	481,157.		-	481,157.
	1	Gross income from fundraisin	a events (not					
eune	• •	including \$	of					İ
ě		contributions reported on line		1				
Other Rev		Part IV, line 18	a 10,1 000	.				i
ŧ	Ь	Less: direct expenses	b		!			
Ò	I	Net income or (loss) from fund			•		-	
		Gross income from gaming ac					-	
		Part IV, line 19	a a	,				
	b	Less direct expenses	- b					
		Net income or (loss) from gan			7			
		Gross sales of inventory, less						
	' -	and allowances	а	, l				
	Ь,	Less: cost of goods sold	i i					
		Net income or (loss) from sale			-	=		
	<u>_</u>	Miscellaneous Revenu		Business Code			-	
	11 a			222200 0000		,		†
	b							
	6							
	d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,881,251.	0.	6,397.	1,018,022.

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 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				ŧ				
	organizations in the United States. See Part IV, line 21	672,308.	672,308.						
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22	141,018.	141,018.						
3	Grants and other assistance to governments,				i.				
	organizations, and individuals outside the				1				
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members		·		<u> </u>				
5	Compensation of current officers, directors,	207 202	140 704	100 010	15 205				
_	trustees, and key employees	287,382.	149,784.	122,213.	15,385.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
-	persons described in section 4958(c)(3)(B)	680,089.	526,672.	113,335.	40,082.				
7	Other salaries and wages Pension plan accruals and contributions (include	000,003.	320,072.	113,333.	40,002.				
8	section 401(k) and 403(b) employer contributions)	25,727.	19,571.	4,316.	1,840.				
9	Other employee benefits	118,004.	88,447.	20,881.	8,676.				
10	Payroll taxes	77,929.	55,505.	17,857.	4,567.				
11	Fees for services (non-employees)	1113231	33,303.	27,00,71					
''									
b	Legal	1,367.	965.	320.	82.				
	Accounting	9,094.		9,094.					
d	*	· · · · · · · · · · · · · · · · · · ·							
e	Professional fundraising services. See Part IV, line 17				···				
f	Investment management fees	136,028.		136,028.					
g									
·	column (A) amount, list line 11g expenses on Sch O.)	303,059.	287,645.	12,399.	3,015. 1,772.				
12	Advertising and promotion	24,275.	20,731.	1,772.					
13	Office expenses	94,526.	69,893.	16,612.	8,021.				
14	Information technology	70,946.	54,878.	12,817.	3,251.				
15	Royalties								
16	Occupancy	16,803.	13,274.	2,809.	720.				
17	Travel	47,584.	34,979.	3,204.	9,401.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	F 7 5 5	44 404		0.564				
19	Conferences, conventions, and meetings	55,359.	44,184.	2,611.	8,564.				
20	Interest								
21	Payments to affiliates	21 074	21 020	7 271	1 064				
22	Depreciation, depletion, and amortization	31,074.	21,939.	7,271.	1,864.				
23	Insurance	10,928.	5,804.	4,030.	400.				
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 0.)								
а	UNRELATED BUS INC TAXES	568.	 ·	568.					
b	FUND PROGRAM ACTIVITIES	90,615.	90,615.						
С	COMMUNICATION	28,654.	18,971.	7,859.	1,824.				
ď	DUES, SUBSCRIPTIONS, BOOK	13,702.	8,411.	3,484.	1,807.				
e	All other expenses	2,944.	2,544.		400.				
25	Total functional expenses. Add lines 1 through 24e	2,939,983.	2,328,138.	500,088.	111,757.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>							

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	86,916.	1	121,030.
	2	Savings and temporary cash investments	1,938,772.	2	3,891,283.
	з	Pledges and grants receivable, net	669,955.	3	70,984.
	4	Accounts receivable, net	990.	4	4,660.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	}	Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,097.	9	17,890.
	1	Land, buildings, and equipment: cost or other			ļ
		basis Complete Part VI of Schedule D 10a 270,617.			
	Ь	Less: accumulated depreciation 10b 145,277.	64,613.	10c	125,340.
	11	Investments - publicly traded securities	20,336,121.	11	21,584,373.
	12	Investments - other securities See Part IV, line 11	1,016,370.	12	1,053,241.
	13	Investments - program-related. See Part IV, line 11	104,000.	13	456,172.
	14	Intangible assets	2,261.	14	2,951.
	15	Other assets. See Part IV, line 11	2,070,115.	15	180,447.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	26,310,210.	16	27,508,371.
	17	Accounts payable and accrued expenses	110,452.	17	181,561.
	18	Grants payable	166,526.	18	113,644.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		key employees, highest compensated employees, and disqualified persons.		l	
=		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	794,196.	25	1,189,209.
	26	Total liabilities. Add lines 17 through 25	1,071,174.	26	1,484,414.
	Γ	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S	l	complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	22,513,943.	27	25,715,990.
3ala	28	Temporanly restricted net assets	2,725,093.	28	307,967.
ğ	29	Permanently restricted net assets		29	
풀		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	25,239,036.	33	26,023,957.
	34	Total liabilities and net assets/fund balances	26,310,210.	34	27,508,371.

Form	990 (2012) INCOURAGE COMMUNITY FOUNDATION, INC.	39-17	772651	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	2,939 -1,058 25,239 1,965	·
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		26,023	0.67
/Da	column (B))	10	20,023	, 337.
ria	TXII Financial Statements and Reporting			X
	Check if Schedule O contains a response to any question in this Part XII		,	Yes No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	4 00 0	2a	· .
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	X
c	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch	e audıt,	2c	X
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	

Form **990** (2012)

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

Open to Public Inspection

Name of t	the organizat	ion						E	mploye	r identificati	on numb)er
		INCOURA	GE COMMUNITY	FOUN	DATIC	N, IN	C.		3	39-1772	651	
Part I	Reason	for Public Char	r ity Status (All organiz	ations mu	st comple	te this par	t.) See inst	ructions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				_	
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 hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital	's name,	
	city, and stat	te										
5 🗀	An organizat	on operated for the	benefit of a college or ui	niversity o	wned or o	perated by	a govern	mental un	ıt descni	bed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 📙	A federal, sta	ate, or local governm	nent or governmental uni	t describe	d in sectic	n 170(b)(I)(A)(v).					
7 📖	An organizat	ion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	e general	l public desc	rıbed ın	
		(b)(1)(A)(vi). (Comple	•									
8 🔀			section 170(b)(1)(A)(vi).									
9 📖			ceives (1) more than 33							_	-	
		•	nctions - subject to certa	•		•				•		
			axable income (less sect	tion 511 ta	ex) from bu	sinesses a	acquired b	y the orga	anızatıon	after June 3	0, 1975.	
40 🖂		509(a)(2). (Complete	•					_				
10	_	-	perated exclusively to te	•	•			•				
11 —	_		perated exclusively for the						•			
			ations described in section		-		(). See se (tion 509((a)(3). On	neck the box	tnat	
	a Type	· · · · · · · · · · · · · · · · · · ·	organization and compl organization and compl organization		•		_	. — — —	III . N.	المسمية مسائم مسا		.
	• • • • • • • • • • • • • • • • • • • •		ype II	ype III - Fu	•	_				on-functionall	-	tec
e			than one or more publicly						•	· •		
f		_	tten determination from t		•				9(a)(1) or	section 509	(a)(Z)	
•	-	rganization, check th		ine ino uit	atitisa iy	pe i, Type	ii, or Type	. 1111			Г	
g		•	organization accepted ar	ay gift or c	ontribution	from any	of the follo	owina ner	cone?			
9	_		lirectly controls, either al			•		٠.		, 1	Yes N	lo
	• • •	-	upported organization?	one or tog	jeti iei witi i	persons c	iescribeu i	ii (ii) ailu i	(III) DEIOW	11g(i)	162 1	
	•	· ,	n described in (i) above?	,						11g(ii)		
	· · ·		person described in (i) o		e?					11g(iii)		_
h		-	about the supported or	* *						[5,/]		_
		g		J	(-/-							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	notify the	(vi) ls		(vii) Amount	of monets	arv
٠,,	inization	(, =,	(described on lines 1-9	in col. (i) lis	•	organizat		organizáti (i) organiz	on in col. ed in the	sup		,
•				governing	document?	(i) of your	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
				1								
				<u> </u>	_				<u> </u>			
					1				1			

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 INCOURAGE COMMUNITY FOUNDATION, INC. 39-1772651 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(h)(1)(A)(iv) and 170(h)(1)(A)(iv)

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.)

Sec	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	6653217.	1611053.	1040127.	1544257.	856,832.	11705486.
2	Tax revenues levied for the organ-	·					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	fumished by a governmental unit to						ļ
	the organization without charge						
4	Total. Add lines 1 through 3	6653217.	1611053.	1040127.	1544257.	856,832.	11705486.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						ļ
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			_			5916309.
6	Public support. Subtract line 5 from line 4						5789177.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total 11705486.
7	Amounts from line 4	6653217.	1611053.	1040127.	1544257.	856,832.	11705486.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	860,495.	449,610.	458,463.	535,680.	543,263.	2847511.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	10,606.	13,294.	6,704.			30,604.
11	Total support. Add lines 7 through 10						14583601.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u> </u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	39.70 %
	Public support percentage from 2011	· · · · · · · · · · · · · · · · · · ·	<u> </u>			15	37.27 %
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				\triangleright X
b	33 1/3% support test - 2011. If the o	_			line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	i ere. Explain in Pai	rt IV how the orga	nızation
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2011. If the org	anızatıon dıd not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				•		е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶ <u>∟</u>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ind see instruction	ns ▶∟
					Sche	dule A (Form 99)	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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

ection A. Public Support		Т		T	T	10 -
lendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
-	·				+	
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities					· -	
furnished by a governmental unit to						
the organization without charge					<u> </u>	
Total. Add lines 1 through 5						
Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
Public support (Subtract line 7c from line 6.)						
ction B. Total Support	·					
endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Amounts from line 6						
dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975				:		
Add lines 10a and 10b					Ī	
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	-					
First five years. If the Form 990 is for the	ne organization'	s first, second, thii	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
ction C. Computation of Public	Support Pe	rcentage				
Public support percentage for 2012 (lin	e 8, column (f) c	livided by line 13, o	column (f))		15	
Public support percentage from 2011 S			 		16	
ction D. Computation of Invest	ment Incom	e Percentage				
Investment income percentage for 201	2 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	
Investment income percentage from 20	11 Schedule A,	Part III, line 17			_18	
a 33 1/3% support tests - 2012. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶l
b 33 1/3% support tests - 2011. If the o	_					and

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III.			
Nan	Name of organization			· · ·	oyer identification number
	INCOURA	GE COMMUNITY FOU	INDATION, IN	C	39-1772651
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).	•
1			<u> </u>	▶\$	
2	Enter the amount of any excise tax			► .	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a correction made?		·		Yes No
b	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	<u></u>
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here	and on Form 1120-POL		
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			└─ Yes └─ No
5	Enter the names, addresses and er made payments. For each organization				
	contributions received that were pr				
	political action committee (PAC). If	• •		•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly
					delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Part II-A Complete if the org	INCOU	RAGE C	OMMUNITY FO	UNDATION, I	NC . 39-1	772651 Page 2
(election under sec			inpranaci scono	ii oo i(o)(o) aha iii		
			liated group (and list in	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of exces	ss lobbying	expenditures).			
B Check 🕨 🔲 if the filing organiza	tion check	ed box A a	nd "limited control" pre	ovisions apply.		
		bying Expe leans amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence pub	lic opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to infli	-				0.	
c Total lobbying expenditures (add l		-	, , ,		0.	
d Other exempt purpose expenditure		,			2,908,341.	
e Total exempt purpose expenditure		s 1c and 1c	(b		2,908,341.	
f Lobbying nontaxable amount. Enter	•		•	h columns.	295,417.	
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000			ess over \$500,000		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			1			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000 \$1,000,000.						
		• 1,000,				
g Grassroots nontaxable amount (er	ter 25% o	f line 1f)			73,854.	
h Subtract line 1g from line 1a. If zero or less, enter -0-					0.	
i Subtract line 1f from line 1c. If zero					Ô.	
j If there is an amount other than ze	-		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this			,			Yes No
(Some organiz	ations tha	at made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount				345,288.	295,417.	640,705.
b Lobbying ceiling amount						0.61 0.50
(150% of line 2a, column(e))					<u> </u>	961,058.
c Total lobbying expenditures					<u> </u>	
d Grassroots nontaxable amount				86,322.	73,854.	160,176.
e Grassroots ceiling amount				23,222	,	
(150% of line 2d, column (e))						240,264.
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-				
			i			

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 INCOURAGE COMMUNITY FOUNDATION, INC. 39-177265

[Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 39-1772651 Page 3

(election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a) (b))	
of th	e lobbying activity	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		<u> </u>		
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?		<u> </u>		
	Grants to other organizations for lobbying purposes?		1		-
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i		İ		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			_	
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>	,	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	I "No," O	R (b) Par	t III-A, Iir	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	ical	<u> </u>		
-	expenses for which the section 527(f) tax was paid).	, Cai			
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	ponnou.	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		_
Pai					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	ated group	list). Part II	A. line 2.
	Part II-B, line 1. Also, complete this part for any additional information.	,		- //	,
	- , , . , , , , , , , ,				
			•		<u>. </u>
				_	
					<u>-</u> .
					

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 Inspection

Name of the organization

INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number 39-1772651

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	62	58			
2	Aggregate contributions to (during year)	257,320.	65,143.			
3	Aggregate grants from (during year)	275,159.	55,150.			
4	Aggregate value at end of year	3,119,422.	1,183,107.			
5	Did the organization inform all donors and donor advisors in		ed funds			
_	are the organization's property, subject to the organization's		X Yes No			
6	Did the organization inform all grantees, donors, and donor a		used only			
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?	., ac., a	X Yes No			
Pa		ganization answered "Yes" to Form 990, P				
1	Purpose(s) of conservation easements held by the organizati					
	Preservation of land for public use (e.g., recreation or e		torically important land area			
	Protection of natural habitat	Preservation of a certi				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied 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			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic str	2c				
d	Number of conservation easements included in (c) acquired	, ,	ure			
_	listed in the National Register		2d			
3						
	year▶	, 3				
4	Number of states where property subject to conservation ear	sement is located				
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements if		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements de	uring the year 🕨			
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·			
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?	, ,	Yes No			
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization					
	conservation easements					
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther 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 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public exh	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	ibes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic 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 tre	easures, or other similar assets for financia	Il gain, provide			
	the following amounts required to be reported under SFAS 1		-			
а	Revenues included in Form 990, Part VIII, line 1		▶ \$_			
b	Assets included in Form 990, Part X		► \$ ► \$			

		GE COMMUNI							72651	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	<u>er Simil</u>	<u>ar Asse</u>	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a sı	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	C	,	Loan or exc	hange progr	rams				
b	Scholarly research	€	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	ney further t	he organızat	ion's exei	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımilar	assets	_	_	
_	to be sold to raise funds rather than to be ma								<u> Yes</u>	L No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets not	ıncluded	r	_	
	on Form 990, Part X?							<u> </u>	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		T.:	T 1
	Did the organization include an amount on Fi							L.,	」Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete		1					baalı		
		(a) Current year	(b) F	rior year	(c) Two yea	irs dack	(d) Inree y	ears back	(e) Four ye	ars back
1a	Beginning of year balance		-							
	Contributions						-			
	Net investment earnings, gains, and losses									
	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities	1								
	and programs		-							
Ţ	Administrative expenses		 							
g	End of year balance			li (-	-\\ h = d = -				l .	
2	Provide the estimated percentage of the current	rent year end baland		g, column (a	a)) neid as					
a L	Board designated or quasi-endowment	0/	_%							
D	Permanent endowment ► Temporarily restricted endowment ►	% %								
C	The percentages in lines 2a, 2b, and 2c shou	%								
20	Are there endowment funds not in the posse	•	ation the	at ara bald a	nd administr	arad for th	oo oraani	ration		
Ja	t.	SSIOTI OF THE OFGATILE	ation the	at are riciu a	nu auministi	erea 101 ti	ie organii	Zation	√	es No
	by: (i) unrelated organizations								3a(i)	<u>es 140</u>
	(ii) related organizations								3a(ii)	$\overline{}$
h	If "Yes" to 3a(ii), are the related organizations	s lieted as required (on Schoo	dula B2					3b	$\overline{}$
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
Pai										
	Description of property	(a) Cost or o			or other	(c) Ac	cumulate	ed e	(d) Book v	value
	bescription of property	basis (investi			(other)		preciation		(a) Dook (- 4140
	Land		7		·			-		
	Buildings					<u> </u>		-	_	
	Leasehold improvements									
	Equipment			27	0,617.	<u> </u>	45,2	77.	125	,340.
	Other			<u>-</u>		 				<u></u>
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))		_	ightharpoonup	125	,340.

		OUNDATION, IN	39	-1772651 Page 3
Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, lii (b) Book value		dustion: Cost or end	d-of-year market value
	(b) BOOK Value	(c) Welflod of Va	idation. Cost of end	or your market value
(1) Financial derivatives (2) Closely-held equity interests				
(3) Other		-		
(A)				
(B)				
(C)	·			
(D)				
(E)			· · · · ·	
(F)				
(G)				
(H)				
(I)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related. Se		line 13.		1 - 4
(a) Description of investment type	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
				. <u> </u>
(6)			<u>-</u>	
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)	<u> </u>			
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a) [Description			(b) Book value
(1)				
(2)				
(3)				 -
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			<u> </u>
Part X Other Liabilities. See Form 990, Part X, li				
(a) Description of liability	1	(b) Book value	 	····
(1) Federal income taxes				
(2) FUNDS HELD FOR AGENCIES		1,149,327.		
(3) SPLIT INTEREST AGREEMENTS		39,882.		
(4)				
(5)				
(6)				
(7)				
(8)		-		
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	1,189,209.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	t of the footnote to t	he organization's financial	statements that ren	orts the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2012 INCOURAG	E COMMUNITY FOUNDAT	ION,	INC.	39-:	1772651	Page 4
	rt XI Reconciliation of Revenue pe						
1	Total revenue, gains, and other support per au		_		1	3,888	,166.
2	Amounts included on line 1 but not on Form 9						
_ a	Net unrealized gains on investments		2a	1,965,064.			
b			2b	8,265.			
c			2c				
ď			2d	34,165.			
					2e	2,007	
3	Subtract line 2e from line 1				3	1,880	,672.
4	Amounts included on Form 990, Part VIII, line	12, but not on line 1:					
а			4a				
b		•	4b	579.			
С	Add lines 4a and 4b				4c		579.
5	Total revenue. Add lines 3 and 4c. (This must	equal Form 990, Part I, line 12)			5	1,881	,251.
Par	rt XII Reconciliation of Expenses p	er Audited Financial Stateme	nts Wi	th Expenses per	Retu	rn	
1	Total expenses and losses per audited financi	ial statements			1	2,925	<u>,655.</u>
2	Amounts included on line 1 but not on Form 9	990, Part IX, line 25:					
а	Donated services and use of facilities		2a	8,265.			
ь	Prior year adjustments		2b				
С	Other losses		2c				
d	Other (Describe in Part XIII.)		2d	39,109.			
е	Add lines 2a through 2d				2e	2,878	<u>,374.</u>
3	Subtract line 2e from line 1				3	2,878	,281.
4	Amounts included on Form 990, Part IX, line 2	25, but not on line 1:					
а	Investment expenses not included on Form 99	90, Part VIII, line 7b	4a		:		
b			4b	61,702.			
С	Add lines 4a and 4b				4c		<u>,702.</u>
5	Total expenses Add lines 3 and 4c. (This mus	t equal Form 990, Part I, line 18)			5	2,939	<u>,983.</u>
Pai	rt XIII Supplemental Information						
Com	plete this part to provide the descriptions requi	red for Part II, lines 3, 5, and 9, Part III,	, lines 1a	and 4, Part IV, lines 11	b and 2	2b, Part V, line	4, Part
	ne 2, Part XI, lines 2d and 4b, and Part XII, lines :						
PAF	RT X, LINE 2: IN ORDER T	O ACCOUNT FOR ANY U	NCER	TAIN TAX PO	SIT	IONS,	
THE	E FOUNDATION ASSESSES WH	HETHER IT IS MORE LI	KELY	THAN NOT T	нат	а тах	
1111	E POONDATION ADDEDDED WIT	IBINER II IO HORE EI		111111 1101 2			
POS	SITION WILL BE SUSTAINED	UPON EXAMINATION C	F TH	E TECHNICAL	ME	RITS OF	THE
POS	SITION, ASSUMING THE TAX	ING AUTHORITY HAS F	י עבע	KNOWLEDGE O	F A	LL	
INE	FORMATION. IF THE TAX P	OSITION DOES NOT ME	ET T	HE MORE-LIK	ELY	-THAN-N	TC_
REC	COGNITION THRESHOLD, THE	BENEFIT OF THE TAX	POS	ITION IS NO	T R	ECOGNIZI	ED_

IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2012 INCOURAGE COMMUNITY FOUNDATION, INC. 39-1772651 Page 5 Part XIII Supplemental Information (continued)
THE FOUNDATION'S POLICY IS TO RECOGNIZE INTEREST AND ANY PENALTIES RELATED
TO INCOME TAX MATTERS IN INCOME TAX EXPENSE WHEN INCURRED. IN 2012 AND
2011, THERE WERE NO TAX PENALTIES OR INTEREST RELATED TO TAX PENALTIES
RECORDED BY THE FOUNDATION IN THE FINANCIAL STATEMENTS.
THE FOUNDATION RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX
POSITIONS OR UNRECOGNIZED TAX BENEFITS IN 2012 OR 2011. FEDERAL RETURNS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND BEYOND REMAIN SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
REVENUE RELATED TO AFFILIATE 34,165.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
ELIMINATING ENTRY 579.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
EXPENSES RELATED TO AFFILIATE 39,109.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ELIMINATING ENTRY 579.
GRANT CANCELLATIONS REPORTED IN OTHER CHANGES IN NET ASSETS
OR FUND BALANCES 61,123.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 61,702.
THE FINANCIAL STATEMENTS ARE CONSOLIDATED AND ALL AFFILIATE INCOME AND
EXPENSES MUST BE ELIMINATED IN ORDER TO RECONCILE TO THE TAX RETURN.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

2012

Inspection

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

OMB No 1545-0047 Open to Public

2 Employer identification number 39-1772651X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. INCOURAGE COMMUNITY FOUNDATION, INC. General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

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. Part II can be duplicated if additional space is needed	S5,000. Part II can		onal space is need	ompiete ii the orga led	nization answered T	i ons in the United States. Complete il the organization answered "Tes" to Form 990, Part IV, line 21, for any ed if additional space is needed	ıv, iine 2 ı, tor any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN PLAYERS THEATRE OF WISCONSIN, INC PO BOX 819 - SPRING GREEN, WI 53588	39-1583361	501 (C)(3)	.000,8	0.			GENERAL SUPPORT
ARTS COUNCIL OF SOUTH WOOD COUNTY, INC 1040 8TH ST S - WISCONSIN RAPIDS, WI 54494	39-1255617	501(C)(3)	8,500.	0.			PROGRAM RELATED SUPPORT
ASSUMPTION CATHOLIC SCHOOLS 445 CHESTNUT STREET WISCONSIN RAPIDS, WI 54494	39-1951797	с	. 367, 38	0.			GENERAL & PROGRAM RELATED SUPPORT & TUITION ASSISTANCE
BOY SCOUTS OF AMERICA, SAMOSET COUNCIL - 3511 CAMP PHILLIPS - WESTON, WI 54476	39-0813397	501(C)(3)	.860,6	0.			FOR CAMP TESOMAS, RHINELANDER, WI & GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WISCONSIN RAPIDS AREA, INC PO BOX 1175 - WISCONSIN RAPIDS, WI 54495-1175	39-1745942	\$01(C)(3)	74,394.	0			GENERAL & CAPACITY BUILDING SUPPORT
BOYS & GIRLS CLUB OF GREATER SCOTTSDALE, INC 10533 EAST LAKEVIEW DRIVE - SCOTTSDALE, AZ 85258	86-0133718	501(C)(3)	8,000.	0			PROGRAM RELATED SUPPORT

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

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

Schedule I (Form 990) (2012)

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Schedule I (Form 990) INCOURAGE COMMUNITY FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST, INC. PO BOX 628222 ORLANDO, PL 32862-8222	95-6006173	501(C)(3)	7,200.	0.			GENERAL SUPPORT
THE CENTRAL RIVERS FARMSHED, LLC PO BOX 1023 STEVENS POINT, WI 54481-1023	68-0651333	501(C)(3)	6,000.	0.			SUPPORT THE ACCESSIBLE INGREDIENTS PROGRAM
CENTRAL WISCONSIN CULTURAL CENTER, INC PO BOX 322 - WISCONSIN RAPIDS, WI 54495-0322	39-1869751	501(C)(3)	8,994	.0			GENERAL & PROGRAM RELATED SUPPORT
CHILD CARE RESOURCE & REFERRAL OF CENTRAL WI - 210 EAST JACKSON STREET - WISCONSIN RAPIDS, WI 54494	39-1673734	501(C)(3)	14,500.	0.			SUPPORT SCHOLARSHIP AIDE AND MERGING AND RESTRUCTURING PROCESS
WISCONSIN RAPIDS FAMILY CENTER, INC 500 25TH ST N - WISCONSIN RAPIDS, WI 54494	39-1451595	501(C)(3)	11,492.	0			GENERAL & PROGRAM RELATED SUPPORT
THE GIFT OF LIFE-ARIZONA, INC. 5968 E SAPPHIRE LN PARADISE VALLEY, AZ 85253	86-0529773	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HEART OF WISCONSIN CHAMBER OF COMMERCE - 1120 LINCOLN STREET - WISCONSIN RAPIDS, WI 54494	39-0777810	501(C)(3)	6,000.	0.			PROGRAM RELATED SUPPORT
NEW HORIZON'S FOUNDATION, INC., FOR HOPE'S DOOR - 1430 2ND STREET NORTH - WISCONSIN RAPIDS, WI 54494	84-1123082	501(C)(3)	5,500.	.0			GENERAL & PROGRAM RELATED SUPPORT
OPPORTUNITY DEVELOPMENT CENTERS, INC 1191 HUNTINGTON AVE - WISCONSIN RAPIDS, WI 54494	39-1044318	501(C)(3)	45,751.	0.			GENERAL & CAPACITY BUILDING SUPPORT
							Schedule I (Form 990)

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Page 1

39-1772651	
UNDATION, INC.	and Organizations in the United States (Schedule I (Form 990), Part II.)
MMUNITY FO	Assistance to Governmen
	on of Grants and Other A
Schedule I (Form 990)	Continuatio

rate Communication of dails and Other Assistance of Openimients and Organizations in the Office Scholdule (Control Scholdule), Fatting	Assistance to de	Verrinients and Organ		nieu States (Sule	due i (roini 330), rai	(III)	
(a) Name and address of organization or government	(p) 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
PARK PLACE ADULT DAY SERVICES 220 3RD AVE S SUITE 3 WISCONSIN RAPIDS, WI 54495	39-1533745	501(C)(3)	13,014.	0			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 52177 PHOENIX, AZ 85072	94-1156347	501(C)(3)	10,000.	.0			GENERAL SUPPORT
SCOTTSDALE BOYS & GIRLS CLUB AUXILIARY - 10533 E LAKEVIEW DR - SCOTTSDALE, AZ 85258	23-7207888	501(C)(3)	10,000.	0.			PROGRAM RELATED SUPPORT
SOUTH WOOD COUNTY HISTORICAL CORPORATION - 540 3RD ST S - WISCONSIN RAPIDS, WI 54494	39-1164891	501(C)(3)	6,550.	0.			GENERAL SUPPORT
SOUTH WOOD EMERGENCY PANTRY SHELF 311 2ND STREET SOUTH WISCONSIN RAPIDS, WI 54494	39-0862479	501(C)(3)	26,168.	0.			GENERAL SUPPORT
WISCONSIN HISTORICAL FOUNDATION, INC 816 STATE ST - MADISON, WI 53706	39-0921093	501(C)(3)	.171.	.0			GENERAL SUPPORT
WISCONSIN RAPIDS AREA SENIOR CENTER ASSOCIATION, INC - 220 3RD AVE S SUITE 3 - WISCONSIN RAPIDS, WI 54495	39-1408099	501(C)(3)	26,991.	.0			GENERAL SUPPORT
WISCONSIN RAPIDS RAFTERS - NORTHWOODS LEAGUE FOUNDATION - 521 LINCOLN ST - WISCONSIN RAPIDS, WI 54494	27-1831863	501(C)(3)	12,000.	0.			SUPPORT LIL' RAFTERS READING PROGRAM FOR ALL SCHOOLS
							(000 mm Lad. d. d. d. d. d. d. d. d. d. d. d. d. d

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. INCOURAGE COMMUNITY FOUNDATION, INC. Schedule I (Form 990) (2012) Part III

Page 2

39-1772651

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part II, ine 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) FORM 990'S WHEN AVAILABLE, SEEKING BOARD APPROVAL PRIOR TO AWARDING GRANTS THE BOARD OF OVER \$25,000, AND RECEIVING ACKNOWLEDGEMENTS FROM THE GRANTEE WITH RESPECT FOR DONOR RECOMMENDATIONS FROM THE DONOR, CONFIRMING TAX EXEMPT STATUS, REVIEWING LINE 2: FOR SCHOLARSHIPS, QUALIFYING RECIPIENTS ARE EVALUATED BASED ON ESTABLISHED SCHOLARSHIP CRITERIA AND OTHER RELEVANT A BOARD APPROVED SET OF INTERNAL GUIDELINES FOR DONOR RECEIVING (d) Amount of non-cash assistance 。 ٥. DIRECTORS AND PAYABLE DIRECTLY TO THE EDUCATIONAL INSTITUTION. FACTORS AND AWARDS ARE RECOMMENDED BY COMMITTEES, APPROVED BY IS ADHERED TO INCLUDING, BUT NOT LIMITED TO, 140,518. 500. (c) Amount of cash grant 115 (b) Number of recipients EDUCATIONAL SCHOLARSHIPS FOR PERSONS GENERALLY EDUCATIONAL SCHOLARSHIPS FOR PERSONS WHO MAY RESIDE BEYOND THE GREATER SOUTH WOOD COUNTY, RESIDING IN THE GREATER SOUTH WOOD COUNTY, (a) Type of grant or assistance I, PART I, ADVISED GRANTS, ADVISED GRANTS WISCONSIN AREA. WISCONSIN AREA. SCHEDULE

Schedule I (Form 990) INCOURAGE COMMUNITY FOUNDATION, INC. 39-1772651 Page 2
PaidW Supplemental Information
TO THE USE OF THE GRANT. FOR CERTAIN DESIGNATED FUNDS, A SIMILAR PROCESS
IS PERFORMED BY A COMMITTEE OF STAFF MEMBERS. FOR UNRESTRICTED GRANTS,
STAFF PERFORM NECESSARY DUE DILIGENCE (INCLUDING REVIEWING FORM 990'S,
ETC.) AND DETERMINE THE DEPTH AND FREQUENCY OF REPORTING FROM A GRANT
RECIPIENT WITH RESPECT TO THE GRANT, AND THE GRANTS ARE REVIEWED AND
APPROVED IN ACCORDANCE WITH BOARD APPROVED CRITERIA AND GUIDELINES AND ARE
SUBMITTED TO THE BOARD FOR FINAL APPROVAL.

SÇHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

232211 01-04-13 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.

2012
Open to Public Inspection

Name of the organization

INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number 39-1772651

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE ENVISION A RESILIENT, THRIVING COMMUNITY THAT FOR THE COMMON GOOD. EMBRACES AND SUPPORTS ALL PEOPLE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: LEADERSHIP AND PROGRAM DEVELOPMENT; COLLABORATION AND COMMUNITY ENGAGEMENT; EVALUATION EFFECTIVENESS, ETC.), A COMMUNITY RESOURCE CENTER, PUBLIC SPEAKERS, CONVENING A NONPROFIT COUNCIL, A CONSULTANT/FACILITATOR DATABASE FOR COMMUNITY ORGANIZATIONS, SPEAKYOURPEACESWC.ORG, PROMOTING CIVIC ENGAGEMENT, FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SOME COMMUNITY COLLABORATION EFFORTS RESULTING FROM THIS WORK INCLUDE A REGIONAL ECONOMICAL GROWTH INITIATIVE, A BUSINESS AND EDUCATION COLLABORATIVE AND OTHER GROWING COLLABORATIONS BETWEEN GROUPS THAT MAY NOT HAVE TRADITIONALLY WORKED CLOSELY TOGETHER TO SOLVE ISSUES. ALSO IN 2008, THE FOUNDATION BEGAN PARTICIPATING IN THE JOHN S. AND JAMES L. KNIGHT FOUNDATION'S COMMUNITY INFORMATION CHALLENGE RESEARCHING WHERE AND HOW LOCAL RESIDENTS GET THEIR INFORMATION AND ASSESSING THEIR ABILITY TO ACCESS THE INFORMATION THEY NEED IN ORDER TO ADDRESSING ISSUES OF DIGITAL ACCESS AND LEAD BETTER INFORMED LIVES. DIGITAL LITERACY ARE INTEGRAL TO THIS PROJECT. IN LATE 2011, FOUNDATION ENGAGED IN DIALOGUE WITH AREA RESIDENTS FOCUSED ON CHALLENGES FACING THE COMMUNITY, COMMUNITY STRENGTHS, VISION FOR THE FURTURE AND INTEREST IN ENGAGING WITH THE FOUNDATION'S WORK. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) THIS DIALOGUE LED TO SPONSORING THE LARGEST COMMUNITY-WIDE SURVEY IN
THE HISTORY OF THE SOUTH WOOD COUNTY AREA, WITH OVER 4,100 HOUSEHOLDS
RESPONDING. THE FOUR MAIN PRIORITIES IDENTIFIED BY THE COMMUNITY
THROUGH THE SURVEY WERE, A STRONG ECONOMY, OPPORTUNITIES FOR YOUNG
ADULTS AND FAMILES, OPENNESS TO NEW IDEAS AND CHANGES, AND A FOCUS ON
NATURE AND RECREATION OF THE AREA. THE FOUNDATION IS COMMUNITY
PRIORITIES AND A SHARED VISION FOR FUTURE. THE CONNECTEDNESS AND
INTEGRATION OF A VARIETY OF GRANTS, PROGRAMS AND INITIATIVES ALLOWS FOR
A "COMMUNITY SPECIFIC" FRAMEWORK THROUGH WHICH COLLECTIVE RESOURCES CAN
ACHIEVE GREATER IMPACT IN THE FORM OF SYSTEMS CHANGE AND COMMUNITY
IMPROVEMENT.

FORM 990, PART V, LINE 3B: FORM 990-T HAS BEEN EXTENDED AND THE AMOUNTS ON FORM 990, PAGE 1, LINES 7A AND 7B ARE THE BEST ESTIMATES THAT THE FOUNDATION HAS AT THIS TIME UNTIL ALL FINAL INVESTMENT FORM K-1S ARE RECEIVED.

FORM 990, PART VI, SECTION A, LINE 4: ON NOVEMBER 8, 2012, THE BOARD OF
DIRECTORS OF THE FOUNDATION ADOPTED AN AMENDMENT TO THE RESTATED BYLAWS OF
THE FOUNDATION STATING THAT THE NUMBER OF "THE BOARD OF DIRECTORS SHALL
CONSIST OF NO LESS THAN THREE (3)" RATHER THAN STATING "AT LEAST NINE".

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF PREPARATION OF
FORM 990 BY A THIRD PARTY ACCOUNTING FIRM (ACCOMPLISHED WITH SIGNIFICANT
INPUT FROM A VARIETY OF STAFF MEMBERS) THE CHIEF FINANCIAL AND OPERATING
OFFICER POSTS THE FINAL FORM 990 DRAFT FOR REVIEW BY EACH BOARD MEMBER AND
CERTAIN STAFF MEMBERS SEVERAL DAYS PRIOR TO FILING, EXPLICITLY SEEKING

INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number 39-1772651

THEIR REVIEW AND COMMENTS WITH RESPECT TO THE FILING TO BE MADE. ANY AND ALL COMMENTS RECEIVED ARE REVIEWED FOR WHETHER AN ADJUSTMENT NEEDS TO BE MADE TO THE FORM 990 THAT WAS AVAILABLE FOR REVIEW. AFTER ALL COMMENTS HAVE BEEN CLEARED, THE FINAL FORM 990 IS SUBMITTED TO THE IRS AND A COPY OF THE SAME IS POSTED FOR ALL BOARD MEMBERS AND CERTAIN STAFF MEMBERS, NOTING ANY SIGNIFICANT ADJUSTMENTS THAT WERE MADE AS A RESULT OF THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST DISCLOSURE

FORMS ARE COMPLETED ANNUALLY BY DIRECTORS, CERTAIN STAFF AND MOST

COMMITTEES. WHEN POTENTIAL CONFLICTS ARISE, THE CONFLICTED PERSON IS

ALLOWED AN INITIAL OPPORTUNITY FOR INPUT TO THE DISCUSSION WITH FINAL

DISCUSSIONS AND VOTING, IF ANY, DONE WITHOUT THEIR PRESENCE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS CEO
PAY ANNUALLY TAKING COMPARATIVE PAY DATA INTO CONSIDERATION. THE FINANCE
AND AUDIT COMMITTEE REVIEWS AND APPROVES STAFF POSITIONS AND PAY THROUGH
THE ANNUAL BUDGET PROCESS TAKING COMPARATIVE PAY DATA INTO CONSIDERATION
WHERE AVAILABLE. THE BUDGET IS THEN SUBJECT TO FULL BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
WRITTEN REQUEST AT INCOURAGE COMMUNITY FOUNDATION, INC. ATTENTION: FINANCE,
478 EAST GRAND AVENUE, WISCONSIN RAPIDS, WI 54494.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING AND PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES

287,645.

MANAGEMENT AND GENERAL EXPENSES

12,399.

FUNDRAISING EXPENSES

3,015.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

➤ See separate instructions.

2012 Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. Employer identification number 39-1772651Direct controlling entity End-of-year assets **e** Total income € **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) INCOURAGE COMMUNITY FOUNDATION, INC. Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) ŝ controlled entity? Yes × Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling status (if section Public charity 501(c)(3)) 509(A)(3) TYPE 1 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) WISCONSIN SUPPORTING ORGANIZATION Primary activity COMMUNITY PROPERTY INC - 26-0425048 Name, address, and EIN WISCONSIN RAPIDS, WI 54494-4852 of related organization 478 EAST GRAND AVENUE

Part II

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

Schedule R (Form 990) 2012

39-1772651

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Schedule R (Form 990) 2012 INCOURAGE COMMUNITY FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Perritu

3	General or Percentage managing ownership partner?										e related	(E)	Section 512(b)(13) controlled entity?	Yes No								
3	General or managing partner?										e or mor	3	Percentage ownership		-				-			
3	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)										because it had or	(6)	aّـ	assets			_			_		
3	Disproportion- ate allocations?			 	 						IV, line 34											
	Share of Diend-of-year and assets				 		 <u></u>	-	-		m 990, Part	ε	Share of total income									
								_			Yes" to For	(e)	Type of entity (C corp, S corp,	rrust)								
E	Share of total income										inswered "			ō								
											ganization a	(p)	Direct controlling entity									
e) .	Predominant income (related, unrelated, excluded from tax under sections 512-514)										olete if the or	(c)	<u></u>	country)		_		_				
										 	st (Comp		Legal (st	8								
(D)	Direct controlling entity										ration or Trus ear.)	(Q)	Primary activity									
(c)	Legal domicile (state or foreign country)										is a Corpo		Prima									
(a)	Primary activity										janizations Taxable a poration or trust durin		Z c									
(p)	Name, address, and EIN of related organization										Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2012

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Part V | Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	X	
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				မှ		×
d Loans or loan guarantees to or for related organization(s)				₽	×	
e Loans or loan guarantees by related organization(s)				1		×
f Dividends from related organization(s)				1#		×
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				¥		×
j Lease of facilities, equipment, or other assets to related organization(s)		•		į		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		•	Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ŧ	×	
Sharing of paid employees with related organization(s)				Ş	×	
				2	Ī	
p Reimbursement baid to related organization(s) for expenses				٩		×
				5		×
				2		
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	iis line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevied		
COMMINITIES DEOPERITY INC.	A	973	TO TATER FOR THE			
	:					
(2) COMMUNITY PROPERTY, INC.	D	325,000.FACE	FACE VALUE OF PROMISSORY	NOTE	凹	
(3) COMMUNITY PROPERTY, INC.	Д	263,500.	STATED AMOUNT OF LOAN GU	GUARANTEE	NTE	臼
(4)						
(5)		•				
(9)						
232163 12-10-12			Schedule R (Form 990) 2012	(Form	066	2012

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Schedule R (Form 990) 2012 INCOURAGE COMMUNITY FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Dispropor-₹ Share of end-of-year assets Share of income total Predominant income parties sec (related, unrelated, 501(c)(3) excluded from tax under section 512-514) yes No (e)
Are all
partners sec
501(c)(3)
orgs? € (state or foreign Legal domicile country) <u>છ</u> Primary activity <u>@</u> Name, address, and EIN of entity

Schedule R (Form 990) 2012

Schedule F	R (Form 99 <u>0)</u> 2012	INCOURAGE	COMMUNITY	FOUNDATION,	INC.	39-17/2651 Page 5
	R (Form 990) 2012 Supplemental Infor	rmation				
	Complete this part to pro		nation for responses	to questions on Schedi	ule R (see instru	ictions)
					<u> </u>	
				.=		
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Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons X
-	are filing for an Additional (Not Automatic) 3-Month Ex	•		his form).		
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.	
	ic filing (e-file). You can electronically file Form 8868 if					corporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
of time to	ofile any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 3	ransfers .	Associated Wit	th Certain
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details of	n the elec	ctronic filing of	this form,
visit www	v.irs gov/efile and click on e-file for Charities & Nonprofits	i.	<u> </u>			
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	eded).		
A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and o	complete		
Part I on	у					
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time	
to file inc	ome tax returns		·			
Type or	Name of exempt organization or other filer, see instru	ictions		Employe	r identification	number (EI N) or
print					20 455	0.654
File by the	INCOURAGE COMMUNITY FOUNDAY	rion,	INC.		39-177	2651
due date for filing your	Number, street, and room or suite no. If a P.O box, s 478 E. GRAND AVENUE	ee instruc	tions.	Social se	curity number	(SSN)
return See instructions		oreign add	Iress see instructions			
	WISCONSIN RAPIDS, WI 5449					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat	ion	Return	Application		•	Return
Is For	ion	Code	Is For			Code
	O or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720			09
Form 99	<u> </u>	04	Form 5227			10
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
	DAWN NEUMAN	·	<u> </u>			
• The b	ooks are in the care of A78 E GRAND AV	E - W:	ISCONSIN RAPIDS, W	I 544	94	
Telep	hone No. ► 715-423 -3863		FAX No. ▶			
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) II	f this is fo	r the whole gro	oup, check this
box >	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	all memb	ers the extens	ion is for.
1 i re	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	AUGUST 15, 2013 , to file the exemp	t organiza	tion return for the organization name	d above.	The extension	
	or the organization's return for:					
>	$oxed{X}$ calendar year $oxed{2012}$ or					
>	tax year beginning	, an	d ending		·	
		.			_	
2 If t	he tax year entered in line 1 is for less than 12 months, c	neck reas	on: L Initial return L I	Fınal retui	m	
L	☐ Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	nrefundable credits. See instructions.			3a_	\$	0.
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
es	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	If you are going to make an electronic fund withdrawal	with this Fo	orm 8868, see Form 8453-EO and Fo	rm 8879	EO for paymer	nt instructions.

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