See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

EXTENDED TO NOVEMBER 15, 2017

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 500 FIRST STREET

Room/suite 2600

City or town, state or province, country, and ZIP or foreign postal code WAUSAU, WI 54403

F Name and address of principal officer JEAN C. TEHAN
SAME AS C ABOVE

D Employer identification number 39-1577472

E Telephone number 715-845-9555

G Gross receipts $ 13,671,882.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CFONCW.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1987

M State of legal domicile: WI

Part I Summary

				Prior Year	Current Year
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN IS A NONPROFIT COMMUNITY CORPORATION,			
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	5	
	6	Total number of volunteers (estimate if necessary)	6	40	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)		5,730,369.	4,430,295.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,206,342.	242,466.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,173.	22,867.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,957,884.	4,695,628.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,794,325.	1,826,474.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		343,162.	350,434.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,864.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		121,272.	119,748.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,258,759.	2,296,656.
	19	Revenue less expenses Subtract line 18 from line 12		5,699,125.	2,398,972.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)		45,688,081.	51,529,594.
	21	Total liabilities (Part X, line 26)		6,351,995.	7,338,807.
	22	Net assets or fund balances Subtract line 21 from line 20		39,336,086.	44,190,787.

RECEIVED
OCT 31 2017
OGDEN, UT
IRS-OSC
BC23

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 10-26-17

▶ FRED LUNDIN, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
WILLIAM J. LABRAKE, CPA	WILLIAM J. LABRAKE,	10/18/17	☐	P00031397

Firm's name ▶ WIPFLI LLP — Firm's EIN ▶ 39-0758449

Firm's address ▶ PO BOX 8010, WAUSAU, WI 54402-8010 — Phone no. 715.845.3111

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

964

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission.
THE COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN IS A NONPROFIT COMMUNITY CORPORATION, CREATED BY AND FOR THE PEOPLE OF NORTH CENTRAL WISCONSIN. WE EXIST TO ENHANCE THE QUALITY OF LIFE OF THE GREATER WAUSAU 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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 2,037,385. including grants of $ 1,826,474.) (Revenue $ 2,286.)
ENRICH THE QUALITY OF THE GREATER WAUSAU AREA BY CREATING A COMMUNITY ENDOWMENT AND ENGAGING IN MEANINGFUL GRANTMAKING. CONVENE THE NONPROFIT SECTOR TO EDUCATE THEM ON AVAILABLE SERVICES AND FUNDING OPPORTUNITIES, AND TO PROVIDE A VENUE TO DISCUSS ISSUES OF GREATEST PRIORITY TO THEM.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e Total program service expenses ▶ 2,037,385.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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 I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** 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.**				
a	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				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶WI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ 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 financial 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: ▶

PAM ECKMANN - 715-845-9555

500 FIRST STREET, SUITE 2600, WAUSAU, WI 54403

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN IMMEL DIRECTOR	0.50	X						0.	0.	0.
(2) RANDY VERHASSELT DIRECTOR	0.50	X						0.	0.	0.
(3) PHIL VALITCHKA DIRECTOR	0.50	X						0.	0.	0.
(4) MARY NELL REIF DIRECTOR	0.50	X						0.	0.	0.
(5) AMY PLIER DIRECTOR	0.50	X						0.	0.	0.
(6) CHRIS PFENDER DIRECTOR	0.50	X						0.	0.	0.
(7) JIM KEMERLING DIRECTOR	0.50	X						0.	0.	0.
(8) MARY JO JOHNSON DIRECTOR	0.50	X						0.	0.	0.
(9) SCOTT DOESCHER (TERMED 4/16) DIRECTOR	0.50	X						0.	0.	0.
(10) GEOFFREY HUYS DIRECTOR	0.50	X						0.	0.	0.
(11) MAY SEE YANG HERR DIRECTOR	0.50	X						0.	0.	0.
(12) DAN DANSON DIRECTOR	0.50	X						0.	0.	0.
(13) JAMIE SCHAEFER PRESIDENT	1.00	X		X				0.	0.	0.
(14) FRED LUNDIN TREASURER	1.00	X		X				0.	0.	0.
(15) DENNIS DELOYE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(16) CARI LOGEMANN SECRETARY	1.00	X		X				0.	0.	0.
(17) POLLY JAMES (TERMED 4/16) DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUGH JONES (TERMED 4/16) DIRECTOR	0.50	X						0.	0.	0.
(19) JEAN TEHAN EXECUTIVE DIRECTOR	40.00			X				100,872.	0.	0.
1b Sub-total ▶								100,872.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								100,872.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	199,213.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,231,082.			
	g	Noncash contributions included in lines 1a-1f $		31,746.			
	h	**Total.** Add lines 1a-1f		▶	4,430,295.		
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		▶			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		▶	1,454,200.		1,454,200.
	4	Income from investment of tax-exempt bond proceeds		▶			
	5	Royalties		▶			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		▶			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7,764,520.				
	b	Less. cost or other basis and sales expenses	8,976,254.				
	c	Gain or (loss)	-1,211,734.				
	d	Net gain or (loss)		▶	-1,211,734.		-1,211,734.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		▶			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less. direct expenses	b				
	c	Net income or (loss) from gaming activities		▶			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		▶			
		Miscellaneous Revenue	**Business Code**				
	11a	INCREASE IN CSV	525100		20,581.		20,581.
	b	OTHER INCOME	900099		2,286.	2,286.	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		▶	22,867.		
	12	**Total revenue.** See instructions.		▶	4,695,628.	2,286.	0. 263,047.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,601,116.	1,601,116.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	225,358.	225,358.		
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	100,872.	45,393.	45,392.	10,087.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	192,273.	86,523.	86,523.	19,227.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,838.	14,777.	14,777.	3,284.
10 Payroll taxes	24,451.	11,003.	11,003.	2,445.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	13,488.		13,488.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	53,724.		53,724.	
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	13,620.	3,405.	10,215.	
14 Information technology	33,253.	14,964.	14,964.	3,325.
15 Royalties				
16 Occupancy	34,318.	15,443.	15,443.	3,432.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	806.	266.	274.	266.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,428.		11,428.	
23 Insurance	5,618.		5,618.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING & DEVELOPMENT	30,246.	16,446.	13,800.	
b FUND EXPENSE	4,981.		4,981.	
c DUES & SUBSCRIPTIONS	3,784.	1,892.	1,892.	
d MISCELLANEOUS	1,945.	799.	348.	798.
e All other expenses	-87,463.		-87,463.	
25 **Total functional expenses** Add lines 1 through 24e	2,296,656.	2,037,385.	216,407.	42,864.
26 **Joint costs**. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		94,972.	1	6,137.
	2	Savings and temporary cash investments		5,800,015.	2	5,990,814.
	3	Pledges and grants receivable, net		323,142.	3	109,248.
	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		18,824.	9	21,841.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 142,709.			
	b	Less accumulated depreciation	10b 112,283.	36,165.	10c	30,426.
	11	Investments - publicly traded securities		39,102,608.	11	45,038,192.
	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		312,355.	15	332,936.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		45,688,081.	16	51,529,594.
Liabilities	17	Accounts payable and accrued expenses		64,040.	17	50,885.
	18	Grants payable		504,831.	18	476,579.
	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, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,783,124.	25	6,811,343.
	26	**Total liabilities.** Add lines 17 through 25		6,351,995.	26	7,338,807.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		23,295,355.	27	28,082,981.
	28	Temporarily restricted net assets		11,975,304.	28	12,028,345.
	29	Permanently restricted net assets		4,065,427.	29	4,079,461.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		39,336,086.	33	44,190,787.
	34	Total liabilities and net assets/fund balances		45,688,081.	34	51,529,594.

Part 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	4,695,628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,296,656.
3	Revenue less expenses Subtract line 2 from line 1	3	2,398,972.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,336,086.
5	Net unrealized gains (losses) on investments	5	2,455,729.
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	44,190,787.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF NORTH CENTRAL WI	39-1577472

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An 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 university: _____

10 ☐ 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	2569989.	4897886.	4883987.	7053294.	6990346.	26395502.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2569989.	4897886.	4883987.	7053294.	6990346.	26395502.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6922560.
6 **Public support.** Subtract line 5 from line 4						19472942.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2569989.	4897886.	4883987.	7053294.	6990346.	26395502.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1096374.	1319929.	1664383.	2129641.	1454200.	7664527.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,895.	19,448.	18,618.	21,173.	22,867.	101,001.
11 **Total support.** Add lines 7 through 10						34161030.

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	57.00 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	55.21 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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)

Section A. Public Support

Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (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.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(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.)

Section 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 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	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 "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 supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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 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		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**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 Part VI.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	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 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 determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)*

a ☐ The organization satisfied the Activities Test *Complete line 2 below*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
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 organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
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? *If "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		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
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? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section 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		
e **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		

Section 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-functionally integrated Type III supporting organization (see instructions)

Part V **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	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	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			
a				
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 amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7. $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	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			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCH A, PART II, LINE 1

THE COMMUNITY FOUNDATION RECEIVES AND HOLDS FUNDS FOR OTHER ORGANIZATIONS. THESE ARE CHARACTERIZED AS CONTRIBUTIONS ON SCHEDULE A, BUT NOT ON FORM 990, PART VIII, LINE 1 AS REVENUE OR NET ASSETS ON FORM 990 PART X.

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

2016

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number
39-1577472

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	97	
2	Aggregate value of contributions to (during year)	3,113,718.	
3	Aggregate value of grants from (during year)	1,004,902.	
4	Aggregate value at end of year	16,748,803.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

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

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

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	4,239,038.	4,715,820.	4,830,188.	4,453,293.	4,095,172.
b	Contributions	6,790.	2,180.	1,450.	4,975.	28,000.
c	Net investment earnings, gains, and losses	278,407.	-238,295.	70,199.	549,127.	584,556.
d	Grants or scholarships					
e	Other expenditures for facilities and programs	240,734.	240,667.	185,044.	177,207.	254,435.
f	Administrative expenses			973.		
g	End of year balance	4,283,501.	4,239,038.	4,715,820.	4,830,188.	4,453,293.

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 94.50 %
c Temporarily restricted endowment ▶ 5.50 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		46,100.	34,575.	11,525.
d Equipment		44,565.	25,664.	18,901.
e Other		52,044.	52,044.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				30,426.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD FOR AGENCIES	6,811,343.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		6,811,343.

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	7,184,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,455,729.		
b	Donated services and use of facilities	2b	33,341.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	2,489,070.
3	Subtract line 2e from line 1			3	4,695,628.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	4,695,628.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,329,997.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	33,341.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	33,341.
3	Subtract line 2e from line 1			3	2,296,656.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,296,656.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		3,514,401.
3 a Sub-total	0	0			3,514,401.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			3,514,401.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2016**

632071 09-21-16

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☒ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☒ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTON ACADEMY WAUSAU 630 ADAMS STREET WAUSAU, WI 54403	47-1405104	SCHOOL	25,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS NORTH CENTRAL CHAPTER - 1602 SECOND STREET - WAUSAU, WI 54403	39-0808444	501(C)(3)	2,500.	0.			GENERAL SUPPORT
AMERICAN RED CROSS NORTH CENTRAL CHAPTER - 1602 SECOND STREET - WAUSAU, WI 54403	39-0808444	501(C)(3)	1,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS NORTH CENTRAL CHAPTER - 1602 SECOND STREET - WAUSAU, WI 54403	39-0808444	501(C)(3)	150.	0.			GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	10,000.	0.			JUVENILE DIABETES TREATMENT AND RELATED ISSUES
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	3,000.	0.			FESTIVAL OF TREES-TEDDY BEAR BREAKFAST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 83.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	1,000.	0.			GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	100.	0.			IN HONOR OF GARY FREELS
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	500.	0.			COMFORT CARE & HOSPICE SERVICES
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	3,440.	0.			COMFORT CARE & HOSPICE SERVICES
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	1,000.	0.			RAINBOW'S END DAY CAMP FOR CHILDREN WITH SPECIAL NEEDS
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	100.	0.			PARTNERS IN HEALTH EVENT IN HONOR OF JOHN AND BETTY SLAYTON
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	5,000.	0.			COMFORT CARE AND HOSPICE FUND
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	600.	0.			GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	4,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	1,000.	0.			HOSPICE HOUSE - COMMUNITY BEDROOM FUND
BAY VIEW NEIGHBORHOOD ASSOCIATION PO BOX 070184 MILWAUKEE, WI 53207	74-3129480	501(C)(3)	10,000.	0.			CONCERT SERIES
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN - 2600 STEWART AVENUE SUITE 262 - WAUSAU, WI 54401	39-1258616	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN - 2600 STEWART AVENUE SUITE 262 - WAUSAU, WI 54401	39-1258616	501(C)(3)	2,500.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN - 2600 STEWART AVENUE SUITE 262 - WAUSAU, WI 54401	39-1258616	501(C)(3)	1,678.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN - 2600 STEWART AVENUE SUITE 262 - WAUSAU, WI 54401	39-1258616	501(C)(3)	500.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN - 2600 STEWART AVENUE SUITE 262 - WAUSAU, WI 54401	39-1258616	501(C)(3)	4,955.	0.			TECHNOLOGY ENHANCEMENT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	13,500.	0.			CAMPAIGN PLANNING STUDY
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	100.	0.			WINE AND CHEESE DONATION
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	500.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	100.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	500.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	1,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	150.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	30,000.	0.			ANNUAL GIFT 2015 AND 2016 (TWO YEARS)
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	3,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	100.	0.			HARVEST DINNER
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	3,328.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	2,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	450.	0.			LATHE FOR THE WOODTURNING PROGRAM
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	13,500.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	1,000.	0.			CAREER LAUNCH
CAPABLE CANINES OF WISCONSIN PO BOX 34 ONALASKA, WI 54640	39-1549987	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	500.	0.			GENERAL SUPPORT
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	2,639.	0.			A LOFTY IDEA
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	2,000.	0.			EXHIBITS
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	2,026.	0.			ANCESTRAL WOMEN EXHIBIT
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	1,000.	0.			GENERAL SUPPORT
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	100.	0.			GENERAL SUPPORT
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	300.	0.			GENERAL SUPPORT
CENTER FOR THE VISUAL ARTS 427 4TH STREET WAUSAU, WI 54403-5420	39-1410122	501(C)(3)	25,000.	0.			IMAGINING THE FUTURE - RENOVATION PROJECT
CENTRAL WISCONSIN CHILDREN'S THEATRE - PO BOX 476 - WAUSAU, WI 54402-0476	39-1301935	501(C)(3)	100.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL WISCONSIN CHILDREN'S THEATRE - PO BOX 476 - WAUSAU, WI 54402-0476	39-1301935	501(C)(3)	2,500.	0.			THE PENGUIN PROJECT
CENTRAL WISCONSIN CHILDREN'S THEATRE - PO BOX 476 - WAUSAU, WI 54402-0476	39-1301935	501(C)(3)	2,854.	0.			LIGHTS! SOUND! ACTION!
CENTRAL WISCONSIN CHILDREN'S THEATRE - PO BOX 476 - WAUSAU, WI 54402-0476	39-1301935	501(C)(3)	2,633.	0.			THERE'S A MONSTER IN MY CLOSET
CENTRAL WISCONSIN OFF ROAD CYCLING COALITION - PO BOX 745 - WAUSAU, WI 54402-0745	45-4805343	501(C)(3)	8,075.	0.			MINI-EXCAVATOR FOR TRAIL DEVELOPMENT AND MAINTENANCE
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	300.	0.			GENERAL SUPPORT
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	1,000.	0.			GENERAL SUPPORT
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	4,500.	0.			GENERAL SUPPORT
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	500.	0.			GENERAL SUPPORT
CREATIVE DOWNTOWN APPLETON, INC 116 NORTH APPLETON STREET APPLETON, WI 54911	47-1568601	501(C)(3)	5,000.	0.			PUBIC CONCERTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC EVEREST JUNIOR HIGH SCHOOL 1000 MACHMUELLER STREET SCHOFIELD, WI 54476		SCHOOL	995.	0.			INSPIRING YOUNG WOMEN TODAY THROUGH THE VOICES OF WOMEN IN HISTORY
DC EVEREST JUNIOR HIGH SCHOOL 1000 MACHMUELLER STREET SCHOFIELD, WI 54476		SCHOOL	1,515.	0.			ACTION CIVICS: EMPOWERING STUDENTS TO IMPACT OUR COMMUNITY
DC EVEREST JUNIOR HIGH SCHOOL 1000 MACHMUELLER STREET SCHOFIELD, WI 54476		SCHOOL	2,500.	0.			WADING INTO SCIENCE: EXPLORING LOCAL RIVER SYSTEMS
EXPERIMENTAL AIRCRAFT ASSOCIATION PO BOX 3816 OSHKOSH, WI 54903-3816	39-1033301	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EXPERIMENTAL AIRCRAFT ASSOCIATION PO BOX 3816 OSHKOSH, WI 54903-3816	39-1033301	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILY PLANNING HEALTH SERVICES 719 N 3RD AVENUE WAUSAU, WI 54401	39-1206364	501(C)(3)	500.	0.			GENERAL SUPPORT
FAMILY PLANNING HEALTH SERVICES 719 N 3RD AVENUE WAUSAU, WI 54401	39-1206364	501(C)(3)	600.	0.			GENERAL SUPPORT
FAMILY PLANNING HEALTH SERVICES 719 N 3RD AVENUE WAUSAU, WI 54401	39-1206364	501(C)(3)	100.	0.			GENERAL SUPPORT
FAMILY PLANNING HEALTH SERVICES 719 N 3RD AVENUE WAUSAU, WI 54401	39-1206364	501(C)(3)	5,800.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN ATHLETES 2600 STEWART AVENUE, SUITE 272 WAUSAU, WI 54401	44-0610626	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	CHURCH	3,027.	0.			STOCK THE SHELVES
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	CHURCH	12,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	CHURCH	100.	0.			THE DELIGHTFUL ARLENE BACKER MEMORIAL
FIRST UNIVERSALIST UNITARIAN CHURCH - 504 GRANT STREET - WAUSAU, WI 54403		CHURCH	5,000.	0.			GENERAL SUPPORT
FOUNDATION OF SAINT JOSEPH'S HOSPITAL - 611 SAINT JOSEPH AVENUE - MARSHFIELD, WI 54449	39-1684957	501(C)(3)	5,000.	0.			THE HOUSE OF DOVE HOSPICE FACILITY IN RECOGNITION OF THEIR AMAZING CARE AND
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 4693 N LYNNDALE DRIVE - APPLETON, WI 54913	39-1016314	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 3511 CAMP PHILLIPS ROAD - SCHOFIELD, WI 54476-0290	39-1016314	501(C)(3)	2,000.	0.			CAMP BIRCH TRAILS SCHOLARSHIPS
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 4693 N LYNNDALE DRIVE - APPLETON, WI 54913	39-1016314	501(C)(3)	400.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 3511 CAMP PHILLIPS ROAD - SCHOFIELD, WI 54476-0290	39-1016314	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 4693 N LYNNDALE DRIVE - APPLETON, WI 54913	39-1016314	501(C)(3)	2,000.	0.			CAMP BIRCHWOOD CAMPERSHIP
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 4693 N LYNNDALE DRIVE - APPLETON, WI 54913	39-1016314	501(C)(3)	1,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 3511 CAMP PHILLIPS ROAD - SCHOFIELD, WI 54476-0290	39-1016314	501(C)(3)	1,100.	0.			CAMP BIRCH TRAILS AND WILDERNESS TRIPS
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 3511 CAMP PHILLIPS ROAD - SCHOFIELD, WI 54476-0290	39-1016314	501(C)(3)	100.	0.			A GIFT GIVEN IN MEMORY OF PATTE PREHN
GOOD NEWS PROJECT 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	4,700.	0.			GENERAL SUPPORT
GOOD NEWS PROJECT 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	500.	0.			GENERAL SUPPORT
GOOD NEWS PROJECT 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	1,000.	0.			GENERAL SUPPORT
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	9,350.	0.			GENERAL SUPPORT
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	4,000.	0.			CAPITAL CAMPAIGN IN MEMORY OF BART KELLNHAUSER
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREAT LAKES INDIAN FISH & WILDLIFE COMMISSION - PO BOX 9 - ODANAH, WI 54861	39-1468447	GOV'T	5,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	300.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	50,000.	0.			RECYCLED BUILDING MATERIALS PROGRAM - BUILDING PURCHASE
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	25,000.	0.			RECYCLED BUILDING MATERIALS PROGRAM PROPERTY ACQUISITION
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	4,500.	0.			RECYCLED BUILDING MATERIALS PROGRAM - BUILDING PURCHASE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	25,000.	0.			RECYCLED BUILDING MATERIALS PROGRAM BUILDING PURCHASE
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	100.	0.			IN MEMORY OF PATRICK CROOKS
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	500.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	500.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	350.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF WAUSAU PO BOX 1372 WAUSAU, WI 54402-1372	39-1654855	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN MATCH
HOWARD YOUNG FOUNDATION, INC. PO BOX 470 WOODRUFF, WI 54568	39-1654855	501(C)(3)	8,000.	0.			LAKELAND FOOD PANTRY
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	150.	0.			EMPTY CUPBOARD DINNER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	2,554.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	100.	0.			IN MEMORY OF ANNABELLE GATY
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	500.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	1,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	500.	0.			GENERAL SUPPORT
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	100.	0.			IN HONOR OF KATHY AND SHIRLEY
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	10,000.	0.			OUTDOOR SCULPTURE IN MEMORY OF LANE WARE
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	1,000.	0.			GENERAL SUPPORT
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	1,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	250.	0.			GENERAL SUPPORT
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	2,741.	0.			HEAVY AS A STONE: LIGHT AS A FEATHER
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	100.	0.			THE DELIGHTFUL ARLENE BACKER MEMORIAL
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	350.	0.			GENERAL SUPPORT
MARATHON COUNTY CONSERVATION, PLANNING & ZONING DEPT - 210 RIVER DRIVE - WAUSAU, WI 54403-5449		COUNTY	5,000.	0.			BIKE FIXTATION STATIONS (2 UNITS)
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	3,000.	0.			GENERAL SUPPORT
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	100.	0.			THE DELIGHTFUL ARLENE BACKER MEMORIAL
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	100.	0.			IN MEMORY OF JOAN SCHMIDT
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	7,000.	0.			FAMILY FARMS OF MARATHON COUNTY
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	1,430.	0.			PIECES OF THE PAST: QUILTS TELL A STORY
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	3,800.	0.			A PICTURE IS WORTH A THOUSAND WORDS
MARATHON COUNTY PUBLIC LIBRARY 300 N 1ST STREET WAUSAU, WI 54403-5425	39-6005716	501(C)(3)	3,900.	0.			LARGE PRINT BOOKS
MARATHON COUNTY PUBLIC LIBRARY 300 N 1ST STREET WAUSAU, WI 54403-5425	39-6005716	501(C)(3)	2,000.	0.			21ST CENTURY LEARNING CENTER
MARATHON COUNTY PUBLIC LIBRARY 300 N 1ST STREET WAUSAU, WI 54403-5425	39-6005716	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARATHON COUNTY SHERIFF'S DEPARTMENT - 500 FOREST STREET - WAUSAU, WI 54403		COUNTY	7,500.	0.			CRISIS INTERVENTION TEAM TRAINING
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201		SCHOOL	500.	0.			GESKE SCHOLARSHIP FUND
MARSHFIELD CLINIC 1000 N OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,000.	0.			CANCER RESEARCH
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	1,000.	0.			GENERAL SUPPORT
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	500.	0.			LEARNING TO EAT HEALTHY
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	1,608.	0.			HEAVY DUTY MOWER ATTACHMENT
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	1,000.	0.			INTERN & GENERAL SUPPORT
MUSIC THAT MATTERS PO BOX 578 GREEN BAY, WI 54305	20-8883546	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEWMAN CATHOLIC HIGH SCHOOL 1130 W BRIDGE STREET WAUSAU, WI 54401	39-1556442	CHURCH	2,217.	0.			SOCCER WARM UPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL CONSERVANCY TRUST PO BOX 124 STEVENS POINT, WI 54481-0124	39-1855857	501(C)(3)	100.	0.			GENERAL SUPPORT
NORTH CENTRAL CONSERVANCY TRUST PO BOX 124 STEVENS POINT, WI 54481-0124	39-1855857	501(C)(3)	100.	0.			GENERAL SUPPORT
NORTHLAND LUTHERAN HIGH SCHOOL 2107 TOWER ROAD KRONENWETTER, WI 54455		CHURCH	500.	0.			COMPASSIONATE COMMUNITY CONSTRUCTION
NORTHLAND LUTHERAN HIGH SCHOOL 2107 TOWER ROAD KRONENWETTER, WI 54455		CHURCH	3,244.	0.			HOW DOES OUR GARDEN GROW - COMMUNITY GARDEN FENCING
NTC FOUNDATION, INC. 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1266481	SCHOOL	7,000.	0.			PROMISE PLUS PROGRAM
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	2,240.	0.			2016-17 WORLD MUSIC SERIES AT THE GRAND
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	2,246.	0.			2016-17 AUDIENCE DEVELOPMENT SERIES
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	1,500.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	500.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	500.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	1,500.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	1,000.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	500.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	2,500.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	300.	0.			GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	1,500.	0.			ANNUAL APPEAL - GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	1,000.	0.			2016 FUND DRIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERFORMING ARTS FOUNDATION - D/B/A THE GRAND - 401 N 4TH STREET - WAUSAU, WI 54403	23-7240695	501(C)(3)	355.	0.			GENERAL SUPPORT
POSITIVE ALTERNATIVES 603 TERRILL ROAD MENOMINEE, WI 54751	39-1297249	501(C)(3)	15,900.	0.			MARATHON COUNTY GROUP HOME
POSITIVE ALTERNATIVES 603 TERRILL ROAD MENOMINEE, WI 54751	39-1297249	501(C)(3)	4,100.	0.			MARATHON COUNTY GROUP HOME
WAUSAU RIVER DISTRICT 316 SCOTT STREET WAUSAU, WI 54403		501(C)(3)	53,491.	0.			RIVER DISTRICT DEVELOPMENT
RONALD MCDONALD HOUSE 803 W NORTH STREET MARSHFIELD, WI 54449	93-0833012	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	5,000.	0.			CAMP PHILLIPS PROGRAM GARAGE
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	5,000.	0.			CAMP PHILLIPS
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	2,000.	0.			CAMP PHILLIPS
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SCHMITT WOODLAND HILLS RETIREMENT COMMUNITY - 1400 WEST SEMINARY STREET - RICHLAND CENTER, WI 53581	39-1027374	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SEARCH DOG FOUNDATION 6800 WHEELER CANYON ROAD SANTA PAULA, CA 93060	77-0412509	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN - 2802 DAIRY DRIVE - MADISON, WI 53718	39-1490691	501(C)(3)	5,000.	0.			HUNGER ACTION DAY
ST. AMBROSE EPISCOPAL CHURCH PO BOX 396 ANTIGO, WI 54409		CHURCH	5,000.	0.			GENERAL SUPPORT
THE CURATORS OF THE UNIVERSITY OF MISSOURI, COLUMBIA, MISSOURI - 1406 E. ROLLINS ST, 263 AEB - COLUMBIA, MO 65203	43-6003859	501(C)(3)	65,000.	0.			BURN DEPTH IMAGING ANALYSIS
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,500.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,000.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,000.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	22,916.	0.			STOCK THE SHELVES
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,730.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	300.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	4,800.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	3,000.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	500.	0.			GENERAL SUPPORT

632241
04-01-16

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	100.	0.			GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,500.	0.			FOOD PANTRY
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	6,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	1,500.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	100.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	500.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	1,500.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	25,000.	0.			PASSENGER VAN REPLACEMENT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	1,800.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	300.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 54402-0428	39-0806889	501(C)(3)	5,621.	0.			STOCK THE SHELVES
THE SPORTS AUTHORITY 219 JEFFERSON STREET, STOP 2 WAUSAU, WI 54403-5429	81-1937746	501(C)(3)	25,000.	0.			INTERNATIONAL WISCONSIN GINSENG FESTIVAL SIGNAGE
THE SPORTS AUTHORITY 219 JEFFERSON STREET, STOP 2 WAUSAU, WI 54403-5429	81-1937746	501(C)(3)	5,000.	0.			BADGER STATE GAMES
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	300.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	500.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	500.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	500.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	432.	0.			STOCK THE SHELVES
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	100.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	500.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	11,392.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	1,250.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	5,300.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	1,304.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	13,603.	0.			GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	100.	0.			GENERAL SUPPORT
TOWN OF LAND O' LAKES PO BOX 660 LAND O'LAKES, WI 54540	39-6005966	TOWN	2,000.	0.			$500 EACH FOR FIRE & RESCUE, HISTORICAL, LIBRARY, AND RECREATION
TOWN OF LAND O' LAKES PO BOX 660 LAND O'LAKES, WI 54540	39-6005966	TOWN	3,000.	0.			$750 EACH TO AMBULANCE, HISTORICAL, LIBRARY, AND RECREATION
TOWN OF LAND O' LAKES PO BOX 660 LAND O'LAKES, WI 54540	39-6005966	TOWN	100.	0.			RECREATION - IN HONOR OF DAN BENSON
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	1,900.	0.			GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	3,250.	0.			GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	150.	0.			GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	100.	0.			FILL A BACKPACK; FILL A NEED
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	250.	0.			REBECCA'S CLOSET
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	300.	0.			GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	15,000.	0.			ANNUAL DONATION 2017 - MARY JO JOHNSON - EO JOHNSON BUSINESS TECH
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE, STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	12,000.	0.			ANNUAL DONATION - 2016 MARY JO JOHNSON 0 EO JOHNSON BUSINESS TECH
UW-MADISON SCHOOL OF VETERINARY MEDICINE - 2015 LINDEN DRIVE - MADISON, WI 53706		SCHOOL	5,000.	0.			GENERAL SUPPORT
UW-MARATHON COUNTY 518 S 7TH AVENUE WAUSAU, WI 54401		COUNTY	2,000.	0.			4TH ANNUAL UWMC VOCAL JAZZ FESTIVAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW-MARATHON COUNTY 518 S 7TH AVENUE WAUSAU, WI 54401		COUNTY	2,738.	0.			4TH ANNUAL VOCAL JAZZ FESTIVAL
UWMC FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	3,000.	0.			MURCO FOUNDATION SCHOLARSHIP/S
UWMC FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	1,000.	0.			GENERAL SUPPORT - MARKETING PROJECT
UWMC FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	500.	0.			ANNUAL FUND
UWMC FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	1,000.	0.			GLADYS PHILLIPS SCHOLARSHIPS
UWMC FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	250.	0.			IN HONOR OF JERRY BLUMENSTEIN AND HER KITCHEN STAFF
UWMC FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	100.	0.			RICHARD SCOTT ISSOD MEMORIAL SCHOLARSHIP - LEONARD ISSOD
UWMC FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	400.	0.			GENERAL SUPPORT
VILLAGE OF KRONENWETTER 1582 KRONENWETTER DRIVE MOSINEE, WI 54455		VILLAGE	25,000.	0.			OLD HIGHWAY 51 TRAIL DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VSA WISCONSIN, INC. 1709 ABERG AVE, SUITE 1 MADISON, WI 53704-4207	39-1526913	501(C)(3)	1,000.	0.			ARTIST RESIDENCIES FOR CHILDREN WITH DISABILITIES IN WAUSAU SCHOOLS
VSA WISCONSIN, INC. 1709 ABERG AVE, SUITE 1 MADISON, WI 53704-4207	39-1526913	501(C)(3)	1,555.	0.			WAUSAU SCHOOLS ARTIST RESIDENCIES 2016-17
WAUPACA AREA COMMUNITY FOUNDATION PO BOX 425 WAUPACA, WI 54981	33-1089314	501(C)(3)	1,000.	0.			WAUPACA BREAKFAST ROTARY "WAUPACA'S OWN SUMMER BENEFIT CONCERT
WAUSAU & MARATHON COUNTY PARKS, RECREATION AND FORESTRY - 212 RIVER DRIVE, SUITE 2 - WAUSAU, WI 54403		501(C)(3)	1,200.	0.			SPLASH INTO SAFETY PROGRAM
WAUSAU & MARATHON COUNTY PARKS, RECREATION AND FORESTRY - 212 RIVER DRIVE, SUITE 2 - WAUSAU, WI 54403		501(C)(3)	349.	0.			APPRECIATION LUNCHEON FOR PARKS, RECREATION AND FORESTRY DEPARTMENT
WAUSAU & MARATHON COUNTY PARKS, RECREATION AND FORESTRY - 212 RIVER DRIVE, SUITE 2 - WAUSAU, WI 54403		501(C)(3)	62,500.	0.			DECEMBER 27, 2016 REQUEST
WAUSAU COMMUNITY THEATRE 136 SUMMER STREET SCHOFIELD, WI 54476-1281	39-0945430	501(C)(3)	400.	0.			TABLE SAW FOR BUILDING SETS
WAUSAU COMMUNITY THEATRE 136 SUMMER STREET SCHOFIELD, WI 54476-1281	39-0945430	501(C)(3)	2,200.	0.			PANEL SAW FOR SET CONSTRUCTION
WAUSAU COMMUNITY THEATRE 136 SUMMER STREET SCHOFIELD, WI 54476-1281	39-0945430	501(C)(3)	1,436.	0.			FIDDLER ON THE ROOF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUSAU COMMUNITY THEATRE 136 SUMMER STREET SCHOFIELD, WI 54476-1281	39-0945430	501(C)(3)	2,438.	0.			BEAUTY AND THE BEAST
WAUSAU COMMUNITY THEATRE 136 SUMMER STREET SCHOFIELD, WI 54476-1281	39-0945430	501(C)(3)	250.	0.			GENERAL SUPPORT
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 54402-0606	39-1391008	501(C)(3)	100.	0.			GENERAL SUPPORT
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 54402-0606	39-1391008	501(C)(3)	500.	0.			GENERAL SUPPORT
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 54402-0606	39-1391008	501(C)(3)	1,000.	0.			GENERAL SUPPORT
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 54402-0606	39-1391008	501(C)(3)	2,441.	0.			2017 JAZZ FESTIVAL
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 54402-0606	39-1391008	501(C)(3)	2,743.	0.			2017 BAND AND STRING CAMPS
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 54402-0606	39-1391008	501(C)(3)	1,662.	0.			MUSIC SCHOLARSHIP FOR AT RISK STUDENTS
WAUSAU CURLING CLUB PO BOX 627 WAUSAU, WI 54402		501(C)(3)	28,730.	0.			NEW LOCKERS, RECOGNITION WALL, ENGINEERING FOR SEATING AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		SCHOOL	1,000.	0.			DR. MERRITT LACOUNT JONES MEMORIAL SCHOLARSHIP
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		SCHOOL	1,000.	0.			A.W. PLIER SCHOLARSHIP
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		SCHOOL	6.	0.			PRINTING COSTS
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		SCHOOL	598.	0.			POSTCROSSING: EXPERIENCE THE WORLD THROUGH POSTCARDS
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		SCHOOL	1,900.	0.			COVER SPORTS EXPENSES AT WAUSAU EAST; ROBBIE WOULD HAVE BEEN A FRESHMAN THIS
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		SCHOOL	3,000.	0.			SCHOLARSHIP FUND
WAUSAU EAST HIGH SCHOOL ATHLETICS FUND		SCHOOL	15,400.	0.			DISBURSEMENT 2015
WAUSAU EVENTS 316 SCOTT STREET WAUSAU, WI 54403	39-1612386	501(C)(3)	1,252.	0.			CONCERTS ON THE SQUARE
WAUSAU EVENTS 316 SCOTT STREET WAUSAU, WI 54403	39-1612386	501(C)(3)	3,000.	0.			CHALKFEST - TRAILER PURCHASE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUSAU EVENTS 316 SCOTT STREET WAUSAU, WI 54403	39-1612386	501(C)(3)	754.	0.			CHALKFEST WAUSAU 2016
WAUSAU EVENTS 316 SCOTT STREET WAUSAU, WI 54403	39-1612386	501(C)(3)	1,952.	0.			EMERGENCY AUTOMATED EXTERNAL DEFIBRILLATOR
WAUSAU RIVER DISTRICT 316 SCOTT STREET WAUSAU, WI 54403		501(C)(3)	12,950.	0.			LIBRARY PLAZA - TEMPORARY STAGE
WAUSAU RIVER DISTRICT 316 SCOTT STREET WAUSAU, WI 54403		501(C)(3)	1,031.	0.			FIRST THURSDAYS
WAUSAU SCHOOL FOUNDATION 415 SEYMOUR STREET WAUSAU, WI 54403	20-0287482	501(C)(3)	300.	0.			GENERAL SUPPORT
WAUSAU SCHOOL FOUNDATION 415 SEYMOUR STREET WAUSAU, WI 54403	20-0287482	501(C)(3)	1,000.	0.			COLIN HANSON REQUEST, "INSPIRING THE YOUTH OF CENTRAL WISCONSIN"
WAUSAU SCHOOL FOUNDATION 415 SEYMOUR STREET WAUSAU, WI 54403	20-0287482	501(C)(3)	300.	0.			IN MEMORY OF PATRICK COOKS
WAUSAU SYMPHONY & BAND PO BOX 392 WAUSAU, WI 54402-0392	39-1387616	501(C)(3)	500.	0.			GENERAL SUPPORT
WAUSAU SYMPHONY & BAND PO BOX 392 WAUSAU, WI 54402-0392	39-1387616	501(C)(3)	1,122.	0.			2017 PICNIC AT THE PAVILION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUSAU SYMPHONY & BAND PO BOX 392 WAUSAU, WI 54402-0392	39-1387616	501(C)(3)	930.	0.			SYMPHONY CONCERT FEATURING AMERICAN GUILD OF ORGANISTS
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	1,000.	0.			DR. MERRITT LACOUNT JONES MEMORIAL SCHOLARSHIP
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	1,000.	0.			A.W. PLIER SCHOLARSHIP
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	1,944.	0.			2016 WINTER CONCERT
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	1,637.	0.			WISCONSIN SINGERS RESIDENCY
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	1,000.	0.			WISCONSIN SINGERS CLINIC AND PERFORMANCE
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	3,500.	0.			WAUSAU SCHOOL DISTRICT PLANETARIUM - THE GREAT PLANET ADVENTURES
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	3,000.	0.			WARRIOR CAFE
WISCONSIN ALLIANCE FOR FIRE SAFETY 3432A COUNTY ROAD N COTTAGE GROVE, WI 53527	39-1703736	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN INSTITUTE FOR PUBLIC POLICY AND SERVICE - 625 STEWART AVENUE - WAUSAU, WI 54401	39-6006492	501(C)(3)	5,000.	0.			WASHINGTON SEMINAR AND CIVIC APPRENTICESHIP PROGRAM
WISCONSIN INSTITUTE FOR PUBLIC POLICY AND SERVICE - 625 STEWART AVENUE - WAUSAU, WI 54401	39-6006492	501(C)(3)	500.	0.			GENERAL SUPPORT
WISCONSIN INSTITUTE FOR PUBLIC POLICY AND SERVICE - 625 STEWART AVENUE - WAUSAU, WI 54401	39-6006492	501(C)(3)	4,444.	0.			DEVELOPMENT CAPATICY FUNDING
WISCONSIN INSTITUTE FOR PUBLIC POLICY AND SERVICE - 625 STEWART AVENUE - WAUSAU, WI 54401	39-6006492	501(C)(3)	8,000.	0.			TOWARD ONE WAUSAU
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	700.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	500.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	800.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	2,000.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	1,200.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	2,250.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	2,250.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	800.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	800.	0.			GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	500.	0.			GENERAL SUPPORT
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	150.	0.			GENERAL SUPPORT
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	2,000.	0.			IN HONOR OF DAN RUPAR FOR THE COMMUNITY PARTNERS CAMPAIGN
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	1,500.	0.			SWIMMING SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	150.	0.			YMCA COMMUNITY PARTNERS PROGRAM IN MEMORY OF DAN RUPAR
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	250.	0.			GENERAL SUPPORT
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	2,100.	0.			COMMUNITY PARTNERS PROGRAM
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	2,000.	0.			YOUTH SPORTS
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	13,000.	0.			HELPING BABY BOOMERS GAIN AND MAINTAIN GOOD HEALTH
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	2,000.	0.			HELPING BABY BOOMERS GAIN AND MAINTAIN GOOD HEALTH
WOODSON YMCA FOUNDATION 707 THIRD STREET WAUSAU, WI 54403	39-6066206	501(C)(3)	5,000.	0.			YOUTH SCHOLARSHIPS
WXPR 91.7 FM 28 N STEVENS STREET RHINELANDER, WI 54501		501(C)(3)	300.	0.			GENERAL SUPPORT
WXPR 91.7 FM 28 N STEVENS STREET RHINELANDER, WI 54501		501(C)(3)	2,000.	0.			IDEA'S NETWORK AFTER 6 PM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA WAUSAU 613 FIFTH STREET WAUSAU, WI 54403	39-1631657	501(C)(3)	500.	0.			GENERAL SUPPORT
YWCA WAUSAU 613 FIFTH STREET WAUSAU, WI 54403	39-1631657	501(C)(3)	500.	0.			GENERAL SUPPORT
YWCA WAUSAU 613 FIFTH STREET WAUSAU, WI 54403	39-1631657	501(C)(3)	1,500.	0.			GENERAL SUPPORT
YWCA WAUSAU 613 FIFTH STREET WAUSAU, WI 54403	39-1631657	501(C)(3)	10,000.	0.			CHILDCARE PLAYGROUND UPGRADES
YWCA WAUSAU 613 FIFTH STREET WAUSAU, WI 54403	39-1631657	501(C)(3)	9,580.	0.			BEFORE AND AFTER SCHOOL BUS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS FOR PERSONS GENERALLY RESIDING IN CENTRAL WISCONSIN	202	225,358.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b), and any other additional information

PART I, LINE 2:

THE COMMUNITY FOUNDATION MONITORS ITS GRANT AWARDS IN SEVERAL WAYS.

DONOR ADVISED FUNDS: GRANTS AWARDED FROM DONOR ADVISED FUNDS ARE SENT AFTER THE FOUNDATION HAS DETERMINED THAT THE ORGANIZATION IS A 501(C)(3) CHARITABLE ORGANIZATION OR MEETS ELIGIBILITY AS A CHARITABLE ENTITY. GRANT RECIPIENTS ARE ASKED TO SEND AN ACKNOWLEDGEMENT LETTER FOR FUNDS RECEIVED.

SCHOLARSHIPS: PAYMENT IS MADE DIRECTLY TO THE INSTITUTION THE STUDENT IS ATTENDING AFTER THE FOUNDATION HAS RECEIVED PROOF OF REGISTRATION PROVING THAT THEY HAVE MET THE REQUIREMENTS OF THE AWARD. UNRESTRICTED FUNDS (AND

Part IV Supplemental Information

RESTRICTED FUNDS THAT UTILIZE A GRANT APPLICATION PROCESS): ONCE THE BOARD HAS APPROVED THE RECOMMENDATIONS OF THE DISTRIBUTIONS COMMITTEE, RECIPIENTS RECEIVE A GRANT AWARD AGREEMENT LETTER, WHICH THEY SIGN AND RETURN TO THE FOUNDATION WHEN THEY ARE READY TO PROCEED WITH THE PROJECT. THIS AGREEMENT LETTER BINDS THE ORGANIZATION TO COMPLETE THE PROJECT AS OUTLINED IN THEIR APPLICATION; AND DETERMINES THE DATE FOR PAYMENT FROM THE FOUNDATION. A FINAL REPORT IS REQUIRED OF THE GRANT RECIPIENT WITHIN ONE YEAR OF THE GRANT DATE, OR WITHIN SIX MONTHS OF COMPLETION OF THE PROJECT (WHICHEVER COMES FIRST). SITE VISITS AND FOLLOW UP CALLS ARE CONDUCTED AS NECESSARY.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open To Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	23,280.	MEAN OF HIGH AND LOW
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (FURNITURE)	X	1	8,466.	MARKET VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

A BROKER IS USED TO SELL THE SECURITIES THAT ARE DONATED.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number
39-1577472

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREATED BY AND FOR THE PEOPLE OF NORTH CENTRAL WISCONSIN. WE EXIST TO ENHANCE THE QUALITY OF THE GREATER WAUSAU AREA.

OUR GOALS ARE TO:

-RESPONSIBLY SOLICIT, MANAGE, AND DISTRIBUTE PHILANTHROPIC ASSETS CREATED BY CHARITABLE GIFTS AND BEQUESTS.

-COMMUNICATE OPPORTUNITIES AND BENEFITS OF PHILANTHROPY TO COMMUNITIES SERVED.

-DEMONSTRATE LEADERSHIP AND ACT AS A CATALYST TO DESIGN PROGRAMS AND IDENTIFY ISSUES IN COLLABORATION WITH OTHER FOUNDATIONS, CORPORATIONS, ORGANIZATIONS, AND COMMUNITIES.

-ENGAGE IN CREATIVE AND SENSITIVE GRANT MAKING TO ENRICH COMMUNITIES SERVED.

-DEVOTE SPECIAL EMPHASIS TO ENHANCING THE VIBRANCY AND LIVABILITY OF THE GREATER WAUSAU AREA AND MARATHON COUNTY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR GOALS ARE TO:

-RESPONSIBLY SOLICIT, MANAGE, AND DISTRIBUTE PHILANTHROPIC ASSETS CREATED BY CHARITABLE GIFTS AND BEQUESTS.

-COMMUNICATE OPPORTUNITIES AND BENEFITS OF PHILANTHROPY TO COMMUNITIES SERVED.

-DEMONSTRATE LEADERSHIP AND ACT AS A CATALYST TO DESIGN PROGRAMS AND IDENTIFY ISSUES IN COLLABORATION WITH OTHER FOUNDATIONS, CORPORATIONS,

Name of the organization: COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number: 39-1577472

ORGANIZATIONS, AND COMMUNITIES.

-ENGAGE IN CREATIVE AND SENSITIVE GRANT MAKING TO ENRICH COMMUNITIES SERVED.

-DEVOTE SPECIAL EMPHASIS TO ENHANCING THE VIBRANCY AND LIVABILITY OF THE GREATER WAUSAU AREA AND MARATHON COUNTY.

FORM 990, PART VI, SECTION A, LINE 2:

STEVEN IMMEL, JAMIE SCHAEFER, DENNIS DELOYE, AND CHRIS PFENDER HAVE A BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICIES ARE FILLED OUT BY THE BOARD MEMBERS AND UPDATED ANNUALLY AND REVIEWED BY THE EXECUTIVE DIRECTOR EACH YEAR. IF A CONFLICT WOULD ARISE THE BOARD MEMBER WOULD RECUSE THEMSELVES.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS: THE BOARD OF DIRECTORS OBTAIN COMPARABLE DATA TO EVALUATE THEIR COMPENSATION STRUCTURE AND USE THAT FOR A BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THEIR ANNUAL REPORT AND WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization: COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number: 39-1577472

FORM 990, PART XII, 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.