EXTENDED TO NOVEMBER 15, 2017

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

OMB No 1545-0047 16

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	ne 2016 calendar year, or tax year beginning and	lending	_	
В	Check i applica	C Name of organization		D Employer identif	ication number
	X Addr			J	
L	Nam	ge Doing business as		23-7	196646
F	Initia retur Final	Number and street (or P.U. dox ii mail is not delivered to street address)	Room/suite	E Telephone number	er - 263-1122
	retur term	n-	L	G Gross receipts \$	239,483.
Г	ated Ame	City or town, state or province, country, and ZIP or foreign postal code MUSCATINE, IA 52761			
F	retur Appl			H(a) Is this a group r	
L.	tiòn pend	PO BOX 216, WEST LIBERTY, IA 52776		for subordinate	· — —
_	Taylor	xempt status \(\begin{align*} \begin{align*} \text{X} & 501(c)(3) \begin{align*} \begin{align*} \text{501(c)}(c) \end{align*} \displace \text{(insert no.)} \begin{align*} \begin{align*} \delta \text{4947(a)(1)} \end{align*}	or 527	H(b) Are all subordinates	
_		ite: $\triangleright N/A$	01 321	1,	list. (see instructions)
		of organization: X Corporation Trust Association Other	I Vaar	H(c) Group exemption 1975	M State of legal domicile: IA
_	art I		} L TGai	oriorination, ±575[]	VI State of legal dofficile, 111
_		Briefly describe the organization's mission or most significant activities: TO P.	ROVIDE	SUPPORT FO	R VARIOUS
Governance		COMMUNITY AND CHARITABLE ORGANIZATION IN	THE W	ILTON AREA.	
ern	2	Check this box if the organization discontinued its operations or dispe	sed of more	than 25% of its net a	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	Üo.	3	7
		Number of independent voting members of the governing body (Part VI, line 1b)		4	6
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	MOV ~	5	0
Ζŧ	6	Total number of volunteers (estimate if necessary)	NO & A	- 2017 6	10
Ç	-	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.
	1	\		Prior Year	Current Year
<u> </u>	8_	Contributions and grants (Part VIII, line 1h)		26,667.	70,564.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,524.	28,109.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,191.	98,673.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		24,300.	66,786.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	·	
щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,501.	4,673.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,801.	71,459.
	19	Revenue less expenses Subtract line 18 from line 12		28,390.	27,214.
ats or	<u> </u>		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		629,408.	663,272.
Net Asset	21	Total liabilities (Part X, line 26)	<u> </u>	0.	0.
		Net assets or fund balances Subtract line 21 from line 20		629,408.	663,272.
_	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule:			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		
<u>.</u>		Signature of officer		Date / /	13117
Sig		1,		Date	
He	re	DAVID E CARPENTER, TREASURER Type or print name and title			
				ate Check	TT PTIN
Ž Dat	٠	Print/Type preparer's name Preparer's signature		I OHIGON T	
Pai		JEFFREY P. TRIPLETT	<u>_</u>		P00086423 14-1988099
, ,	parer Only	Firm's name SAPPHIRE ENTERPRISES, L.L.C. Firm's address 1115 N. ELM ST, P.O. BOX 216		Firm's EIN	14-1300033
USE	Unly			nh 21	0_6274101
		<u> </u>		Prione no. 3 1	9-627-4101
		RS discuss this return with the preparer shown above? (see instructions)	. <u>,</u>		Yes No
6320	001 11-	1-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2016)

Forn		43-11	90040	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 IS	a mo	וחדנוסמס	7
	THE PRIMARY MISSION OF THE WILTON COMMUNITY FOUNDATION IS SUPPORT FOR VARIOUS COMMUNITY, RELIGIOUS AND CHARITABLE	3_10	FKOATDI	<u> </u>
	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?		Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, as in			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total	expenses, a	nd
	revenue, if any, for each program service reported. (Code) (Expenses \$ 29,825 • Including grants of \$ 29,825 •) (Revenue:			
4a	(Code) (Expenses \$ 29,825 · including grants of \$ 29,825 ·) (Revenue PROVIDED SCHOLARSHIP FUNDS TO WILTON HIGH SCHOOL STUDENTS		ENDING	——- '
	COLLEGE THROUGH CONTRIBUTIONS TO THE SCHOOL SYSTEM.		DIDING	
	OULDED THE OUT CONTINUES TO THE DOLLOW DISTRICT			
				
		-		
4b	(Code) (Expenses \$) (Revenue \$		-)
	TO PROVIDE FUNDS FOR THE WILTON LIBRARY/COMMUNITY CENTER	PROJ	ECT.	
4c	(Code) (Expenses \$ 36,961. including grants of \$ 36,961.) (Revenue \$)
_	TO PROVIDE FUNDS FOR OTHER CHARITABLE & RELIGIOUS COMMUNI			
	ORGANIZATIONS.			
	Other was a second of Power by Code 11 O			
4d	Other program services (Describe in Schedule O.)			
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 66,786.			
<u>4e</u>	Total program service expenses 66, 786.		Form 99	0 (2016)
				,

Part IV	Checklist of Re	equired Schedules

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 18 X				Yes	No
2 Is the organization required to complete Schedule G. Schedule G. Contributors9 Did the organization required to complete Schedule G. Part I 4 Section 501(c)(3) organizations. Did the organization engage in flootying activities, or have a section 501(h) election in effect during the tax year If I'res, complete Schedule C, Part II 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B-197 II 'res, complete Schedule C, Part II I 6 Did the organization manitian any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If I'res, complete Schedule D, Part II I 7 Did the organization manitian collections of works of art, instroned reasures, or other similar assets 21 I'res, complete Schedule D, Part II II 8 Did the organization report an amount in Part X, line 21, for escrivor or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt menagement, credit repair, or debt negotiation services? If 'res, complete Schedule D, Part II	1	•		x	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 50((S)) organizations. Did the organization engage in lobbying activities, or have a section 501((f)) election in effect during the tax yea? If "Yes," complete Schedule C, Part II Section 501((s)) organizations. Did the organization engage in lobbying activities, or have a section 501((f)) election in effect during the tax yea? If "Yes," complete Schedule C, Part II Section 501((e)) 501((s)) 501((s)) 501((s)) 501((s)) 501((s)) 501((s)) 501(s) 501((s)) 501(s) 50	•		⊢—		_
public office? If "Yes," complete Schedule C, Part I Section 501(K)3 organizations. Dd the organization engage in lobbying activities, or have a section 501(k) elocition in effect during the tax year? If "Yes," complete Schedule C, Part III Is the organization a section 501(k)0, 501(k)0, or 501(k)0 organization that receives membership dues, assessments, or asmilar amounts as defined in Neemule Procedule es 1-91 if "Yes," complete Schedule C, Part III Did the organization manifam 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 II Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic leaf areas, or historic ordanization and areas, or historic attributives? If "Yes," complete Schedule D, Part III Did the organization manifam collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization mental an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide reads conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III Did the organization report an amount for leading organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-andoments? If "Yes," complete Schedule D, Part V, III Did the organization report an amount for land, bulklings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XI Did the organization report an amount for land, bulklings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XI Did the organization report an amount for wrestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Did the organization report an amount for other selection in the secur				<u> </u>	
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501 (c)(4), 501 (c)(5), or501 (c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yes," complete Schedule C, Part III 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 III Did the organization receive or hold a conservation essement, including assements to preserve open space, the environment, historic lead areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 Did the organization services or quasi-endowments? If "Yes," complete Schedule D, Part IV If the organization directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI Did the organization report an amount for mirestments - other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, iii If If If "Yes," complete Schedule D, Part IVII 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, iii If If If "Yes," complete Schedule D, Part X III Did the organization included in consolidated, independent	3		3_		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 93:137 if "16s", complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts (if "16s," complete Schedule D, Part II 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 "16s," complete Schedule D, Part III 8 Did the organization discussion of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, VII, V, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 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 11 Did the organization report an amount for or 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 X II 11 Did the organization report an amount for or five flabilities 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 X II 12 Did the organization school described in	4			l	
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 2 2 3 4 3	5		5		х
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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 11th	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			_
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assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		Part VI	11a		_X
- c - Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 110 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 111 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional 112 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts X and XII is optional 111 Is X 112 Is the organization maintain an office, employees, or agents outside of the United States? 112 Is a X 113 Is 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 II and IV 115 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 116 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,	b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		·	
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1c and 8a? If "Yes," complete Schedule G, Part II 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 18		• • • • • • • • • • • • • • • • • • • •	17		<u>X</u>
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 X	18		Ì	1	37
complete Schedule G, Part III			18		<u> </u>
	19		45	{	v
		complete Screaule G, Part III		000	

Form 990 (2016) WILTON COMMUNITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

20a Dd the organization operate one or more hospital facilities 211 "Yes", complete Schedule H. 21 Did the organization periate one opp of its audited fanoual statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 19", less, "complete Schedule I, Parts I and II Did the organization export more than \$5,000 of grants or other assistance to or for domestic organization current and former officers, directors, trustees, key employees, and highest compensation of the organization current and former officers, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the sast day of the year, that was issued after December 31, 2002*19" "Yes, "answer lines 24th through 24d and complete Schedule K. If "Yes," to be 18 25 and 18 and				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts and III 23 Did the organization expert "Fest for Part IX, section A, line 34, or 5 about compensation of the organization's current and former officers, direction, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX, If "No", go for line 28 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 IX, If "No", go for line 28 25b Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 27d Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person uning the year? If "Yes," complete Schedule I, Part II 27d Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part IV 27d 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, directions, furstees, level and prior or employee threate, a grant selection committee members or the current or employee threate, a grant selection committee members or to current or former officers, directions, furstees, or a grant selection or payables to any	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domeste government on Part IX, column (A), line 17 if "Fes," complete Schedule I, Parts I and II 21	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 X 23 Det the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 23 Det 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 Is Schedule Is the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If "Yes," to part to lefease any tax-exempt bonds such as the organization market any proceeds of tax exempt bonds beyond a temporary penod exception? 24a Did the organization market any proceeds of tax exempt bonds beyond a temporary penod exception? 25b Did the organization market any proceeds of tax exempt bonds beyond a temporary penod exception? 26c Did the organization market and proceeds of tax exempt bonds beyond a temporary penod exception? 27c Did the organization market any proceeds of tax exempt bonds beyond a temporary penod exception? 27d Did the organization aware that it ongaged in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule I, Part I are organization aware that it ongaged in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule I, Part I are organization provided on any of the organization provide person in a prior year, and that the transaction with a disqualified person during the year? If "Yes, complete Schedule I, Part II are organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes, complete Schedule I, Part IV and that the transaction are provided and any are provided persons? If "Yes, complete Schedule I, Part IV and the programation are provided and the properson of the properson	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
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23 Dd the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization answer process, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I sat day of the year, that was issued after December 31, 2002? If "Yes," answer Ines 24th through 24d and complete Schedule I, If "No," go to Ine 25s	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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 I, "Not," got other 25a 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization own than an escrow account other than a refunding secrow at any time during the year of the organization and the signal process of the year of the organization engage in an excess benefit transaction with a disqualified person of the year? 24d Did the organization aware that a 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 I, Part I 25d 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, or disqualified persons? If "Yes," complete Schedule I, Part IV instructions for applicable lining thresholds, conditions, and exceptions) 27d 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 I, Part IV instructions for applicable lining thresholds, conditions, and exceptions) 28 A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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of any of these persons? If "Yes," complete Schedule L, Part IIII	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1 1		
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 II, III, or IV, and Part V, line 1 34 A X 35a Did 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 35b 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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1	Ì	
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 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 indudate, 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 31 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 31 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule B, Part II, III, or IV, and Part V, line 1 32 A 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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 B, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule B, Part V, line 2 36 Section 501(c)(3) organization co	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1 1		
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Form	1 990 (2016) WILTON COMMUNITY FOUNDATION 23-7196	646	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			age C
	Check if Schedule O contains a response or note to any line in this Part V			
-	<u> </u>		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	J	103	<u>o</u>
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		l
	The the number of offis w 24 mondaed if the fat. Effect of info applicable	1		ļ
С	(gambling) winnings to prize winners?	10		
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	-	-
Za		į		
	industrial for the constitution of the first state	1		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	}
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_V
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		l	, .
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ▶		i	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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	NΛ	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		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	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			
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	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			
13	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	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016) 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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		1.53	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	ĺ
b	Enter the number of voting members included in line 1a, above, who are independent)]
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		ļ
_	officer, director, trustee, or key employee?	2	l	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	ĺ	х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	Х
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			 -
	persons other than the governing body?	7b	İ	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	 -		
а	The governing body?	8a	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	-05		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	tion 21 Total of (mile observed 2 requestion members about periodo not required 2) the internal revenue observ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	,,,,		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	~	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	i i	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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	vailab	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	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 - 563-263-1122			
	2609 2ND AVE MUSCATINE TA 52761			

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WILTON COMMUNITY FOUNDATION

23-7196646

Page 7

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

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 -O- 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.

Name and Title (1) DAVID BROWN	Average hours per week (list any hours for related organizations below line)	stee or director	not c c, unle cer ar	ss pe	more erson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below	offi	cer ar	ss pe	erson	is bot	h an	1	compensation	amount of
	(list any hours for related organizations below	⊢			I	T	icej			
	hours for related organizations below	il trustee or direct	tee	ĺ	l	1		from	from related	other
	related organizations below	Il trustee or	囂		ł	_	}	the organization	organizations (W-2/1099-MISC)	compensation from the
	below	l fast			J	nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
			Institutional trustee	ļ	ě,	Highest compensated employee	İ	,		and related
	line)	Ng Pi	tuttor	ķ	Key employee	loyee	늘	1		organizations
	1 - 2 - 2 - 2	亶	重	Officer	š	語	Former			
	1.00				ĺ			1		
PRESIDENT	 	X		X	_			0.	0.	0.
(2) DAVID CARPENTER	1.00		1	l		ĺ	}	1		
TREASURER	1	Х		X	_	<u> </u>		0.	0.	0.
(3)_G_MICHAEL_NORTON	100			-						
SECRETARY	1 00	X	<u> </u>	X	<u> </u>			0.	0.	0.
(4) JOE BURNETT	1.00				İ				•	•
BOARD MEMBER	1	X	_		_			0.	0.	0.
(5) CAROL WADE	1.00	 								•
BOARD MEMBER	1 00	X			<u> </u>	ldash		0.	0.	0.
(6) MELVIN BOHNSACK	1.00									•
BOARD MEMBER	1 00	X			<u> </u>			0.	0.	0.
(7) BOB BARRETT	1.00									
BOARD MEMBER	<u> </u>	X	Ш		_			0.	0.	0.
	ļ									
	 			-	_					
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Page 8

Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>ees</u>	, an	d H	ighe	est C	compensated Employe	es (continuea)				
(A)	(B)			-	C)	_		(D)	(E)			(F)	
Name and title	Average			heck		than		Reportable	Reportable		ı	stimate	
	hours per week					or/trus		compensation from	compensati from relate		ı ar	nount other	ot
	(list any	ctor		-		Ι		the	organizatio		com	pensa	ation
	hours for related	ar dire	gy	ļ]	afed		organization	(W-2/1099-MI	SC)		om th	
	organizations	rustee	trust	}	 8	npens		(W-2/1099-MISC)	}		_	anızat d relat	
	below	Individual trustee or director	institutional trustee	 	Key employee	est cor	<u>_</u>					anızatı	
	line)	ligi	Instit	Officer	Keye	Highest compensated employee	툴						
	ļ			ĺ		l		ļ					
		-	<u> </u>	<u> </u>	-	├	 	 					
			ł		}	l	1	{					
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								<u> </u>					
				<u> </u>	<u> </u>	<u> </u>	ļ.,						
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		Н		\vdash	H	╁							
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						1							
			_		\square	_							
										ļ			
1b Sub-total	<u>-</u>		لــا			L		0.		0.			0.
c Total from continuation sheets to Part VI	i, Section A			•		•	•	0.		0.			0.
d Total (add lines 1b and 1c)			<u>. </u>	•			<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportab	ıle			^
compensation from the organization												Yes	No No
3 Did the organization list any former officer,	director or tru	iste <i>e</i>	א א	v en	nnin	W ee	ort	nighest compensated e	mplovee on	Г	{	163	110
line 1a? If "Yes," complete Schedule J for si		13100	, no	y Cit	iipio	, y o o ,		ngriest oompensated e	inployee on	1	3	1	$\widetilde{\mathbf{X}}$
4 For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	anc	d oth	ner compensation from	the organization	•			
and related organizations greater than \$150										1	4		X
5 Did any person listed on line 1a receive or a									dual for services	;	- 1	-	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J fo	or su	ıch į	oers	on					5		_ <u>x</u> _
Complete this table for your five highest contactors	mnensated inc	lene	nde	nt c	ontr	acto	ors ti	hat received more than	\$100 000 of cor	nnens	ation f	rom	
the organization. Report compensation for t	•	•							•	npen ie	200777		
(A)							T	(B)			(C	;)	
Name and business	address	NC	NE	<u> </u>			4	Description of s	ervices	C	omper	nsatio	1
									}	ı			
							-						
									j				
							_						
							\perp						
							4						
							-						
2 Total number of independent contractors (in	ncludina but n	ot lin	niter	l to t	thos	se lis	L ted	above) who received m	ore than				
\$100,000 of compensation from the organiz	_				0)							
			_										_

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 70,564. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 70,564. 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 18,870. 18,870. other similar amounts) Income from investment of tax-exempt bond proceeds 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) Securities 7 a Gross amount from sales of (ii) Other 150,049. assets other than inventory b Less: cost or other basis 140,810. and sales expenses 9,239. c Gain or (loss) 9,239. 9,239. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 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 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 d All other revenue e Total. Add lines 11a-11d 98,673. O. 28,109. Total revenue. See instructions. Form 990 (2016)

Form 990 (2016) WILTON COMMUN Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A)	
	Check if Schedule O contains a respon			<u>(c)</u>	(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	_			
	and domestic governments. See Part IV, line 21	66,786.	66,786.		
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	ļ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	İ	}		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	4 (73		4 672	
а	Management .	4,673.		4,673.	
b	Legal				
С	Accounting				
d	Lobbying				
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 O.)				
12	Advertising and promotion				
13	Office expenses Information technology				
14	Royalties				
15 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	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
	All other expenses	71,459.	66,786.	4,673.	0.
25	Total functional expenses. Add lines 1 through 24e	11,433.	00,700.	4,073.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				•
	Check here Infollowing SOP 98-2 (ASC 958-720)	1			
	11 tollowing 30F 35-2 (A3C 336-720)				F 990 (0016)

WILTON COMMUNITY FOUNDATION

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	Check it Scriedule O contains a response of note to any line in this Fart A.	(A)	Т	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	200 402	1	264 066
2	Savings and temporary cash investments	200,723.	2	264,966
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			
Ì	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	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		1	
	basis. Complete Part VI of Schedule D 10a		1	
Ь	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	428,685.	11	398,306
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	629,408.	16	663,272
17	Accounts payable and accrued expenses		17	
18	Grants payable		_ 18	
19	Deferred revenue		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,		- 1	
	key employees, highest compensated employees, and disqualified persons.		l l	
22	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		J	
}	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
ł	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		1	
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.	4 750		4 500
27	Unrestricted net assets	4,750.	27	4,703
28	Temporarily restricted net assets	35,892.	28	75,461
29	Permanently restricted net assets	588,766.	29	583,108
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐	ļ	ļ	
<u> </u>	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	629,408.	33	663,272
34	Total liabilities and net assets/fund balances	629,408.	34	663,272

	990 (2016) WILTON COMMUNITY FOUNDATION	23-719	6646	Page 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	Total revenue (must equal Part VIII, column (A), line 12)	1		673.
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,459.
3	Revenue less expenses Subtract line 2 from line 1	3		,214.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,408.
5	Net unrealized gains (losses) on investments	5	6	,650.
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	663	,272.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u>. L.</u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes No
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		٠,
2 a			2a	X
	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			ļ
	Separate basis Consolidated basis Both consolidated and separate basis		1	٠,٠
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 separat	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 audit,	1 _ 1	
	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 Sil	ngle Audit		x
	Act and OMB Circular A-133?		3a	^_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit	_	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits .			200 (22 (2)
			Form 🖰	90 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016

Open to Public Inspection

WILTON COMMUNITY FOUNDATION 23-7196646 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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, city, and state: 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) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 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.) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ☐ 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (vi) Amount of other (ii) EIN (v) Amount of monetary (i) Name of supported your governing docume (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	88,616.	104,266.	53,941.	26,667.	70,564.	344,054.
2	Tax revenues levied for the organ-			ŀ			
	ızatıon's benefit and either paid to		ı				
	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	88,616.	104,266.	53,941.	26,667.	70,564.	344,054.
5	The portion of total contributions						
	by each person (other than a		ľ				
	governmental unit or publicly		·				
	supported organization) included					Ì	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		i	[[
	column (f)	j	j	j			189,019.
6	Public support. Subtract line 5 from line 4						155,035.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	88,616.	104,266.	53,941.	26,667.	70,564.	344,054.
8	Gross income from interest,						
	dividends, payments received on			1		1	
-	securities loans, rents, royalties		_		_		
	and income from similar sources	19,347.	21,186.	21,048.	19,661.	18,870.	100,112.
9	Net income from unrelated business						
	activities, whether or not the					,	
	business is regularly carned on		1	ł			
10	Other income. Do not include gain						
	or loss from the sale of capital		1	1			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						444,166.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here .					
Sec	tion C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2016 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	34.90 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	27.71 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2015. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	t - 2016. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h e	ere. Explain ın Par	t VI how the organ	zation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	sublicly supported	organization		▶└☐
b	10% -facts-and-circumstances test	: - 2015. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test	The organization q	ualifies as a public	ly supported orga	ınızation	▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>, ▶□</u>
			<u> </u>		Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 WILTON COMMUNITY FOUNDATION

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

(Complete only if you checked the box on line 10 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						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")]		
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						
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						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					1	
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	no 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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) orga	nization,
	check this box and stop here	0 10					<u></u>
_	ction C. Computation of Publi			. (0)			
	Public support percentage for 2016 (li			olumn (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves			- 10 (0)		 -	
	Investment income percentage for 20	•	•	e 13, column (t))		17	%
	Investment income percentage from 2	-	•	n line 14 and line	 . 15 in mars than 2	18 2 1/3% and lin	% 17 is not
ıya	33 1/3% support tests - 2016. If the						e i / is not
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%	
	line 18 is not more than 33 1/3%, check	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organizati	on ▶ 🖳
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	<u></u>

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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			
	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		1	-
_	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		
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	
Ja	(b) and (c) below	20	١.,	ļ
		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		ļ	
	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	<u> </u>	
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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1		
	"Yes," and if you checked 12a or 12b 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	ĺ		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ļ		,
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
-5a-	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		i	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(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		
ь	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		
С	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			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	i i	- 1	
	Part VI.	6	ſ	
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			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	ا ا	ı	
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8	-	
9a			ĺ	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		- 1	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
D	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		
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		
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	l j	- 1	
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ļļ	ļ	
	determine whether the organization had excess husiness holdings.)	401-		

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? A family member of a person described in (a) above? A 33% controlled entity of a person described in (a) above? A 33% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. The Section B. Type I Supporting Organizations 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 directors or trustees at all times during the according to the organization's directors or trustees were allocated among the supported organization's describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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 organization's activities of the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization's upported organization's that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's upported organization, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 990 that	_		19004	: 0 Pa	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either caline or together with persons described in (ix) and (ix) below, the governing body of a supported organization? A Afficial person described organization organization organization organization organization organization organization or the controlled entry of a person described in (ix) or (ix) above? A 35% controlled entry of a person described in (ix) or (ix) above? A 35% controlled entry of a person described in (ix) or (ix) above? B Dd the directors, fusitiess, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If 10%, organization are not the supported organizations have the power to regulatly appoint or elect at least a majority of the organizations directors or trustees were allocated among the supported organization describe how the powers to appoint and/or remove directors or functions who allocated among the supported organization of the tran the supported organization and what conditions or restrictions, if any, appelled to surph powers during the tax year. D Did the organization specific organization of the tran the supported organization and what conditions or estimations, if any, appelled to surph powers during the tax year. D Did the organization specific organizations or trustees during the tax year also a majority of the directors or trustees of each of the organizations and the purposes of the supported organization (ix) in the surph powers or trustees also a majority of the directors or trustees of each of the organization organization was vested in the same persons the controlled or managed the supporting Organizations was vested in the same persons the controlled or managed the supported organizations and the supported organizations and the supported organizations and the supported organizations orga	Pa	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (ix) and (ix) below, the governmen poot of a supported organizations b A tamity member of a person described in (ix) above? c A 35% controlled entity of a person described in (ix) a (ix) above? the Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a million for the organizations develors of trustees at all times during the tax year? If It V, describe in Part V In how the supported organization electron or trustees at all times during the tax year? If It V, describe in Part V In how the supported organization, describe how the powers to appoint antifor remove directors or trustees were allocated among the supported organization, describe how the powers to appoint antifor remove directors or trustees were allocated among the supported organization, describe how the powers to appoint antifor remove directors or trustees were allocated among the supported organization operated, supervised, or controlled the supported organization other than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of supported organization				Yes	No
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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 instructions) 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b 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 fire Yes, "explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b					
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	· · · · · · · · · · · · · · · · · · ·		-+	
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				- [
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4		3a	}	
	h	•			
	_		_3ь	}	

_	edule A (Form 990 or 990 EZ) 2016 WILTON COMMUNITY FOUNDA			23-7196646 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must continue to the support of the support	omplete (Sections A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-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		
Sec	tion 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)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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	Recoveries 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		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		*****
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			····
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integral	ted Type III supporting orga	anization (see
	instructions).		71	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 WILTON COMMUNITY FOUNDATION 23-7196646 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h-Applied to 2016 distributable amounti Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: 8

Schedule A (Form 990 or 990-EZ) 2016

а

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2	016 WILTON	COMMUNITY	FOUNDATION		23-7196646	Page 8
Part VI	Supplemental Int Part IV, Section A, line line 1; Part IV, Section	ormation. Prov s 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; P	ide the explanations 4c, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	required by Part II, line 11a, 11b, and 11c; Pa es 1c, 2a, 2b, 3a, and 3	e 10, Part II, line 17a or 1 art IV, Section B, lines 1 a 3b; Part V, line 1; Part V, his part for any additiona	7b, Part III, line 12, and 2; Part IV, Section Section B, line 1e; Par	C,
-							
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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.

OMB No 1545-0047 6 Open to Public Inspection

Name of the organization

Employer identification number

-	WILTON COMMUNITY F		23-/196646
Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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)		
4	Aggregate value at end of year .	13,844.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space	1 10001 141011 01 4 0011111	
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	f a conservation easement on the last
-	day of the tax year.	iod concervation contribution in the form of	Held at the End of the Tax Year
_	Total number of conservation easements		2a
h	•		2b
b	,	inture meltided in (e)	2c
C		• • •	
a	Number of conservation easements included in (c) acquired a		ììì
	_listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the d	organization during the tax
	Number of states where preparts subject to concentation and	noment is legated	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		□v _a , □ v _a
_	violations, and enforcement of the conservation easements it		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations, and enforcing conse	ervation easements during the year
_		the second second	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
_	>\$		MANIPO (I)
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n	
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	ie organization's accounting for
.	conservation easements.	A. III.	OiiiAI
Ра	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publi	ic 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 trea	isures, or other similar assets for financial o	
	the following amounts required to be reported under SFAS 11		· ·
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$
	Assets included in Form 990. Part X	•	

	rt III Organizations Maintaining C	COMMONITI				or Oth	or Cin			Page 2
Ь										
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	e following the	at are a	significa	nt use of its	collection	items
	(check all that apply)									
а	Public exhibition	C			change progr	ams				
b	Scholarly research	•	• (Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın how th	ey further t	the organizat	ion's ex	empt pu	rpose ın Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	asures, or oth	ner sımıla	ar assets		_	
	to be sold to raise funds rather than to be m								Yes	<u> </u>
Pa	reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" o	n Form 9	990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	lan or other intermed	diary for	contribution	ns or other as	ssets no	t include	ed	-	
	on Form 990, Part X?								Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	able [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liab	dity?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						•			
Par								•		
	•	(a) Current year		rior year	(c) Two yea			e years back	(e) Four v	ears back
1a	Beginning of year balance	(u) Surrous your	(2)		(4)		(4)	- ,	(6) / 55. 3	
b	Contributions									
	Net investment earnings, gains, and losses				 					
d	Grants or scholarships						·			
	•									
	Other expenditures for facilities				ļ					
	and programs									
	Administrative expenses	· · · · · · · · · · · · · · · · · · ·								
g	End of year balance		<u> </u>		L					
2	Provide the estimated percentage of the curr	rent year end baland		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	-								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	nd administe	ered for t	the orga	nızatıon	_	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			•					3a(ii)	
b	If "Yes" on line 3a(II), are the related organiza	tions listed as requir	red on So	chedule R?					3b	
_4	Describe in Part XIII the intended uses of the		wment fo	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	, line 11a. S	See Form 990), Part X	, line 10			
-	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumula	ted	(d) Book v	/alue
		basis (investn	nent)	basis ((other)	de	preciatio	n		
1a	Land								•	
	Buildings			. ,						
	Leasehold improvements			·····						
	Equipment									
	Other							-		
	Add lines 1a through 1e (Column (d) must ed	gual Form 990 Part	X colum	n (B) line 1	0c.)				•	0.
	The state of the s	,	,	(-),						

Schedule D (Form 990) 2016

-	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 11	le or 11f See For	m 990, Part X, line 25	
1.	(a) Description of liability	(b)	Book value		
(1)	Federal income taxes				
(2)]	
(3)]	
(4)					
(5)]	
(6)]	
(7)					
(8)					
(9)				<u> </u>	
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)			<u> </u>	

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

	edule D (Form 990) 2016 WILTON COMMUNITY FOUNDATION		23-7196646	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l		
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			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	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	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
_	Add lines 4a and 4b	-	4c	
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statem	onto With Evne	5 Detum	
ra		-	nses per Return.	
	Complete if the organization answered "Yes" on 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		
b	Prior year adjustments Other losses	2b		
d	Other (Describe in Part XIII.)	2c 2d		
	Add lines 2a through 2d	Zu	20	
3	Subtract line 2e from line 1	• •	2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	•	- - 3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	- 191	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	•	5	
	t XIII Supplemental Information.		-	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		Part V, line 4, Part X, line 2; Part	XI,
				
		,		
		·		
			· · · · · · · · · · · · · · · · · · ·	
				
	<u> </u>			
		 		

Schedule D (Form 990) 2016

632054 08-29-16

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

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.

Inspection

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

Alama at		, Ilonoode III
Name of	Natire of the organization	
	WILTON COMMUNITY FOUNDATION	Employer identification number
Part	Part I General Information on Grants and Assistance	Z3-/T30040
ا	se the organization maintain records to substantiate the amount of the ground of the ground at	
crit	criteria used to award the grants or assistance?	Ĕ

2 [] X Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Des Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(c) IRC section (d) Amount of (f applicable) cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WILTON COMMUNITY HIGH SCHOOL SCHOLARSHIPS - WILTON, IA 52778	42-6022097	501(C)(3)	29,825.	0			TO PROVIDE SCHOLARSHIPS
HERBERT AND NANCY TOWNSEND FOUNDATION - WILTON, IA 52778	47-2479056	501(C)(3)	26,961.	.0			TO PROVIDE FUNDS TO
CITY OF WILTON	42-6005375	501(C)(3)	10,000.	0			TO PROVIDE FUNDS FOR RECREATION/WELLINESS
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	ind government or s listed in the line	ganizations listed in th 1 table	e line 1 table				9.0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

Page 2 (f) Description of noncash assistance 23-7196646 (e) Method of valuation (book, FMV, appraisal, other) THE SPECIFIC FUNDS AWARDED, AS LOCAL CHARITIES, IT WOULD THE ORGANIZATION HAS THE FINANCIAL RECORDS TO SUBSTANTIATE AMOUNTS AWARDED THE ORGANIZATION ONLY AWARDS FUNDS TO LOCAL Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information THE FUNDS SINCE THEY ONLY AWARD FUNDS TO LOCAL CHARITIES THEY ARE FAMILIAR THE ORGANIZATION ONLY AWARDS FUNDS TO QUALIFIED LOCAL THEY DO NOT DIRECTLY 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. WITH, THEY ARE CONFIDENT THAT THE FUNDS ARE USED FOR THEIR INTENDED THE USE OF (d) Amount of non-cash assistance , WHILE WHILE THEY DO NOT MONITOR (c) Amount of cash grant COMMUNITY FOUNDATION THEREFORE, (b) Number of recipients THEY ARE FAMILIAR WITH. PURPOSES. AS INDICATED ABOVE, WILTON (a) Type of grant or assistance ORGANIZATIONS. MONITOR THE USE OF TO ORGANIZATIONS. Schedule I (Form 990) (2016) N PART I, LINE CHARITIES 501(C)(3) PER SE, Part IV Part III

Schedule I (Form 990) (2016)

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Sche	rt IV Suppl	0)		MTT.T.	ON COL	MMUN.	LTY FO	JNDA'I'.	TON	23-7196646	Page 2
Pa	rt IV Suppl	eme	ntal In	formation	1				· 		
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632291 04-01-16 Schedule I (Form 990)

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(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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 h Open to Public Inspection

Name of the organization

Employer identification number

23-7196646 WILTON COMMUNITY FOUNDATION FORM 990, PART VI, SECTION B, LINE 11B: 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, 2609 2ND AVE, MUSCATINE, 52761. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: DAVID BROWN ---1302-HWY-38, -WILTON-IA-52778----------DAVID CARPENTER - PO BOX 216, WEST LIBERTY IA 52776 G MICHAEL NORTON - 2989 110TH STREET, WILTON IA 52778 JOE BURNETT - 356 310TH ST, WEST LIBERTY IA 52776 CAROL WADE - 609 W WATE, WILTON IA 52778 MELVIN BOHNSACK - 1418 THAYER AVE, WILTON IA 52778 BOB BARRETT - 417 W WATE, WILTON IA 52778 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) (2016)	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	TON/DESTRUCTION
AT THIS TIME, THE ORGANIZATION DOES NOT HAVE A COMPREHENS	
RETENTION AND DESTRUCTION POLICY. HOWEVER, THE ORGANIZAT	
PERMANENTLY MAINTAIN ORIGINAL COPIES OF ARTICLES AND BY-L	
APPROVALS AND SECRETARY OF STATE FILINGS. COPIES OF PRIO	
990'S ARE MAINTAINED FOR 10 YEARS.	N THAN TONI
570 S ARE MAINIAINED FOR IU TEARD.	
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	Υ.