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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A	For th	ne 2013 calendar year, or tax year beginning and	ending		
В	Check r applical	C Name of organization		D Employer identif	fication number
	Addr	wilton community foundation			
	Nam chan	ge Doing Business As	_	23-7	7196646
	Initia retur Term ated	Number and street (or P.U. DOX II MAII IS NOT DELIVERED TO STREET ADDRESS)	Room/suit		er -732-2077
F	Ame retur Appi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group r	140,288.
_	LLItion pend			for subordinate	s? Yes X No
_	Toy or	xempt status: X 501(c)(3)	or 52	H(b) Are all subordinates	Included? Yes No a list. (see instructions)
		ite: $\triangleright N/A$	01 02	H(c) Group exemption	·
		of organization: X Corporation Trust Association Other	L Yea		M State of legal domicile: IA
_		Summary			
_ _ _	1	Briefly describe the organization's mission or most significant activities: TO P COMMUNITY AND CHARITABLE ORGANIZATION IN	ROVID	E SUPPORT FO	R VARIOUS
nance	2	Check this box If the organization discontinued its operations or dispo			
₹ ĕ	3	Number of voting members of the governing body (Part VI, line 1a)	364 OI IIIO	3	J 7
∞ 8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
SEP © % Activities &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
ુર્ફે	6	Total number of volunteers (estimate if necessary)	•	. 6	10
<u>_</u> ÷€	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
জ⊄		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue				Prior Year	Current Year
¥.	В	Contributions and grants (Part VIII, line 1h)		88,616.	104,266.
22	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>	21,906.	31,114.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
00	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Г	110,522.	135,380.
_	13		i	105,111.	127,427.
	14	Grants and similar amounts peid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္တ	15	Salaries, other compensation, employee benefits (Bart IX, column (A), lines 5-10)	Γ	0.	0.
Expenses	16a	Professional fundralsing fees (Rart IX, column (A), Are 11e)		0.	0.
ę.	b	Professional fundraising fees (Part IX, Column (A), He 11e) Total fundraising expenses (Part IX, Column (D), Imp 25)	0.	_	
Ш		Other expenses (Part IX, column (A) lines 11a 116 i 1f 24e)		7,673.	4,824.
	18	Total expenses. Add lines 13 17 must, equal Part IX, column (A), line 25)		112,784.	132,251.
	19	Revenue less expenses. Subtract line 18 from line 12		-2,262.	3,129.
Ses			B	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	. [576,644.	586,254.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	576,644.	586,254.
	art II	Signature Block /		. <u> </u>	<u>.</u>
Und	er pena	alties of perjury, I declare that have examined this return, including accompanying schedules	s and staten	nents, and to the best of my	y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowledge.	
				8/6/	14
Sign Signature of officer Date					
Her	е	DAVID E CARPENTER, TREASURER			
		Type or print name and title		Doto	O BYIN
	_	Print/Type preparer's name Preparer's signature] '	Date Check	PTIN
Paid		JEFFREY P. TRIPLETT		self-employe	
_	oarer	Firm's name SAPPHIRE ENTERPRISES, L.L.C.		/ Firm's EIN	14-1988099
Use	Only	Firm's address 1115 N. ELM ST, P.O. BOX 216] 34.	0 607 4101
		WEST LIBERTY, IA 52776		Phone no. 3 1	9-627-4101
		RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)

Forn		<u>je 2</u>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	\neg
1	Briefly describe the organization's mission:	
	THE PRIMARY MISSION OF THE WILTON COMMUNITY FOUNDATION IS TO PROVIDE	
	SUPPORT FOR VARIOUS COMMUNITY, RELIGIOUS AND CHARITABLE	
	ORGANIZATIONS IN THE WILTON AREA.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	Nο
	in organization could be in the construction of the construction o	
	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.	
4-	0.250	
4a		- '
	PROVIDED SCHOLARSHIP FUNDS TO WILTON HIGH SCHOOL STUDENTS ATTENDING	
	COLLEGE THROUGH CONTRIBUTIONS TO THE SCHOOL SYSTEM.	
		—
	_ :	
		—
	99 944	
4b	(Code) (Expenses \$ 88,844 · including grants of \$ 88,844 ·) (Revenue \$	_)
	TO PROVIDE FUNDS FOR THE WILTON LIBRARY/COMMUNITY CENTER PROJECT.	
		—
		—
4c	(Code) (Expenses \$ 29,233 • including grants of \$ 29,233 •) (Revenue \$)
	TO PROVIDE FUNDS FOR OTHER CHARITABLE & RELIGIOUS COMMUNITY	- '
	ORGANIZATIONS.	
	ORGANIZATIONS.	—
		—
		_
		—
A ~J	Other pregram convices (Describe in Schedule O.)	—
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4.	Total program contice expenses 127, 427.	

Form **990** (2013)

Form 990 (2013) WILTON COMMUNITY FOUNDATION

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
	Part VI	11a		Х
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
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		11f		х
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?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- i	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-+	-21
D	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 other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-~		
**	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		- (വവ ഗ	

Yes No

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21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or 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	-	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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			
	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):			
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	-	X
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	!	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34	[X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1 1	I	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O	Form		2012\
		1 OIIII		-010)

Page 5

Enter the number reported in Box 3 of Form 1098. Enter -0 if not applicable 1st 0 1st	Pa	Check if Schedule O contains a response or note to any line in this Part V			_
tale Enter the number reported in Box 3 of Form 1986. Enter 70-4 not applicable be first the number of Forms W204 included in live 1a. Enter 0-4 not applicable 0. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming grant products of the product of the products of the pr		Onco. II conclude a corporate at visit at any interest and a corporate at a corpo		Yes	No
b Enter the number of Forms W26 included in line 1a. Enter 0-I find applicable C Did the organization comply with backup witholding nales for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? The results of the calendar year ending with or within the year covered by this return The complete of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return The complete of the complete on the 2d, did the organization file all required federal employment tax returns? The complete of the complete on the 2d, did the organization file all required federal employment tax returns? The complete of the complete on the 2d, did the organization file all required federal employment tax returns? The complete of the complete on the 2d of the complete on the co	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	133	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminling) within gaminling without with the ventor was the provided of the complexes reported on Form W-0, Transmittal of Mage and Tax Statements, lead to the complexes reported on Form W-0, Transmittal of Mage and Tax Statements, lead to the complexes reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) B if Yes, Thas it filed a Form 990-T for this year? If No, 16 line 3b, provide an explanation in Schedule O B if Yes, Thas it filed a Form 990-T for this year? If No, 16 line 3b, provide an explanation in Schedule O B if Yes, Thas it filed a Form 990-T for this year? If No, 16 line 3b, provide an explanation in Schedule O B if Yes, Thas it filed a Form 990-T for this year? If No, 16 line 3b, provide an explanation in Schedule O B if Yes, 16 line the name of the foreign country (such as a bank account, securies account, or other financial accounts) See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See linest year of the organization for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. B if Yes, 16 line Sa of Sh, did the organization file of Form 8980-T 19 lines and year or this property only the organization that it was one a party to a prohibited tax shelfer transaction? C if Yes, 16 line Sa of Sh, did the organization file Form 8980-T 19 lines any contributions that were not tax deductible? B if Yes, 16 lines she or Sh, did the organization file Form 8980-T 19 lines were not tax deductible? B if Yes, 16 lines or Sh, did the organization file form 8980-T 19 lines were not tax deductible? B if Yes, 16 lines or Sh, did the organization files for the sale of the goods or services provided? C lines or should be organization network of the value of the goods or servi	b		A .		
Gambling) wrenings to prize winners? 2	c		1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a			1c		
field for the calendar year ending with or within the year covered by this return bit of at least one is reported on line 2a, ciff the organization field are required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross is some of \$1,000 or more during the year? bit 1'Yes, 1's is filed a Form 995 for this year? If 'No, 1' bit ine 2b, provide an explanation in Schedule 0 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a count in a foreign country (such as a bank account, securities account, or other financial accountry? bit 1'Yes, 1' enter the name of the foreign country; bit is some organization and party to a prohibited tax shelter transaction at any time during the tax year? 5b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. If 1'Yes, 1' on the 5c or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1' on the 5c or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1' on the 5c or 5b, did the organization in 16 Form 8888.7? 6c. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them are not tax deductible as chantable contributions? 6c. Does the organization have annual gross receipts that ere normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c. Did the organization neceive a payment in excess of 575 made party as a committed to the form \$100,000, and did the organization necesses a gament in excess of 575 made party as a committed to the party for goods and services provided? 6d. If Yes, 1' indicate the numb	2a			1	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes,* has it filed a Form 990-T for this year? If 'No,* to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or other financial account? b If Yes,* the 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. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for the organization in the form 8886:17 b If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? b If Yes,* to line 5a or 5b, did the organization file form 8866:17 organizations and contributions or on the value of the good contributions or gifts were not tax deductible? b If Yes,* did the organization notify the donor of the value of the goods or services provided? b If Yes,* indicate the number of Forms 8282 filed during the year. b If Yes,* indicate the number of Forms 8282 filed during the year. c Did the organization supplies the supplies of the property for which it was required to the foreign supplies of the property for t		1 1)		
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it fied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," there the name of the foreign country: ► 5c In security to a prohibited tax sheller transaction at any time during the tax year? 5c In any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 886517 6d Does the organization shat were not tax deductible as chantable contributions? 6d If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 bif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 bif Yes," indicate the number of Forms 8282 filed during the year 10 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bid the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8990 as required? 8 bif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the signalization seminatining doner advised funds. 9 consideration of the organization seminatining doner advised funds. 10 bid the organization make a distribution to a donor, donor advised funds. 10 bid the organization make a distribution to a donor, donor advised fu	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u>L.</u> .
b If Yes," has it fied a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account no a foreign country (such as a bank account, securities account, or other financial account?)? b If 'Yes," enter the name of the foreign country; \(\) See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file form 8868-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twere not tax deductible as charitable contributions? 6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization seleva payment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5b If Yes," did the organization norify the donor of the value of the goods or services provided? 5c Did the organization seleva payment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Did the organization seleva payment macked of the goods or services provided? 7d If Yes, "indicate the number of Forms 8282 filed during the year 8 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Spensoring organizations maintaining doer advised fluids and selection 590(a(s) supporting organizations. Did the supporting organizations in maintaining doer advised fluids. 9 Did the organization make a distribution to a donor, donor advised, provided prese		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ł
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the Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9a X Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			- ''U		
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	14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		

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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.

				TT-
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		т. —	T
		,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	.[1	ĺ
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4	1	ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	١_	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	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ļ		~,
	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:	1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_		7.7
12a		12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ĺ	ĺ	
	ın Schedule O how this was done	12c		77
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	j		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i	i	
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	[ĺ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- 1	i	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b_		
	ion C. Disclosure		_	
	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: 🕨		
	COMMUNITY BANK & TRUST CO TRUST DEPARTMENT - 563-732-2077			
_	210 W 4TH ST, WILTON, IA 52778			

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form 990 (2013)	MITION	$\mathcal{C}\mathcal{C}$

WILTON COMMUNITY FOUNDATION

23-7196646

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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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) (B)						mpe	ensa	· · · · · · · · · · · · · · · · · · ·					
(A)	(B)			_ (C)			(D)	(E)	(F)			
Name and Title	Average	(do	not c	Pos	more	e than	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	SS DE	erson	is bo or/tru:	th an	compensation	compensation	amount of			
	week	⊢	, co, a		1,,,,,,,	J., a u.	1,00)	- Irom	from related	other .			
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation			
	related	eord	噩		Ì	sated	l	organization (W-2/1099-MISC)	(W-2/1099-1013C)	from the organization			
	organizations	ruste	E E	Ì	8	m ben	1	(**-2/1099-141130)		and related			
	below	dual	nstitutional trustee	_	9	S es				organizations			
	line)	Indiv	last Hate	Officer	Key employee	Highest compensated employee	Former			J			
(1) DAVID BROWN	1.00									-			
PRESIDENT		X		X		<u> </u>	<u></u>	0.	0.	0.			
(2) DAVID CARPENTER	1.00		,		l		l						
TREASURER	1 00	Х		X			Ļ.	0.	0.	0.			
(3) G MICHAEL NORTON	1.00				Ì								
SECRETARY	1 00	X		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.			
(4) JEAN SMITH BOARD MEMBER	1.00	х				ŀ		0.	0.	0.			
(5) JOE BURNETT	1.00	_	Н		├	├─	\vdash	0.	0.	<u> </u>			
BOARD MEMBER	1.00	x						0.	0.	0.			
(6) CAROL WADE	1.00				\vdash			 	•				
BOARD MEMBER		x						0.	0.	0.			
(7) MELVIN BOHNSACK	1.00												
BOARD MEMBER		Х						0.	0.	0.			
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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees			ighe	st (Compensated Employe	es (continued)				
	(A)	(B)	1		•	C)			(D)	(E)			(F)	
	Name and title	Average hours per				more	than		Reportable	Reportabl			stimat	
		week					is bot or/trus			compensati from relate		aı	mount other	
		(list any	cto						the	organizatio		con	npensa	
		hours for	a B				ge	ĺ	organization	(W-2/1099-M	ISC)		rom th	
		related organizations	aste (faste		as	bensa		(W-2/1099-MISC)				ganizat	
		below	ם	Institutional trustee		ploye	yee Ticon					1	id relat anizat	
		line)	Individual trustee or director	last Harte	Officer	Key employee	Highest compensated employee	Former	1					
						L	<u> </u>							
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			1											
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A	••						0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	-000	liete	d ak		ابد (د) (r	<u>.l</u>	000 of reportab				٠.
2	compensation from the organization	ot in filed to th	056	note	u ai	JUVE	<i>5)</i> WI	10 11	eceived more than \$100	,000 or reportat	ЛС			0
	compensation from the organization	•							-				Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or i	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch ındıvidual										3		X
4	For any individual listed on line 1a, is the su									he organization		- 1		3.5
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If 'Yes, com							elat	ed organization or indivi	dual for services	,	5		X
Sec	tion B. Independent Contractors	piete Schedule	, O 10	<i>JI</i> 30	CIT	2013	OII		•			<u> </u>		
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	nth c	or wi	thın	the organization's tax y	ear.				
	(A)								(B)		_	(C	;)	_
	Name and business	address	MC	NE	<u> </u>			+	Description of se	ervices		omper	nsatio	<u> </u>
											ì			
								1						
								T						
								4						
								+						
2	Total number of independent contractors (ii	ncluding but no	ot lir	nited	to t	thos	e lis	ted	above) who received me	ore than		•		
	\$100,000 of compensation from the organization					_0			, 					
									• -			(<u> </u>	

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 7B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 104,266 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 104,266. ▶ h Total. Add lines 1a-1f. **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 21,186. 21,186. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Secunties (II) Other 7 a Gross amount from sales of 14,836. assets other than inventory b Less: cost or other basis 4,908. and sales expenses 9,928. c Gain or (loss) 9,928. 9,928. 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ... b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11 a b d All other revenue . .. e Total. Add lines 11a-11d ... 135,380. 31,114. Total revenue. See instructions. Form **990** (2013)

Part IX	Statement of	Functional	Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	407 407	407 407		
	organizations in the United States. See Part IV, line 21	127,427.	127,427.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions) Other employee benefits	·			<u></u>
9	· · · · F				
10	Payroll taxes				
11	Fees for services (non-employees) Management	4,824.		4,824.	
a b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings				
20	Interest .		· · · · · · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	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	· · · · · · · · · · · · · · · · · · ·				
b					
c					
d					
e	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	132,251.	127,427.	4,824.	0.
26	Joint costs. Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined	į			
	educational campaign and fundraising solicitation.	ĺ	1	1	
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	5 000 (0040)

Form 990 (2013)
Part X Balance Sheet

Par	τ X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	445 004	1	4 0 5 5 5 6
	2	Savings and temporary cash investments	115,881.	2	107,779
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		İ	
		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		1	
ı		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S18		employees' beneficiary organizations (see instr). Complete Part II of Sch L	 	6	
Assets	7	Notes and loans receivable, net		7	<u></u>
۱ ۹	8	Inventories for sale or use		8	ļ <u> </u>
	9	Prepaid expenses and deferred charges		9	
l	10a	Land, buildings, and equipment: cost or other			
- 1		basis. Complete Part VI of Schedule D 10a			
İ	b	Less: accumulated depreciation 10b	160 060	10c	450 455
	11	Investments · publicly traded securities	460,763.	11	478,475
	12	Investments - other securities. See Part IV, line 11		12	·
- 1	13	Investments - program-related. See Part IV, line 11	•	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	556 644	15	506.054
	16	Total assets. Add lines 1 through 15 (must equal line 34)	576,644.	16	586,254
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
- 1	19	Deferred revenue		19	, -
- 1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
}	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	0	25	
4	26	Total liabilities. Add lines 17 through 25	0.	26	0.
- 1		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
8		complete lines 27 through 29, and lines 33 and 34.	4 665	ľ	4 004
	27	Unrestricted net assets	4,665. 35,611.	27	4,924. 17,096.
3		Temporarily restricted net assets		28	564,234.
<u> </u>	29	Permanently restricted net assets	536,368.	29	304,234.
:		Organizations that do not follow SFAS 117 (ASC 958), check here ▶└─			
:		and complete lines 30 through 34.	1		
		Capital stock or trust principal, or current funds		30	
		Paid in or capital surplus, or land, building, or equipment fund		31	
: I		Retained earnings, endowment, accumulated income, or other funds	576 644	32	EOC 254
- 1	33	Total net assets or fund balances	576,644.	33	586,254.
	34	Total liabilities and net assets/fund balances	576,644.	34	586,254. Form 990 (2013)

Form	990 (2013) WILTON COMMUNITY FOUNDATION	23-719	6646	Pag	<u>е 12</u>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	, , ,, ,			<u></u>
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	13! 13:	5,38 2,25	30. 51.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,12	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,64	
5	Net unrealized gains (losses) on investments	5		5,48	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
-	Prior period adjustments	8			
8 9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
10	column (B))	10	586	5,25	i4 .
Pa	rt XIII Financial Statements and Reporting	<u> </u>		•	
-	Check if Schedule O contains a response or note to any line in this Part XII			. [
	Official in Contradic Contradict of Contradict Contradi	- '	ſ	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	o O.			х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		[[х
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,	1 1		
	consolidated basis, or both:		l i	1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	+	—
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	igie Audit	3a		х
	Act and OMB Circular A-133?		Sa		<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	neu auult	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	90 (2)	013)
			I OIIII S	(2)	<i>-10)</i>

SCHEDULE A (Form 990 or 990-EZ)

(Form 990 or 990-E2

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

OMB No 1545-0047

2013

Open to Public Inspection

		MTTTON	COMMONTLY FO	ואממטל	LTON				4	23-/19t) b 4 b	
Part I	Reason	for Public Char	r ity Status (All organi:	zations mu	st comple	te this pai	t.) See ins	tructions.				
1 🔲	ization is not A church, co A school des	a private foundation privention of churche scribed in section 17	because it is: (For lines is, or association of chuic 70(b)(1)(A)(ii). (Attach Sc	1 through rches desc chedule E.	11, check cribed in so	only one	box.) D(b)(1)(A)(i					
3 <u> </u> 4	•	search organization	ital service organization operated in conjunction					D(b)(1)(A)(i	iii). Entei	the hospita	l's nam	ne,
5 🗆	section 170	0(b)(1)(A)(iv). (Compl						mental un	ıt descn	bed in		
7 🗔	An organizat		nent or governmental un serves a substantial part ste Part II.)					or from the	e genera	l public desc	onbed i	n
8 X 9	An organizat	ion that normally rec	section 170(b)(1)(A)(vi). elives: (1) more than 33 nctions - subject to certa	1/3% of its	s support i							
40	income and See section	unrelated business t 509(a)(2). (Complete	axable income (less sec e Part III.)	tion 511 ta	ax) from bu	usinesses	acquired t	by the orga				
11 🗔	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
е 🗀	a Type By checking	I b Ty this box, I certify tha		ype III - Fu : controlled	nctionally durectly c	integrated or indirectly	y by one o	r more dis	qualified		ner tha	
f	If the organiz	zation received a writ organization, check th	ten determination from the state of the stat	the IRS th	at it is a Ty	/ре I, Туре	II, or Type	e III				
g	(i) A perso	n who directly or ind	organization accepted ar irectly controls, either al upported organization?							/, 11g(i)	Yes	No
h	(iii) A 35%	controlled entity of a	n described in (i) above? person described in (i) o about the supported or	or (II) abov						11g(ii) 11g(iii)		
···	Flovide tile i	Ollowing information				•						
	of supported nization	(ii) EIN		in col. (i) li	erganization sted in your document?	organizat	ion in col.	(vi) Is organizátio (i) organiz U.S	on in col. ed in the	(vii) Amount sup	l of mon port	ielary
······				Yes	No	Yes	No	Yes	No			
								J				
										_		
								_				
P-4-1												

Schedule A (Form 990 or 990-EZ) 2013 WILTON COMMUNITY FOUNDATION 23-7196646 Page 2

| 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	376,785.	1,006,121.	600,771.	88,616.	104,266.	2,176,559.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			İ			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3	376,785.	1,006,121.	600,771.	88,616.	104,266.	2,176,559.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,054,541.
6	Public support. Subtract line 5 from line 4						1,122,018.
	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	376,785.	1,006,121.	600,771.	88,616.	104,266.	2,176,559.
	Gross income from interest,						
	dividends, payments received on					İ	
	securities loans, rents, royalties						
	and income from similar sources	22,079.	9,071.	19,777.	19,347.	21,186.	91,460.
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.)			j		İ	
11	Total support. Add lines 7 through 10						2,268,019.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			l. fourth, or fifth tax	ا x vear as a sectioi		
	organization, check this box and stop		_		,		. •
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2013 (I	ıne 6, column (f) dı	vided by line 11, co	olumn (f))		14	49.47 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14		[15	53.29 %
	33 1/3% support test - 2013. If the c			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies						ightharpoons X
b	33 1/3% support test - 2012. If the c			ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali						. ▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					Ū	▶□
h	10% -facts-and-circumstances test					7a, and line 15 is 1	0% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						·· •
	Titale Ibanadaon ii alo organizatio	uu. 0.100n u .		, ,			

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

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

Section A. Public Support	70.01.1, p.00.00 001.1.					· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 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						
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		,				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		· -				
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						<u></u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	i					
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)14 First five years. If the Form 990 is for	the organization's	firet eacond thir	d fourth or fifth to	v vear as a scoti	on 501(c)(2) organiz	ation
check this box and stop here	u le organization S	mai, accond, triii	a, rourar, or marte	in year as a secti	on our (o)(o) organiz	a.ion, ▶ □
Section C. Computation of Publi	c Support Per	rcentage	·	- -		<u></u>
15 Public support percentage for 2013 (li			olumn (fl)		15	%
16 Public support percentage from 2012			Oldifili (i))	•	16	% %
Section D. Computation of Inves			 -	···!-!!!		
17 Investment income percentage for 20			e 13 column (fi)	 -	17	%
18 Investment income percentage from 2	•	••	6 10, COIGITIT (1))		18	
19a 33 1/3% support tests - 2013. If the			 nn line 14 and line			
more than 33 1/3%, check this box ar	•					. .5€
b 33 1/3% support tests - 2012. If the						and
line 18 is not more than 33 1/3%, che	-					▶
20 Private foundation. If the organization						> □

Schedule A	(Form 990 or 990-EZ) 2013 WILTON	COMMUNITY	FOUNDATION	23-7196646 Page 4
Part IV	Supplemental Information. Pro Also complete this part for any addition	vide the explanations	s required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
		·		
		<u> </u>		
				
				· · · · · · · · · · · · · · · · · · ·
		<u> </u>		
	u • •••			
				
-				
-				

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

WILTON COMMUNITY FOUNDATION 23-7196646 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 990, Part IV, line	9 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	6		
2	Aggregate contributions to (during year)	0.		
3	Aggregate grants from (during year)	0.		
4	Aggregate value at end of year	12,107.		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's			No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation) \sqsubseteq Preservation of an his	storically important land area	
	Protection of natural habitat	Preservation of a cert	tified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last	;
	day of the tax year.			
			Held at the End of the Tax Y	ear
а	Total number of conservation easements		2a	
b	,	• • • • • • •	2b	
С	Number of conservation easements on a certified historic stru		2c	
d	• • •	ifter 8/17/06, and not on a historic struct		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax	
	year -			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		Yes I	
_	violations, and enforcement of the conservation easements it			No
6	Staff and volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and e		· · · · · · · · · · · · · · · · · · ·	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170		No
_	and section 170(h)(4)(B)(ii)?		• • • • • • • • • • • • • • • • • • • •	10
9				
	include, if applicable, the text of the footnote to the organization conservation easements	on s ilitariciai statements that describes	the organization's accounting to	
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.	_
	Complete if the organization answered "Yes" to Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC		nent and balance sheet works of art.	
	historical treasures, or other similar assets held for public exhi			II.
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	t and balance sheet works of art, historic	cal
	treasures, or other similar assets held for public exhibition, edu			
	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 treas		I gaın, provide	_
	the following amounts required to be reported under SFAS 11			
а	Revenues included in Form 990, Part VIII, line 1		• \$	
	Assets included in Form 990, Part X		▶ \$	_

		COMMUNITY							.966 4 6	
Pa	rt III Organizations Maintaining (Collections of A	rt, Hi	storical Ti	reasures, or	Othe	r Simil	ar Asse	e ts (continu	ıed)
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	following that a	re a sig	nıfıcant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	(d 🖳	Loan or exc	hange program	3				
b	Scholarly research	(╸└	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	ollections and expla	in how	they further t	the organization'	s exem	pt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit	or receive donations	of art, I	nstorical trea	sures, or other s	ımılar a	assets			
	to be sold to raise funds rather than to be m							<u>. L</u>	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrar		ete ıf th	e organizatio	on answered "Ye	s" to F	om 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa				_					
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary fo	r contributior	ns or other asset	s not ır	ncluded		_	
	on Form 990, Part X?	•		•	-			. ∟	_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:				 -		
									Amount	
С	Beginning balance						1c			,
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F							<u></u>	」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII						••			<u> </u>
Pa	T V Endowment Funds. Complete				г' — — — —				I	
		(a) Current year	(b) l	Prior year	(c) Two years ba	ICK (d) Three y	rears back	(e) Four y	ears back
1a	Beginning of year balance								<u> </u>	
b	Contributions				<u> </u>	_				
С	Net investment earnings, gains, and losses					-	-			
d	Grants or scholarships					+				
е	Other expenditures for facilities					ı				
_	and programs					+				
	Administrative expenses	<u> </u>				-			-	
g	End of year balance				22.1		<u>.</u>			
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	i)) neid as:					
a	Board designated or quasi-endowment	%	_%							
	Permanent endowment									
С	Temporarily restricted endowment	% 								
•	The percentages in lines 2a, 2b, and 2c should be also as a second and the second		_4 41_	- 4 la -1-1		£				
за	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are neid ar	na aaministerea	ior trie	organiz	ation	[v	I N-
	by: (i) unrelated organizations								3a(ı)	es No
	unrelated organizations related organizations		•	• • • •			•	•	3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations		n Scha	tula R2			•		3b	
4	Describe in Part XIII the intended uses of the	·							<u> </u>	
Par			· · · · · · · · · · · · · · · · · · ·	Tariao						
<u> </u>	Complete if the organization answered		. Part IV	'. line 11a. Se	ee Form 990. Par	t X. line	e 10.			
	Description of property	(a) Cost or of		(b) Cost			umulated		(d) Book v	alue
	becomplied of property	basis (investm		basis (•	ciation	"	(a) Dook V	uido
	Land	 	•		' 					
	Buildings									
	Leasehold improvements									
	Equipment		. —							
	Other .									
	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 10	O(c).)					0.

Part X Other Liabilities

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L

Schedule D (Form 990) 2013 WILTON COMMUNITY FOUNDATION	23-7196646 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	1
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	•
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2a	1 1
b Prior year adjustments 2b	
c Other losses 2c	-
0.1	-
e Add lines 2a through 2d	2e
	3
	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	
	
	 40
c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5
Total expenses Add lines 3 and 4c. (Inis must equal Form 990, Part I, line 18.)	5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
· · · · · · · · · · · · · · · · · · ·	

Schedule D (Form 990) 2013

SCHEDULE I (Form 990)

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

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

OMB No 1545-0047

ê [

X Yes

24

Employer identification number 23-7196646 Open to Public Inspection 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 Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. ▶ Attach to Form 990. WILTON COMMUNITY FOUNDATION Part I General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service

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

criteria used to award the grants or assistance?

Part II

Part II Grants and Other Assistance to Governments and Ornanizations in the United Section Complete data and Other Assistance to Governments	to Governments an	d Organizations in the	I Inited States	and other others		£ 000	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ın \$5,000. Part II caı	n be duplicated if addit	ional space is need	ompiete ii tile otga led.	ii iizatiori ariswered 🕆	es to Form 990, Parti	v, line 21, 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
WILTON COMMUNITY HIGH SCHOOL SCHOLARSHIPS - WILTON, IA 52778	42-6022097	501(C)(3)	9,350.	0.			TO PROVIDE SCHOLARSHIPS
CITY OF WILTON	42-6005375	501(C)(3)	92,762.	0.	Í		TO PROVIDE FUNDS FOR THE LIBRARY/COMMUNITY CENTER/POOL
SIMPSON MEMORIAL HOME	42-0950871	501(0)(3)	25,000.	0			TO PROVIDE SUPPORT FOR
2 Enter total number of section 501(c)(3) and government organization) and government o	rganizations listed in th	is listed in the line 1 table	;	:		3.
٦,	ons listed in the line	1 table					0.
LAA For Faperwork Heduction Act Notice, see the Instructions for Form 990.	ce, see the Instruci	tions for Form 990.					Schodule I (Earm 000) (2012)

332101 10-29-13

Schedule I (Form 990) (2013)

WILTON COMMUNITY FOUNDATION Schedule I (Form 990) (2013)

4

Page 2

23-7196646

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.

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) WHILE THEY DO NOT MONITOR THE USE THE ORGANIZATION ONLY AWARDS FUNDS Part IV | Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional Information. THE ORGANIZATION ONLY AWARDS FUNDS TO THEREFORE, WHILE THEY DO NOT SINCE THEY ONLY AWARD FUNDS TO LOCAL CHARITIES THEY EXPLANATION: THE ORGANIZATION HAS THE FINANCIAL RECORDS TO SUBSTANTIATE THEY ARE CONFIDENT THAT THE FUNDS ARE USED FOR THEIR (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of TO LOCAL CHARITIES THEY ARE FAMILIAR WITH. recipients QUALIFIED LOCAL 501(C)(3) ORGANIZATIONS. INTENDED PURPOSES. AS INDICATED ABOVE, TO ORGANIZATIONS. (a) Type of grant or assistance THE FUNDS PER SE, ARE FAMILIAR WITH, AMOUNTS AWARDED I, LINE 2: PART

Schedule I (Form 990) (2013)

DIRECTLY MONITOR THE USE OF THE SPECIFIC FUNDS AWARDED, AS LOCAL CHARITIES,

332102 10-29-13

Sche	edule I (Form	990)	mental Infor	ИTT.	TON (COMMON	TIX F	ממאסס	ATTON		23-7196646	Page 2
Pa	rt IV Su	ppie	mental Infor	mati	on							
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Open to Public Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.us.gov/form990

OMB No 1545-0047

Name of the organization **Employer identification number** WILTON COMMUNITY FOUNDATION 23-7196646 FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRESIDENT AND TREASURER PRIOR TO FILING. THESE OFFICERS WILL MAKE OTHER BOARD MEMBERS AWARE THAT THE FORM 990 IS AVAILABLE FOR THEIR REVIEW, IF THEY SO DESIRE. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: ALL OF THE REFERENCED DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE TRUST DEPARTMENT AT COMMUNITY BANK & TRUST COMPANY, 210 W 4TH STREET, WILTON, IA 52778. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: DAVID BROWN - 1302 HWY 38, WILTON IA DAVID CARPENTER - PO BOX 216, WEST LIBERTY IA G MICHAEL NORTON - 2989 110TH STREET, WILTON IA JEAN SMITH - 403 E PRAIRIE STREET, WILTON IA JOE BURNETT - 356 310TH ST, WEST LIBERTY IA CAROL WADE - 609 W WATE, WILTON IA MELVIN BOHNSACK - 1418 THAYER AVE, WILTON IA

FORM 990, PART VI, SECTION B, QUESTION 12A-CONFLICT OF INTEREST POLICY EXPLANATION: THE ORGANIZATION IS A VERY SMALL COMMUNITY FOUNDATION. RECOGNIZES THAT IN ACCORDANCE WITH BEST PRACTICES THAT IT NEEDS TO CONSIDER A WRITTEN CONFLICT OF INTEREST POLICY. THE ORGANIZATION WILL BE TAKING A FURTHER LOOK AT ADOPTING A CONFLICT OF INTEREST POLICY.

Name of the organization **Employer identification number** WILTON COMMUNITY FOUNDATION 23-7196646 EXPLANATION: THE ORGANIZATION HAS NOT ADOPTED A WHISTLEBLOWER POLICY. IN LIGHT OF THE SIZE OF THE ORGANIZATION AND THE FACT THAT THERE ARE NO EMPLOYEES, IT DOES NOT BELIEVE THAT IT IS NECESSARY FOR A WHISTLEBLOWER POLICY AT THIS TIME. THE BOARD WILL CONTINUE TO EVALUATE ANNUALLY THE NEED FOR SUCH A POLICY AND DOCUMENT ITS CONCLUSION IN BOARD MINUTES. FORM 990, PART VI, SECTION B, QUESTION 14-DOCUMENT RETENTION/DESTRUCTION EXPLANATION: AT THIS TIME, THE ORGANIZATION DOES NOT HAVE A COMPREHENSIVE DOCUMENT RETENTION AND DESTRUCTION POLICY. HOWEVER, THE ORGANIZATION DOES PERMANENTLY MAINTAIN ORIGINAL COPIES OF ARTICLES AND BY-LAWS, IRS APPROVALS AND SECRETARY OF STATE FILINGS. COPIES OF PRIOR YEAR FORM 990'S ARE MAINTAINED FOR 10 YEARS. THE ORGANIZATION WILL BE TAKING A FURTHER LOOK AT ADOPTING A POLICY THAT APPROPRIATELY ADDRESSES THE ISSUES OF DOCUMENT RETENTION AND DESTRUCTION FOR AN ORGANIZATION OF ITS SIZE AND COMPLEXITY.



Form **8868** (Rev. January 2014)

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.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

internal ne	evenue Service	miorination about Form 66	oo and its	s instructions is at www.irs.gov/io	11110000	1		
• If you	are filing for an Aut	omatic 3-Month Extension, comple	te only P	art I and check this box			. ▶ X	
• If you	are filing for an Add	litional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form	n).		
Do not	complete Part II un	nless you have already been granted	an automa	atic 3-month extension on a previou	sly filed F	Form 8868.		
Electro	nic filing <i>(e-file)</i> . Yo	u can electronically file Form 8868 if	you need	a 3-month automatic extension of tir	me to file	(6 months for	a corporation	
required	to file Form 990-T),	or an additional (not automatic) 3-mc	nth exten	sion of time. You can electronically t	file Form	8868 to reque	st an extension	
of time t	to file any of the forn	ns listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	s Associated V	Vith Certain	
		which must be sent to the IRS in pag						
visit ww	w.irs.gov/efile and c	lick on e-file for Charities & Nonprofits	s					
Part	Automatic	c 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpo	ration required to file	Form 990·T and requesting an autor	matic 6-mo	onth extension - check this box and	complete	=		
Part I or	nly						▶ 🔲	
		ding 1120-C filers), partnerships, REM	IICs, and t	trusts must use Form 7004 to reques	st an exte	ension of time		
to file in	come tax returns.				Enter fi	ler's identifyi	ng number	
Type or					Employer identification number (EIN) or			
print								
	WILTON COMMUNITY FOUNDATION				23-7196646			
File by the due date for				tions.	Social security number (SSN)			
filing your return See								
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILTON, IA 52778								
Enter th	e Return code for the	e return that this application is for (file	e a separa	te application for each return) .			0 1	
Application				Application				
ls For			Code	Is For				
Form 990 or Form 990-EZ			01	Form 990-T (corporation)	poration)			
Form 990-BL			02	Form 1041-A				
Form 4720 (individual)			03	Form 4720 (other than individual)				
Form 990-PF			04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069			10	
Form 990-T (trust other than above)			06	Fòrm 8870			12	
			& TRU	JST CO TRUST DEPAR	TMENT	7		
▶ The b	ooks are in the care	of ▶ 210 W 4TH ST -	WILTO	ON, IA 52778				
Telep	hone No. ► <u>563</u> .	-732-2077		Fax No. ► 563-732-31	72			
		ot have an office or place of business	in the Un	ited States, check this box			. ▶ 🔲	
If this	is for a Group Retur	n, enter the organization's four digit (Group Exe	mption Number (GEN) If	this is fo	r the whole gr	oup, check this	
		of the group, check this box 🕨 🔲						
	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension)	
is f	or the organization's	return for:						
► X calendar year 2013 or								
>	tax year beginr	ning	, and	d ending				
2 f ti	e tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accou	Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions.				3a \$			0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	imated tax payments made. Include any prior year overpayment allowed as a credit.			3ь	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
		onic Federal Tax Payment System). S		• •	3c	\$	0.	
				ut) with this Form 9969 and Form 94			FO (************************************	