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EXTENDED TO NOVEMBER 15, 2016

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

Intern	al Rever	nue Service	► Information about I	Form 990 and its instruction	is is at www.ii	rs.gov/form990.	Inspection			
A F	or the	2015 calend	dar year, or tax year beginning	a	nd ending					
B C	heck if	C Name o	of organization			D Employer identifi	cation number			
Г	Addres	s WILT								
	Name change		ousiness as	-		23-7	196646			
	Initial retum		r and street (or P.O. box if mail is not d		Room/suite					
	Final return/		COMMUNITY BANK &			563-	732-2077			
r	termin- ated	City or	town, state or province, country, an	nd ZIP or foreign postal code		G Gross receipts \$	137,897.			
\vdash	Amend return	1 MT77	FON , IA 52778 and address of principal officer.DA	TID E CARDENIER		H(a) Is this a group re				
Ц_	Application pendin	F Name a	for subordinates							
			OX 216, WEST LIBER [X] 501(c)(3)	RTY, IA 52776)	(1) or 527	H(b) Are all subordinates in	list. (see instructions)			
<u></u>	Veheif	e: ► N/A	<u> </u>) 4 (moort no.) (a)	(1)01 327	H(c) Group exemption				
			X Corporation Trust	Association Other	L Year		A State of legal domicile; IA			
	rt I	Summary	/							
	1	Briefly descri	be the organization's mission or mo	ost significant activities TO	PROVIDE	E SUPPORT FO	R VARIOUS			
Activities & Governance		COMMUN	ITY AND CHARITABLE	ORGANIZATION I	N THE V	VILTON AREA.				
r.	2	Check this bo	ox If the organization disc	continued its operations or dis	sposed of mor	e than 25% of its net a	ssets.			
ove.	3	Number of vo	oting members of the governing boo	dy (Part VI, line 1a)		3	7			
2	4	Number of in	dependent voting members of the g	governing body (Part VI, line 1	b)	4	6			
es	5	Total number	r of individuals employed in calenda	ar year 2015 (Part V, line 2a)		5	0			
ĬΞ	6	Total number	r of volunteers (estimate if necessar	ry)	-	6	10			
Act			ed business revenue from Part VIII, o	• • • • • • • • • • • • • • • • • • • •		7 <u>a</u>	0.			
	b i	Net unrelated	d business taxable income from Fore	rm 990-T, line 34 .	- 1	. 7b				
	_				-	Prior Year 53,941.	Current Year 26,667.			
ne			s and grants (Part VIII, line 1h)		⊢	0.	20,007.			
Revenue		•	rice revenue (Part VIII, line 2g)	4 71\	-	30,585.	30,524.			
Re			ncome (Part VIII, column (A), lines 3,		<u> </u>	0.	0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 84,52					57,191.			
\dashv			imilar amounts paid (Part IX, column		<u>-</u>	55,689.	24,300.			
			I to or for members (Part IX, column		• -	0.	0.			
,		•	er compensation, employee benefits		10)	0.	0.			
Expenses			fundraising fees (Part IX, column (A)		· · ·	0.	0.			
bei			sing expenses (Part IX, column (D), I	_	0.					
ũ			ses (Part IX, column (A), lines 11a-11	· ————		3,724.	4,501.			
			es Add lines 13-17 (must equal Par			59,413.	28,801.			
			s expenses Subtract line 18 from lin	ne 12		25,113.	28,390.			
ces				NOV 6 7 2016)SO B	eginning of Current Year	End of Year			
t Assets or nd Balances	20	Total assets ((Part X, line 16)	NOV 6 7 2016		626,498.	629,408.			
und B			s (Part X, line 26)			0.	0.			
ᅋ			r fund balances Subtract line 21 fro	om line 201	: 	626,498.	629,408.			
	rt II	Signatur		an analysis and analysis apparent	dulas and atotas	agets, and to the best of m	w knowledge and heliof it is			
			, I declare that I have examined this retur e. Declaration of preparer (other <u>than</u> offi				ly knowledge and belief, it is			
uue,	correc	L and complete	3. Declaration of preparer (other than one	nicel) is based on all information o	n which propare	10/27	2///			
C:		Signatur	re of officer			Date	77.0			
Sign Here		-		REASURER						
1 101 0			print name and title	0		······································				
		Print/Type pre		Preparer's signature	<i>TI 1</i> 3/.45	Date Check	PTIN			
Paid	ļ	JEFFRE			PLET	10/27/16 self-employ	P00086423			
Prep		Firm's name	SAPPHIRE ENTERP			Firm's E1N ▶	14-1988099			
Use		Firm's addres	444 " " " " " " " " " " " " " " " " " "	P.O. BOX 216						
	j			A 52776		Phone no.31	9-627-4101			
May	4b a 10	C diagrica th	us return with the proparer shown a	phoyo? (ego inetrictions)			X Yes No			

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

	n 990 (2015) WILTON COMMUNITY FOUNDATION	23-71	196646	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission THE PRIMARY MISSION OF THE WILTON COMMUNITY FOUNDATION I	S TO	PROVID	 E
	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?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O		Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured	by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.			
4a	03 550			
40	(Code)(Expenses 23,550 including grants of 23,550) (Revenue PROVIDED SCHOLARSHIP FUNDS TO WILTON HIGH SCHOOL STUDENT		TNOTNO	 '
		2 AII	DITUM	
	COLLEGE THROUGH CONTRIBUTIONS TO THE SCHOOL SYSTEM.			
			W72	
			-	
				
4b	(Code) (Expenses \$) (Revenue)
	TO PROVIDE FUNDS FOR THE WILTON LIBRARY/COMMUNITY CENTER	PROJ	ECT.	
				
				
4c	(Code) (Expenses \$ 750 • Including grants of \$ 750 •) (Revenue	\$)
	TO PROVIDE FUNDS FOR OTHER CHARITABLE & RELIGIOUS COMMUN	ITY		
	ORGANIZATIONS.			
				
	<u> </u>			
				·····
	Other pregram convices (Decembe in Schoolide O.)			
4d	Other program services (Describe in Schedule O)		,	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 24,300 •			
40	Total program service expenses 44.300.			

Form **990** (2015)

	990 (2015) WILTON COMMUNITY FOUNDATION 23-7196	646	P	age 3
Par	t IV Checklist of Required Schedules			T
	•	_	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.	v	
	If. "Yes," complete Schedule A	1	X	├
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
	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 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	_	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	x	
	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		х
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	-		-
	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
	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		х
	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		х
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		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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		х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	<u> </u>
	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		х
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			х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16_	-	X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

18

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Form 990 (2015) WILTON COMMUNITY F
Part IV Checklist of Required Schedules (continued)

			\.	
00-	Dut the assessment and assessment to the state of the sta	00-	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If, "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
20	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	00		х
240	·	23		
244	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	04-		х
	Schedule K If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	3	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	056		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		一丁	_
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 e	2015\

Pa	Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ				
4	Entroller work was a land Barro of Entroller Barro		Yes	No				
1a		4						
b	Enter the Heritage of Ferrial V 24 molecular miles for Enter to in the applicable	4						
С								
200	(gambling) winnings to prize winners?	1c						
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a							
h		-		l				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		 				
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			x				
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a						
		3b						
4 a	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)?	45		х				
b	· · · · · · · · · · · · · · · · · · ·	4a						
٠	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)]						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b		5b		X				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-30		┝				
	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?	6ь						
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		х				
b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b						
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8		Х				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х				
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter.							
	Gross income from members or shareholders N/A 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		- 1					
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10						
а		13a						
ı.	Note. See the instructions for additional information the organization must report on Schedule O							
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans Inter the amount of recently and hand							
	Enter the amount of reserves on hand Did the examination receive any payments for indeer tenning convices during the tay year?	44-		Х				
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a						
	n 100, has a nice a roth recitive portates payments in 140, provide an explanation in schedule of	14b						

Form 990 (2015) WILTON COMMUNITY FOUNDATION 23-7196646 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

	to line da, db, di 10b below, describe the circumstances, processes, di changes in occidate of dee instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		- ·	
	5 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	}]	}
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
h				
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	İ	İ
2	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			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		х
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		х
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	
d	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
þ	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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			۱
1 2 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		T T
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		-^-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		v
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b	-	
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1		
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		l .
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	COMMUNITY BANK & TRUST CO TRUST DEPARTMENT - 563-732-2077			
	210 W ATH CT WILLOW IN 52778			

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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

Check this box if neither the organization n	or any related	orga	anıza	ation	CO	mpe	nsat					
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position		(do not check more than one			one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of		
	week	_	CGI Z	10 2 0	I	1	ice,	from	from related	other		
	(list any hours for	recto	l					the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or d	ig Eg			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization		
	organizations	rruste	l fr		98	mpen		(** 2) 1033 141100)		and related		
	below	dual	tion		oldm	stco	<u>ت</u> ا			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former]		_		
(1) DAVID BROWN	1.00											
PRESIDENT		X		Х				0.	0.	0.		
(2) DAVID CARPENTER	1.00											
TREASURER		X		Х		l		0.	0.	0.		
(3) G MICHAEL NORTON	1.00											
SECRETARY		Х		X				0.	0.	0.		
(4) JOE BURNETT	1.00											
BOARD MEMBER		Х		Ш				0.	0.	0.		
(5) CAROL WADE	1.00									_		
BOARD MEMBER		Х	_					0.	0.	0.		
(6) MELVIN BOHNSACK	1.00	ĺ	l					_	_	_		
BOARD MEMBER		Х				<u> </u>		0.	0.	0.		
(7) IRA BOWMAN	1.00					1			_	_		
BOARD MEMBER		Х			<u>L</u>	L	<u> </u>	0.	0.	0.		
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					L							
			_			<u> </u>	<u> </u>	<u> </u>				
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				<u> </u>	<u> </u>		ļ					
						Н		-				
						I						

rar		nployees, and Highest												
	(A)	(B)	1	(C)					(D)	(E)		l _	(F)	
	Name and title	Average hours per		Position do not check more than one ox, unless person is both an			than		Reportable compensation	Reportable compensation			timat nount	
		week					or/trus		from	from related	om related		other	
		(list any	sctor						the	organizations			pensa	ation
		hours for related	ordin	, s			ated		organization	(W-2/1099-MIS	2)		om th	
		organizations	rustee	truste		8	Suadu		(W-2/1099-MISC)			_	anızat d relat	
		below	Individual trustee or director	Institutional trustee	<u>_</u>	Key employee	est cor	ᇥ				•	anizat	
		line)	indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			1									l		
			├ _				<u> </u>							
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			<u>L_</u>		لـــا						$ \bot $			
	Sub-total .							>	0.		<u>0 - </u>			0.
	Total from continuation sheets to Part VI	I, Section A	-	-				>	0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th		liete	d ak	201/0	3) sad) r	I					
~	compensation from the organization	ot minited to th	056	11516	u al	JOVE	2) VVI	10 16	ecewed more than wroo	,000 of reportable				(
	componential to organization:												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on	Γ			
	line 1a? If "Yes," complete Schedule J for s	uch individual									ļ.	3		X
4	For any individual listed on line 1a, is the su									the organization		. !		
	and related organizations greater than \$150										-	4		X
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or indivi	dual for services		_		x
Sect	rendered to the organization? If "Yes," compliant B. Independent Contractors	piete Scheduie	9 J 1	or st	icn į	oers	iori					5_		
	Complete this table for your five highest co	mpensated inc	dene	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ens	ation f	rom	
	the organization Report compensation for													
	(A)								(B)			(C		
	Name and business	address	NC	ONE]			4	Description of s	ervices	C	omper	nsatio	ก
								+						
								\dashv						
								\dashv						
								T						
	Total number of independent contractors (in	_	ot lır	nited	d to	_		ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	ation >	_				,					Form \$	200 4	2015

L		Check if Schedule O cor		or note to any lir	ne in this Part VIII			
			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 8	a Federated campaigns	1a					
S a	1	b Membership dues	1b					1
ts,	(c Fundraising events	1c					
草	(d Related organizations	1d					
ns,	•	e Government grants (contribu						
er S	f	All other contributions, gifts, gra		0.5 - 5.5				
듗	1	similar amounts not included ab	ove 1f	26,667.				
agt.	9	Noncash contributions included in line	es 1a-1f \$					
<u>0</u> a	· · · · · ·	Total. Add lines 1a-1f			26,667.			<u> </u>
_				Business Code				
ice	2 8							_
Program Service Revenue								ļ <u>.</u>
S E S							.,,	
gra Re	ď							
ò	•							
	f	All other program service rev	enue	L				ļ
		Total. Add lines 2a-2f		>				
	3	Investment income (including	g aiviaenas, inter		19,661.			19,661.
		other similar amounts)			19,001.			13,001
	4 5	Income from investment of ta	ax-exempt bond p	oroceeds >				-
	3	Royalties	(i) Pool	(3 Darsens)				 -
	6.	Gross rents	(i) Real	(ii) Personal	ļ			
		Less rental expenses		 	İ			
		: Rental income or (loss)	 	 				
		Net rental income or (loss)	1					
		Gross amount from sales of	(ı) Securities	(ıi) Other				
		assets other than inventory	91,569.					
	b	Less. cost or other basis						
	_	and sales expenses	80,706.]				1
	С	Gain or (loss)	10,863.					
		Net gain or (loss)	<u> </u>	•	10,863.			10,863.
a	8 a	Gross income from fundraisin	na events (not					
evenue			of					1
eve		contributions reported on line	1c) See					
Other Re		Part IV, line 18	a	İ				
Ě	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	draising events	•				
ļ	9 a	Gross income from gaming ad	ctivities See			-T		
ĺ		Part IV, line 19	а			ì		
	b	Less direct expenses	b		1			
l	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns				*	
ŀ		and allowances	а					
- 1	b	Less cost of goods sold	b					1
Ĺ	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	ie	Business Code	1			
- 1	11 a							
	b							
	С							
ĺ	d			_				
		Total. Add lines 11a-11d	-	. ▶				
	12	Total revenue. See instructions.		<u> </u>	57,191.	0.	0.	
532009	12-16	i-15						Form 990 (2015)

Form 990 (2015) WILTON COMMUN Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	-1
_	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	0.4.000	04 000		
	and domestic governments. See Part IV, line 21	24,300.	24,300.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Pavroli taxes				
11	Fees for services (non-employees):				
.,	' ' '	4,501.		4,501.	
b	Legal	<u>'-</u>			
c	Accounting				
d	*				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	, .			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
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 Insurance				
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.)				
a					
b					
C					
d					
	All other expenses	28,801.	24,300.	4,501.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	20,001.	44,300.	4,501.	<u> </u>
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here figures of following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	440.040	1	
2	Savings and temporary cash investments	118,010.	2	200,723
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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			
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	······································
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
Ι.	basis Complete Part VI of Schedule D			
1	Less accumulated depreciation 10b	508,488.	10c	428,685
11	Investments - publicly traded securities	300,400.	11	420,003
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
15	Other assets See Part IV, line 11	626,498.	15	629,408
16	Total assets. Add lines 1 through 15 (must equal line 34)	020,400.	16	025,400
17	Accounts payable and accrued expenses		17 18	·
19	Grants payable . Leave the second of the sec		19	
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,		-21	
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
1	complete lines 27 through 29, and lines 33 and 34.		İ	
27	Unrestricted net assets	4,800.	27	4,750
28	Temporarily restricted net assets	29,860.	28	4,750 35,892 588,766
29	Permanently restricted net assets	591,838.	29	588,766
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	···
33	Total net assets or fund balances	626,498.	33	629,408
34	Total liabilities and net assets/fund balances	626,498.	34	629,408

	1990 (2015) WILTON COMMONITY FOUNDATION	23-11:	96646	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Fotal revenue (must equal Part VIII, column (A), line 12)	1			91.
2	Total expenses (must equal Part IX, column (A), line 25)	2			01.
3	Revenue less expenses. Subtract line 2 from line 1	3			90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			98.
5	Net unrealized gains (losses) on investments	5	-2	5,4	80.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	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,				
	column (B))	10	62	9,4	08.
Ра	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	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 audīt,			
	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 Sii	ngle Audit			
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L.,
			Form 9	990 (2015)

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.

OMB No 1545-0047

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number Name of the organization WILTON COMMUNITY FOUNDATION 23-7196646 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 」 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 WILTON COMMUNITY FOUNDATION 23-71966

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received (Do not			 	_		
	include any "unusual grants ")	600,771.	88,616.	104,266.	53,941.	26,667.	874,261.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	[
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	600,771.	88,616.	104,266.	53,941.	26,667.	874,261.
	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)						603,969.
6	Public support. Subtract line 5 from line 4				***		270,292.
	ction B. Total Support	<u> </u>		1	·		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	600,771.	88,616.	104,266.	53,941.	26,667.	874,261.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	19,777.	19,347.	21,186.	21,048.	19,661.	101,019.
9	Net income from unrelated business	,	·		<u> </u>		
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
.0	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						975,280.
	Gross receipts from related activities,	etc (see instruction				12	-
	First five years. If the Form 990 is for			d fourth or fifth to	ix vear as a sectio		
13	organization, check this box and stor		3., 3000ma, am	a, ,oa a, o ma ta	J. , Jan 45 4 500110		
Sec	tion C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2015 (I			column (fi)		14	27.71 %
	Public support percentage from 2014		-		•	15	49.10 %
	33 1/3% support test - 2015. If the c			n line 13, and line 1	ا 14 is 33 1/3% or n		
. 50	stop here. The organization qualifies					,	▶□
h	33 1/3% support test - 2014. If the c		-		ine 15 is 33 1/3%	or more, check th	nis box
J	and stop here. The organization qual					_: و و المحادث	▶ X
17^	10% -facts-and-circumstances tes				13 16a or 16b a	and line 14 is 10%	•
1/8	and if the organization meets the "fac						
						t villow the organ	▶
	meets the "facts-and-circumstances"	-	-	•		17a and line 15 in	10% or
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						`
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a t	DOX ON HITE 13, 168	a, 100, 178, 01 170		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 WILTON COMMUNITY FOUNDATION [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.)

Se	ction A. Public Support	elow, please com	piete i art ii j			-	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		(-/	(=,====	. (=/ == ;=:		
	membership fees received. (Do not						1
	include any "unusual grants.")						İ
2	Gross receipts from admissions,						-
	merchandise sold or services per-						
	formed, or facilities furnished in			}			
	any activity that is related to the organization's tax-exempt purpose			1			
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-		-		<u> </u>	 	
7	ization's benefit and either paid to						
	or expended on its behalf						
E	The value of services or facilities	<u> </u>				 	
Э	furnished by a governmental unit to						
	the organization without charge	1					
_	· · · · · · · · · · · · · · · · · · ·	-			<u> </u>	<u> </u>	<u> </u>
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and	I					
	3 received from disqualified persons				<u> </u>		
	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			<u> </u>			
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		l		L	<u> </u>	
	ction B. Total Support		1		T		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						- ::
	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 VI.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization!	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2015 (li	ne 8, column (f) d	ıvıded by line 13, d	olumn (f))	•	15	%
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	15 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	:014 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2015. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	ightharpoons
b	33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınızation qualıfıes a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I if you checked 11a of Part I, complete Sections A and B. if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	10	 	\vdash
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			ŀ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
- -	purposes	- 	\vdash	
эа	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			ļ
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			ŀ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	+	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	 	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ŀ		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	ŀ		
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also	ļ		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	ļ		
	Part VI.	6	├	<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	ļ		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	_	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ı		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	<u> </u>	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u>L</u> .	L

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

10a

10b

Sche	edule A (Form 990 or 990-EZ) 2015 WILTON COMMUNITY FOUNDATION 23-7	19664	6 Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u></u> _
b	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	i		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's		1 .	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard	3	نــــا	
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance).	structions	_	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1_		
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	├	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard] 3b	ı I	

0 - 1	edule A (Form 990 or 990-EZ) 2015 WILTON COMMUNITY FOUNDA	וור∩א		23-7196646 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			23 /130010 Pageo
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ructions. All
-	other Type III non-functionally integrated supporting organizations must con	•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

4

5

Schedule A (Form 990 or 990-EZ) 2015

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2015

b

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015 WILTON COMMUNITY FOUNDATION	23-7196646 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lin line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any add (See instructions.)	es 1 and 2, Part IV, Section C, irt V, Section B, line 1e; Part V,
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
		
		
		
		
 -		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on 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.

Open to Public Inspection

Name of the organization

WILTON COMMUNITY FOUNDATION

Employer identification number 23-7196646

Pa	rt Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	6	
2	Aggregate value of contributions to (during year)	250.	
3	Aggregate value of grants from (during year)	0.	
4	Aggregate value at end of year	13,514.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed 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		-
	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	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
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	•	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
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 ext	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		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		▶ ¢

Sche		COMMUNITY								Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, o	r Othe	r Simil	ar Asse	ts(continu	Jed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	are a sig	gnificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	c	╸┞┤		hange progran	ns				
b	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	•		=	_			ose in Par	t XIII	
5	During the year, did the organization solicit					r sımılar	assets	_	٦	П.,
Do	to be sold to raise funds rather than to be m								_ Yes	No_
Га	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "Y	res" on	Form 99	u, Part IV,	line 9, or	
			diami fai							
ıa	Is the organization an agent, trustee, custoo	lian or other intermed	diary for	CONTRIBUTION	ns or other ass	ets not i	ıncıuaea	[Yes	□ No
L	on Form 990, Part X?	Land complete the fe	Marriaa	tabla					l fes	NO
ь	If "Yes," explain the arrangement in Part XIII	and complete the id	nowing	lable					Amount	
С	Beginning balance						1c		Amount	
ď	Additions during the year	•					. 10	-		
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or co	ustodial accou	int liabili			Yes	No
	If "Yes," explain the arrangement in Part XIII		•				-,			
	t V Endowment Funds. Complete						0.			-
	•	(a) Current year	(b) F	rior year	(c) Two years	back (d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				·					
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		L		l					
2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
за	Are there endowment funds not in the posse	ssion of the organiza	ation the	at are neid a	ina administere	ea tor tn	e organi	zation	<u></u>	<u> </u>
	by									Yes No
	(i) unrelated organizations (ii) related organizations	•							3a(i)	
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	rad on S	Sahadula D2			•		3a(ii)	
4	Describe in Part XIII the intended uses of the								30	
	t VI Land, Buildings, and Equipm		VVIIICITE	iditus						
<u> </u>	Complete if the organization answere). Part I	/ line 11a S	See Form 990.	Part X. I	ine 10			
	Description of property	(a) Cost or o			or other		cumulate	ed T	(d) Book	value
	2000 3. p. 0p0,	basis (investr			(other)		reciation		,_,	
1a	Land	- ` ` 	•			<u>:</u> -			•	
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	(Oc)					0.

Schedule D (Form 990) 2015

Part VIII	Investments - Other Securities.	l	المام ما الما	. O F	Don't V. Imag 40	
(a) Descrip	Complete if the organization answered "Yes' tion of security or category (including name of security)	(b) Book value	, line 110			end-of-year market value
	al derivatives	(b) Book value		(5)		
	held equity interests					
(3) Other	noid oquity intorocto				··	
(A)						
(B)						
(C)						
(D)	 					
(E)						
(F)						
(G)	•					
(H)						
	o) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Related.					
	Complete if the organization answered "Yes"		, line 11c			
	(a) Description of investment	(b) Book value		(c) Method of v	aluation. Cost or	end-of-year market value
(1)						
(2)					. <u>-</u>	
(3)						
(4)						
(5)						
(6)						
(7)		ļ				
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>				
Part IX	Other Assets.					
	Complete if the organization answered "Yes"		, line 11d	I. See Form 990,	Part X, line 15.	(h) Beatavalue
	(a)	Description				(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·					
(2)						
(3)						
(4)		 				
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)	mn (b) must equal Form 990, Part X, col (B) lin	o 15 l				
Part X	Other Liabilities.	e 10.)				
	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e	or 11f See Forn	n 990 Part X line	25
	(a) Description of liability	Citt Citt 550, 7 dit 11,		Book value	11 000,1 41 000, 11110	20
1. (1) Fed	eral income taxes					
(2)	cramicomo taxes					
(3)						
(4)						
(5)						
(6)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
(7)	······································					
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line	e 25)				
	for uncertain tax positions In Part XIII, provide		ote to the	organization's f	ınancıal statemen	ts that reports the
- · ·	ition's liability for uncertain tax positions under			-		· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2015 WILTON COMMUNITY FOUNDATION 23 - 7 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments 2 2b	
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments 2	
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a Donated services and use of facilities b Prior year adjustments 2a 2b	
b Prior year adjustments 2b	
c Other losses	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d 2e	
3 Subtract line 2e from line 1	
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	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X nes 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.	, line 2, Part XI,
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Schedule D (Form 990) 2015

532054 09-21-15

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2015	Open to Public	Inspection

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

Part

% 5 %F	o substantiate thatance?	e amount of the grants toring the use of grant	or assistance, the funds in the United	grantees' eligibility 1 States,	for the grants or ass	istance, and the selec	X Yes	<u> </u>
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	Domestic Organi 55,000 Part II car	izations and Domestic be duplicated if addition	c Governments. Co	omplete if the orga led.	ınızatıon answered "Y	'es" on Form 990, Part	IV, line 21, for 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)	2,350.	0.			TO PROVIDE SCHOLARSHIPS TO STUDENTS	
WILTON COMMUNITY HIGH SCHOOL WRESTLING CLUB - WILTON, IA 52778	42-6022097	501(C)(3)	750.	0.			TO PROVIDE FUNDS FOR HIGH SCHOOL WRESTLING ACTIVITIES	В
								1
								1
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table					20
4	see the Instruct	ions for Form 990.			:		Schedule I (Form 990) (2015)	(<u>6</u>

WILTON COMMUNITY FOUNDATION Schedule I (Form 990) (2015)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

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Page 2

23-7196646

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	juired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
THE ORGANIZATION HAS THE FINANCIAL	RECORDS	οŢ	SUBSTANTIATE AMOU	AMOUNTS AWARDED	77.4
TO ORGANIZATIONS. THE ORGANIZATION ONLY AWARDS	N ONLY A		FUNDS TO QUALIFIED	TED LOCAL	
501(C)(3) ORGANIZATIONS. WHILE TH	IEY DO NO	THEY DO NOT MONITOR	THE USE OF	THE FUNDS	
PER SE, SINCE THEY ONLY AWARD FUNDS	S TO LOC	TO LOCAL CHARITIES	ES THEY ARE	FAMILIAR	
WITH, THEY ARE CONFIDENT THAT THE	FUNDS ARE	E USED FOR	THEIR	INTENDED	
PURPOSES. AS INDICATED ABOVE, THE	ORGANIZATION	ONLY	AWARDS FUNDS	S TO LOCAL	
CHARITIES THEY ARE FAMILIAR WITH.	THEREFORE,	WHILE	THEY DO NOT DIRECTLY	DIRECTLY	
THE USE OF THE SPECIFIC	FUNDS AWARDED,		AS LOCAL CHARITIES,	ES, IT WOULD	
532102 10-28-15					Schedule I (Form 990) (2015

Schedule I (Form 990)

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532291 04-01-15

SCHEDULE O (Form 990.or 990-EZ)

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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.

2015 Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

WILTON COMMUNITY FOUNDATION

Employer identification number 23-7196646

FORM 990, PART VI, SECTION B, LINE 11:
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:
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
JOE BURNETT - 356 310TH ST, WEST LIBERTY IA
CAROL WADE - 609 W WATE, WILTON IA
MELVIN BOHNSACK - 1418 THAYER AVE, WILTON IA
IRA BOWMAN - 312 DIVISION ST W, APT. A, WILTON IA
FORM 990, PART VI, SECTION B, QUESTION 12A-CONFLICT OF INTEREST POLICY
THE ORGANIZATION IS A VERY SMALL COMMUNITY FOUNDATION. IT 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.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization WILTON COMMUNITY FOUNDATION	Employer identification number 23-7196646
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 WHISTLEBLO	WER POLICY AT
THIS TIME. THE BOARD WILL CONTINUE TO EVALUATE ANNUALLY	THE NEED FOR
SUCH A POLICY AND DOCUMENT ITS CONCLUSION IN BOARD MINUTE	s.
FORM 990, PART VI, SECTION B, QUESTION 14-DOCUMENT RETENT	ION/DESTRUCTION
AT THIS TIME, THE ORGANIZATION DOES NOT HAVE A COMPREHENS	IVE DOCUMENT
RETENTION AND DESTRUCTION POLICY. HOWEVER, THE ORGANIZAT	ION DOES
PERMANENTLY MAINTAIN ORIGINAL COPIES OF ARTICLES AND BY-L	AWS, IRS
APPROVALS AND SECRETARY OF STATE FILINGS. COPIES OF PRIO	R YEAR FORM
990'S ARE MAINTAINED FOR 10 YEARS.	
THE ORGANIZATION WILL BE TAKING A FURTHER LOOK AT ADOPTIN	G A POLICY
THAT APPROPRIATELY ADDRESSES THE ISSUES OF DOCUMENT RETEN	TION AND
DESTRUCTION FOR AN ORGANIZATION OF ITS SIZE AND COMPLEXIT	у.
	
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