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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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) | Room/suite
500 FIRST STREET NO 2600

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

D Employer identification number
39-1577472

E Telephone number
(715) 845-9555

G Gross receipts $ 20,968,607

F Name and address of principal officer
JEAN C TEHAN
500 FIRST STREET NO 2600
WAUSAU, WI 54403

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

1 Briefly describe the organization's mission or most significant activities
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 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

Activities & Governance

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 2018 (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	30
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**	625

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,880,649	6,102,781
9	Program service revenue (Part VIII, line 2g)	0	90,260
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,462,400	2,339,957
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,599	21,888
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,360,648	8,554,886

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,236,254	3,762,856
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)	320,380	341,178
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶49,231		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	139,392	209,332
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,696,026	4,313,366
19	Revenue less expenses Subtract line 18 from line 12	4,664,622	4,241,520

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	60,714,213	59,663,085
21	Total liabilities (Part X, line 26)	8,824,001	7,427,813
22	Net assets or fund balances Subtract line 21 from line 20	51,890,212	52,235,272

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 — 2019-08-20 Date

CHRISTOPHER R PFENDER 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
		2019-08-20		P00134220

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

Firm's address ▶ PO BOX 8010
WAUSAU, WI 544028010 — Phone no (715) 845-3111

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE 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 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

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 ☑ 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 ☑ 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 $ 3,909,640 including grants of $ 3,762,856) (Revenue $)

See Additional Data

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 ▶** 3,909,640

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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		No
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* (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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**		No
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**	Yes	

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**	23		
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**	Yes	

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**	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
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**	Yes
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**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
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**	No
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**	No
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**	No
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**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
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**	No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	No
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? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
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**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

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	**1a**	15		
	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				
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**	Yes	
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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**		No

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**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 500 FIRST STREET SUITE 2600 WAUSAU, WI 54403 (715) 845-9555

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, or 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 dotted 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) CARI LOGEMANN PRESIDENT	1 00	X		X				0	0	0
(2) AMY PLIER VICE PRESIDENT	1 00	X		X				0	0	0
(3) CHRISTOPHER PFENDER TREASURER	1 00	X		X				0	0	0
(4) MARY JO JOHNSON SECRETARY	1 00	X		X				0	0	0
(5) DENNIS DELOYE DIRECTOR	1 00	X						0	0	0
(6) LISA DODSON DIRECTOR	0 50	X						0	0	0
(7) PETER GAFFANEY DIRECTOR	0 50	X						0	0	0
(8) WILLIAM HSU DIRECTOR	0 50	X						0	0	0
(9) GEOFFREY HUYS DIRECTOR	0 50	X						0	0	0
(10) MELISSA KAMPMANN DIRECTOR	0 50	X						0	0	0
(11) JAMES KEMERLING DIRECTOR	0 50	X						0	0	0
(12) STEVE SCHMIDT DIRECTOR	0 50	X						0	0	0
(13) RANDY VERHASSELT DIRECTOR	0 50	X						0	0	0
(14) ANN WERTH DIRECTOR	0 50	X						0	0	0
(15) LORI WEYERS DIRECTOR	0 50	X						0	0	0
(16) FRED LUNDIN TERMED 4/2018	0 50	X						0	0	0
(17) PHIL VALITCHKA TERMED 4/2018	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 dotted 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) JEAN TEHAN EXECUTIVE DIRECTOR	40 00			X				110,475	0	6,600
(19) PAMELA ECKMANN DIRECTOR OF FINANCE	40 00			X				60,139	0	3,720
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								170,614	0	10,320

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**		No
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**		No
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**		No

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

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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,102,781			
	g Noncash contributions included in lines 1a - 1f $ 492,051					
	h Total. Add lines 1a-1f		6,102,781			
Program Service Revenue		Business Code				
	2a AGENCY FUND ADMINISTRATION FEES	523920	90,260	90,260		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		90,260			
	3 Investment income (including dividends, interest, and other similar amounts)		805,406			805,406
	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	13,948,272				
	b Less cost or other basis and sales expenses	12,413,721				
	c Gain or (loss)	1,534,551				
	d Net gain or (loss)		1,534,551			1,534,551
Other Revenue	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	19,703			19,703
	b MISCELLANEOUS	900099	2,185	2,185		
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		21,888			
	12 Total revenue. See Instructions		8,554,886	92,445	0	2,359,660

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,458,856	3,458,856		
2 Grants and other assistance to domestic individuals See Part IV, line 22	304,000	304,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	170,615	49,714	109,853	11,048
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	113,554	24,170	80,540	8,844
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	35,313	9,181	23,660	2,472
10 Payroll taxes	21,696	5,641	14,536	1,519
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,890		17,890	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	54,709		54,709	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	8,039	2,010	6,029	
14 Information technology	33,333	20,000	10,000	3,333
15 Royalties				
16 Occupancy	35,771	16,097	16,097	3,577
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	425	140	145	140
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,205		11,205	
23 Insurance	6,744		6,744	
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	35,796	17,898		17,898
b DUES & SUBSCRIPTIONS	3,068	1,534	1,534	
c MISCELLANEOUS	2,352	399	1,553	400
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,313,366	3,909,640	354,495	49,231
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	6,250	1	51,830
	2	Savings and temporary cash investments	5,445,026	2	4,091,709
	3	Pledges and grants receivable, net	452,411	3	1,550,217
	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 instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,518	9	34,657
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 147,302			
	b	Less accumulated depreciation — 10b: 134,414	19,499	10c	12,888
	11	Investments—publicly traded securities	54,413,328	11	53,544,240
	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	354,181	15	377,544
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	60,714,213	16	59,663,085
Liabilities	17	Accounts payable and accrued expenses	40,967	17	36,049
	18	Grants payable	455,769	18	553,989
	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	8,327,265	25	6,837,775
	26	**Total liabilities.** Add lines 17 through 25	8,824,001	26	7,427,813
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	34,774,792	27	50,642,236
	28	Temporarily restricted net assets	13,734,910	28	1,593,036
	29	Permanently restricted net assets	3,380,510	29	0
		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	51,890,212	33	52,235,272
	34	Total liabilities and net assets/fund balances	60,714,213	34	59,663,085

Part XI Reconcilliation 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	8,554,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,313,366
3	Revenue less expenses Subtract line 2 from line 1	3	4,241,520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,890,212
5	Net unrealized gains (losses) on investments	5	-5,049,168
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,152,078
9	Other changes in net assets or fund balances (explain in Schedule O)	9	630
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,235,272

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

Additional Data

Software ID:

Software Version:

EIN: 39-1577472

Name: COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Form 990 (2018)

Form 990, Part III, Line 4a:

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493246004319

SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number
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 **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 331/3% 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 331/3% 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,883,987	7,053,294	6,990,346	7,864,499	6,102,781	32,894,907
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	4,883,987	7,053,294	6,990,346	7,864,499	6,102,781	32,894,907
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)						5,352,418
6 **Public support.** Subtract line 5 from line 4						27,542,489

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	4,883,987	7,053,294	6,990,346	7,864,499	6,102,781	32,894,907
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,664,383	2,129,641	1,454,200	830,719	805,406	6,884,349
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)	1,856,349	4,037,228	4,990,833	4,670,732	2,385,862	17,941,004
11 **Total support.** Add lines 7 through 10						57,720,260

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 2018 (line 6, column (f) divided by line 11, column (f))	**14**	47 720 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	63 240 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 on line 12 of 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 line 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)	1		
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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 39-1577472

Name: COMMUNITY FOUNDATION OF NORTH CENTRAL WI

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)

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	126	
2	Aggregate value of contributions to (during year)	2,884,835	
3	Aggregate value of grants from (during year)	1,755,493	
4	Aggregate value at end of year	20,695,910	

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? ☑ 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? ☑ 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 an 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 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 7/25/06, 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 in 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	0	3,493,218	4,239,038	4,715,820	4,830,188
b Contributions		6,443	6,790	2,180	1,450
c Net investment earnings, gains, and losses		496,984	278,407	-238,295	70,199
d Grants or scholarships					
e Other expenditures for facilities and programs		187,146	1,031,017	240,667	185,044
f Administrative expenses					973
g End of year balance		3,809,499	3,493,218	4,239,038	4,715,820

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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	43,795	2,305
d Equipment		44,565	38,298	6,267
e Other		56,637	52,321	4,316
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				12,888

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. *(Column (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. *(Column (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	
FUNDS HELD FOR AGENCIES	6,837,775
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	6,837,775

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	3,476,473
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-5,049,168		
b	Donated services and use of facilities	2b	24,834		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-5,024,334
3	Subtract line **2e** from line **1**			3	8,500,807
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	54,079		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	54,079
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,554,886

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	4,283,491
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	24,834		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	24,834
3	Subtract line **2e** from line **1**			3	4,258,657
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	54,709		
c	Add lines **4a** and **4b**			4c	54,709
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,313,366

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1577472
Name: COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2017, WERE RESTATED TO REFLECT A CHANGE IN ACCOUNTING POLICY THAT WAS ADOPTED DURING THE AUDIT FOR THE YEAR ENDED DECEMBER 31, 2018 PREVIOUSLY THE FOUNDATION ELECTED TO CLASSIFY NET ASSETS IN ACCORDANCE WITH THE ORIGINAL INTENT OF THE DONOR AS SPECIFIED IN THE DONOR CONTRACT REGARDLESS OF TH E FACT THAT ALL CONTRACTS CONTAIN LANGUAGE GRANTING THE FOUNDATION VARIANCE POWER, INCLUDI NG FUNDS HELD FOR AGENCIES VARIANCE POWER GIVES THE FOUNDATION'S BOARD THE AUTHORITY TO R EDIRECT THE USE OF ASSETS TRANSFERRED TO THEM BY DONORS AND EFFECTIVELY REMOVES THE DONORS ' RESTRICTIONS HOWEVER, SINCE THE FOUNDATION'S BOARD DID NOT ANTICIPATE EXERCISING VARIAN CE POWER, MANAGEMENT HAD ELECTED TO CLASSIFY NET ASSETS BASED ON THE DONORS' SPECIFICATION S THE NEW METHOD OF ACCOUNTING FOR FUNDS HELD FOR AGENCIES, WITHOUT DONOR RESTRICTIONS AN D WITH DONOR RESTRICTIONS WAS ADOPTED BECAUSE THE FOUNDATION'S BOARD HAS THAT ABILITY (VAR IANCE POWER), HOWEVER, THE BOARD WOULD INTEND TO EXERCISE THIS AUTHORITY ONLY IF THE STATE D PURPOSE OF THE CONTRIBUTION BECOMES INAPPLICABLE AND INCAPABLE OF FULFILLMENT ACCORDING LY, THE FOUNDATION'S FINANCIAL STATEMENTS CLASSIFY SUBSTANTIALLY ALL FUNDS, INCLUDING THE PRINCIPAL OF ENDOWMENT FUNDS, AS NET ASSETS WITHOUT DONOR RESTRICTIONS, BUT SEGREGATE FOR INTERNAL MANAGEMENT AND ENDOWMENT RECORD KEEPING THE PORTION THAT IS HELD AS ENDOWMENT FRO M THE FUNDS THAT ARE CURRENTLY AVAILABLE FOR GRANTS THIS RESULTS IN THE BEGINNING BALANCE OF ENDOWMENT FUNDS AS $0 FOR CALENDAR YEAR 2018

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FEES 54,709

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

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" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		
3a Sub-total	0	0			0
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash 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" to 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 non-cash assistance	(g) Description of non-cash 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, don't 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, don't 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	THE FOUNDATION CASHED OUT ITS INVESTMENT HOLDINGS IN FOREIGN REGIONS DURING 2018 THE TOTAL INVESTMENTS HELD WITHIN FOREIGN REGIONS AS OF DECEMBER 31, 2018 WAS $0

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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? . . . . . ☑ 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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 384

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL SCHOLARSHIPS FOR PERSONS GENERALLY RESIDING IN CENTRAL WISCONSIN	224	304,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 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

Additional Data

Software ID:
Software Version:
EIN: 39-1577472
Name: COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
89Q RADIO 3500 STEWART AVENUE WAUSAU, WI 54401	39-1519973	501(C)(3)	1,500				GENERAL SUPPORT
89Q RADIO 3500 STEWART AVENUE WAUSAU, WI 54401	39-1519973	501(C)(3)	11,000				MATCHING GRANT FOR SHARATHON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADAPTIVE COMMUNITIES FUND 3833 CARL STREET WAUSAU, WI 54403	82-2733195	501(C)(3)	164				REIMBURSEMENT
ADAPTIVE COMMUNITIES FUND 3833 CARL STREET WAUSAU, WI 54403	82-2733195	501(C)(3)	2,500				REQUESTED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADAPTIVE COMMUNITIES FUND 3833 CARL STREET WAUSAU, WI 54403	82-2733195	501(C)(3)	750				REQUESTED DISBURSEMENT
ADAPTIVE COMMUNITIES FUND 3833 CARL STREET WAUSAU, WI 54403	82-2733195	501(C)(3)	200				REQUESTED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADAPTIVE COMMUNITIES FUND 3833 CARL STREET WAUSAU, WI 54403	82-2733195	501(C)(3)	3,000				GRANT
AGING & DISABILITY RESOURCE CENTER OF MARATHON COUNTY 2600 STEWART AVENUE WAUSAU, WI 54401	39-6005716	GOV	19,000				MEALS ON WHEELS VEHICLE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AGING & DISABILITY RESOURCE CENTER OF MARATHON COUNTY 2600 STEWART AVENUE WAUSAU, WI 54401	39-6005716	GOV	1,000				MEALS ON WHEELS VEHICLE
AMERICAN RED CROSS NORTH CENTRAL CHAPTER 1602 SECOND STREET WAUSAU, WI 54403	39-0808444	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS NORTH CENTRAL CHAPTER 1602 SECOND STREET WAUSAU, WI 54403	39-0808444	501(C)(3)	200				GENERAL SUPPORT
AMERICAN RED CROSS NORTH CENTRAL CHAPTER 1602 SECOND STREET WAUSAU, WI 54403	39-0808444	501(C)(3)	5,500				ANNUAL DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 COMFORT CARE & HOSPICE SERVICES 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	5,000				GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	100				PATRONS IN HEALTH APPEAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	3,598				GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	2,000				GIVE HEALING A HOME CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	5,000				FAMILY HOUSE CAPITAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	10,000				JUVENILE DIABETES TREATMENT AND REALTED ISSUES
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	3,000				FESTIVAL OF THE TREES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	600				GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	500				COMFORT CARE & HOSPICE SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	250				GENERAL SUPPORT
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	4,151				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	10,000				HOSPICE PROGRAM
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	50,000				FAMILY HOUSE CAPITAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	10,000				FAMILY HOUSE CAPITAL CAMPAIGN
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	1,200				ABBOTSFORD MENTORING PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	100				IN MEMORY OF JERRY DVORAK
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	5,000				COMMUNITY, SCHOOL, AND BIGS WITH BADGES MENTORING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	3,750				TECHNOLOGY JUMP
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	2,000				TECHNOLOGY JUMP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	3,500				GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	4,200				BIGS WITH BADGES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN 2804 RIB MOUNTAIN DR SUITE G WAUSAU, WI 54401	39-1258616	501(C)(3)	500				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	500				GENERAL DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	500				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	2,191				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	100				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	15,000				ANNUAL CAMPAIGN
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	60,000				MAJOR GIFT 2018

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	1,000				TRANSPORTATION COSTS
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	7,931				WOODTURNERS EQUIPMENT PURCHASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	10,000				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	53,500				ANNUAL DISTRIBUTION
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	2,960				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	2,686				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	8,000				STEAM PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	5,000				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	2,500				STEAM PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544022386	39-1850386	501(C)(3)	2,000				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WAUSAU AREA PO BOX 2386 WAUSAU, WI 544022386	39-1850386	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAMP MANITO-WISH YMCA PO BOX 246 BOULDER JUNCTION, WI 54512	39-1136315	501(C)(3)	1,000				RESTORATION
CAMP MANITO-WISH YMCA PO BOX 246 BOULDER JUNCTION, WI 54512	39-1136315	501(C)(3)	400				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAMP MANITO-WISH YMCA PO BOX 246 BOULDER JUNCTION, WI 54512	39-1136315	501(C)(3)	4,010				SUMMER CAMPERSHIPS
CENTER FOR THE VISUAL ARTS 427 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	100				GENERAL SUPPORT
CENTER FOR THE VISUAL ARTS 427 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	300				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	1,000				ANNUAL APPEAL
CENTER FOR THE VISUAL ARTS 427 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	300				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	500				MARY THAO ARTIST RESIDENCY PROGRAM
CENTER FOR THE VISUAL ARTS 427 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	3,000				MARY THAO ARTIST RESIDENCY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	500				GENERAL SUPPORT
CENTER FOR THE VISUAL ARTS 427 N 4TH STREET WAUSAU, WI 544035420	39-1410122	501(C)(3)	2,000				KID'S DAY OF ART - 2019

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTERGY 380 JACKSON STREET SUITE 287 SAINT PAUL, MN 55101	39-1642470	501(C)(4)	20,000				REQUESTED DISTRIBUTION
CENTERGY 380 JACKSON STREET SUITE 287 SAINT PAUL, MN 55101	39-1642470	501(C)(4)	15,000				REQUESTED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 METAL MANUFACTURERS ALLIANCE 3118 POST ROAD STEVENS POINT, WI 54481	82-3396368	501(C)(3)	9,639				MILESTONE PROJECT
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	1,000				ANNUAL DISTRIBTION FROM ELDA BONVINCIN MEMORIAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	400				GENERAL SUPPORT
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	350				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	5,000				GENERAL SUPPORT
CITY OF WAUSAU 407 GRANT STREET WAUSAU, WI 54403		GOV	854				CARE AND PRESERVATION OF THE WAUSAU CITY SEAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CITY OF WAUSAU 407 GRANT STREET WAUSAU, WI 54403		GOV	1,116				HAGGE FOUNTAIN EXPENSES - 2017
CITY OF WAUSAU 407 GRANT STREET WAUSAU, WI 54403		GOV	3,962				HAGGE FOUNTAIN EXPENSES - 2016

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLLEGE OF IDAHO 2112 CLEVELAND BLVD BOX49 CALDWELL, ID 83605	82-0200906	501(C)(3)	50,000				SCHOLARSHIPS FOR MUSIC AND THEATER STUDENTS
COLOSSAL FOSSILS 4049 PINE TREE ROAD WAUSAU, WI 54403	45-3747144	501(C)(3)	5,500				COLOSSAL COSMOS - TELESCOPES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY CENTER OF HOPE 607 13TH STREET MOSINEE, WI 54455	58-2681915	501(C)(3)	500				GENERAL DONATION
COMMUNITY CENTER OF HOPE 607 13TH STREET MOSINEE, WI 54455	58-2681915	501(C)(3)	4,871				STOCK THE SHELVES 2018

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE ARLINGTON, VA 22202	13-6068327	501(C)(3)	7,050				DUES $1500
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE ARLINGTON, VA 22202	13-6068327	501(C)(3)	7,050				DUES >$1500

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CROSSWAYS CAMPING MINISTRIES 16 TRI-PARK WAY APPLETON, WI 549141658	39-1019693	501(C)(3)	50,000				CAMPING MINISTRIES CAPITAL CAMPAIGN
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250	31-6044986	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EDGAR SCHOOL DISTRICT PO BOX 196 EDGAR, WI 54426		GOV	2,500				A WALK IN THEIR SHOES - PAYING IT FORWARD
EDGAR SCHOOL DISTRICT PO BOX 196 EDGAR, WI 54426		GOV	6,000				INCLUSIVE PLAYGROUND PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EVANS SCHOLARS FOUNDATION 1 BRIAR ROAD GOLF GOLF, IL 60029	36-2518129	501(C)(3)	10,000				CAMPAIGN FOR THE WISCONSIN EVANS SCHOLARSHIP HOUSE
EVANS SCHOLARS FOUNDATION 1 BRIAR ROAD GOLF GOLF, IL 60029	36-2518129	501(C)(3)	250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	44-0610626	501(C)(3)	10,000				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	5,000				WAUSAU FREE CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	100				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	10,000				FREE CLINIC -- THE MISSION OF THE FREE CLINIC AT FIRST PRESBYTERIAN CHURCH IS TO PROVIDE HIGH-QUALITY BASIC, PRIMARY CARE SERVICES TO LOW-INCOME UNINSURED AND UNDERINSURED RESIDENTS OF THE AREA AT NO CHARGE TO THE RECIPIENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	20,000				FREE MEDICAL CLINIC
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	10,000				FREE MEDICAL CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	13,000				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	150				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	501(C)(3)	2,435				STOCK THE SHELVES 2018
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES 3511 CAMP PHILLIPS ROAD SCHOFIELD, WI 544760290	39-1016314	501(C)(3)	1,000				CAMP BIRCH TRAILS EQUIPMENT/SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544760290	39-1016314	501(C)(3)	5,000				GENERAL SUPPORT
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES 3511 CAMP PHILLIPS ROAD SCHOFIELD, WI 544760290	39-1016314	501(C)(3)	750				GENERAL DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GOOD NEWS PROJECT 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	1,000				GENERAL SUPPORT
GOOD NEWS PROJECT 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	4,900				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GOOD NEWS PROJECT 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	100				GENERAL SUPPORT
GOOD NEWS PROJECT 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	1,000				CAPITAL IMPROVEMENT PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GRACE UNITED CHURCH OF CHRIST 531 S 3RD AVENUE WAUSAU, WI 54401		501(C)(3)	5,200				ANNUAL DONATION
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	10,500				ANNUAL DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	500				GENERAL SUPPORT
HEALTHFIRST NETWORK 719 N 3RD AVENUE WAUSAU, WI 54401	39-1206364	501(C)(3)	6,460				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HIGHLAND COMMUNITY CHURCH 1005 N 28TH AVENUE WAUSAU, WI 544012498	39-1530890	501(C)(3)	6,000				GENERAL SUPPORT
HIGHLAND COMMUNITY CHURCH 1005 N 28TH AVENUE WAUSAU, WI 544012498	39-1530890	501(C)(3)	3,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HIGHLAND COMMUNITY CHURCH 1005 N 28TH AVENUE WAUSAU, WI 544012498	39-1530890	501(C)(3)	2,400				SUPPORT GENERAL MINISTRIES
HIGHLAND COMMUNITY CHURCH 1005 N 28TH AVENUE WAUSAU, WI 544012498	39-1530890	501(C)(3)	4,000				$3,400 FOR REGULAR SUPPORT OF CHURCH PLUS $600 FOR BENEVOLENT FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOPE LIFE CENTER 605 S 24TH AVENUE WAUSAU, WI 54401	45-0474297	501(C)(3)	500				ANNUAL SUPPORT
HOPE LIFE CENTER 605 S 24TH AVENUE WAUSAU, WI 54401	45-0474297	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOPE LIFE CENTER 605 S 24TH AVENUE WAUSAU, WI 54401	45-0474297	501(C)(3)	2,000				MOBILE MEDICAL UNIT
HOPE LIFE CENTER 605 S 24TH AVENUE WAUSAU, WI 54401	45-0474297	501(C)(3)	250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOPE LIFE CENTER 605 S 24TH AVENUE WAUSAU, WI 54401	45-0474297	501(C)(3)	2,238				TECHNOLOGY UPGRADES
HOPE LIFE CENTER 605 S 24TH AVENUE WAUSAU, WI 54401	45-0474297	501(C)(3)	1,000				GENERAL FUNDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOWARD YOUNG FOUNDATION PO BOX 470 WOODRUFF, WI 54568	39-1521169	501(C)(3)	1,500				TICK CENTER
HOWARD YOUNG FOUNDATION PO BOX 470 WOODRUFF, WI 54568	39-1521169	501(C)(3)	7,400				ENDOWMENT FUND/LAKELAND FOOD PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOWARD YOUNG FOUNDATION PO BOX 470 WOODRUFF, WI 54568	39-1521169	501(C)(3)	100				GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	675				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	1,000				GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	500				GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	1,834				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	2,584				GENERAL SUPPORT
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	100				IN HONOR OF CONNER KRAFT'S BIRTHDAY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	150				ANNUAL DONATION
ICE AGE TRAIL ALLIANCE 2110 MAIN STREET CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	5,250				RINGLE TRAIL DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
IRISH FESTIVALS 1532 WAUWATOSA AVE WAUWATOSA, WI 53213	39-1374611	501(C)(3)	5,000				IRISH FEST SPONSORSHIP
IRON BULL INC 200 WASHINGTON ST SUITE 200 WAUSAU, WI 54403		501(C)(3)	5,000				IRONBULL XTREME RACES & EVENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUNIOR ACHIEVEMENT OF WISCONSIN 2904 RIB MOUNTAIN DRIVE WAUSAU, WI 54401	84-1267604	501(C)(3)	1,000				GENERAL DONATION
JUNIOR ACHIEVEMENT OF WISCONSIN 2904 RIB MOUNTAIN DRIVE WAUSAU, WI 54401	84-1267604	501(C)(3)	150				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUNIOR ACHIEVEMENT OF WISCONSIN 2904 RIB MOUNTAIN DRIVE WAUSAU, WI 54401	84-1267604	501(C)(3)	5,000				PERSONAL FINANCE PROGRAMMING IN HIGH SCHOOLS
JUNIOR ACHIEVEMENT OF WISCONSIN 2904 RIB MOUNTAIN DRIVE WAUSAU, WI 54401	84-1267604	501(C)(3)	2,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KEEP AREA TEENS SAFE 911 JACKSON STREET WAUSAU, WI 54403	82-2562552	501(C)(3)	500				GENERAL SUPPORT
KEEP AREA TEENS SAFE 911 JACKSON STREET WAUSAU, WI 54403	82-2562552	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LAKELAND UNION HIGH SCHOOL 8669 OLD HWY 70 WEST MINOCQUA, WI 54548		GOV	9,000				NATIVE AMERICAN SCHOLARSHIPS
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 544035007	23-7281913	501(C)(3)	4,000				TAKE A SEAT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544035007	23-7281913	501(C)(3)	150				GENERAL SUPPORT
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 544035007	23-7281913	501(C)(3)	6,000				SCULPTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544035007	23-7281913	501(C)(3)	2,000				EXH-IB-ITION
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 544035007	23-7281913	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544035007	23-7281913	501(C)(3)	350				GENERAL SUPPORT
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 544035007	23-7281913	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544035007	23-7281913	501(C)(3)	400				GENERAL SUPPORT
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 544035007	23-7281913	501(C)(3)	100				SUPPORT MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544035007	23-7281913	501(C)(3)	500				GENERAL SUPPORT
MACALESTER COLLEGE FINANCIAL AID OFFICE 1600 GRAND AVENUE ST PAUL, MN 55105	41-0693962	501(C)(3)	760				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MADISON CHILDREN'S MUSEUM FOUNDATION 100 NORTH HAMILTON STREET MADISON, WI 53703	43-1956290	501(C)(3)	5,000				SUMMERPALOOZA AND ACCESS FOR EVERYONE
MARATHON CITY 2020 PO BOX 423 MARATHON, WI 544480423	47-5638829	501(C)(3)	8,000				HERITAGE CENTER PARK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CITY 2020 PO BOX 423 MARATHON, WI 544480423	47-5638829	501(C)(3)	1,000				HERITAGE CENTER PARK
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	3,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	5,000				GENERAL SUPPORT
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	10,000				WOODSON HISTORY CENTER ROOF REPLACEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	5,000				PRESERVATION OF HISTORIC BLUEPRINTS
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	10,500				ANNUAL DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PUBLIC LIBRARY 300 N 1ST STREET WAUSAU, WI 544035425	39-6005716	501(C)(3)	3,500				ANNUAL DISTRIBUTION FROM THE LOMBARD COLLECTION FUND-ELECTRONIC READING DEVICES
MARATHON COUNTY PUBLIC LIBRARY 300 N 1ST STREET WAUSAU, WI 544035425	39-6005716	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PUBLIC LIBRARY 300 N 1ST STREET WAUSAU, WI 544035425	39-6005716	501(C)(3)	2,000				GENERAL SUPPORT
MARATHON COUNTY YOUTH HOCKEY PO BOX 176 WAUSAU, WI 544020176	39-1395615	501(C)(3)	5,000				HOCKEY RINK EXPANSION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARSHFIELD CLINIC 1000 N OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,000				CANCER RESEARCH
MC UNITED PO BOX 1071 WAUSAU, WI 544021071	26-1444638	501(C)(3)	15,000				WEATHER SHELTER AT EASTBAY SPORTS COMPLEX

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MCDEVCO 300 N 3RD STREET WAUSAU, WI 54401	39-1306894	501(C)(3)	15,000				GEAR ENTREPRENEURIAL CENTER
MEDICAL COLLEGE OF WISCONSIN 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-0806261	501(C)(3)	10,000				BOARD EXAM PREP SOFTWARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MERRILL HISTORICAL SOCIETY 100 EAST THIRD STREET MERRILL, WI 54452	39-1319203	501(C)(3)	6,000				LINCOLN COUNTY BARN QUILTS PROJECT
MERRILL HISTORICAL SOCIETY 100 EAST THIRD STREET MERRILL, WI 54452	39-1319203	501(C)(3)	100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MILWAUKEE BAR ASSOCIATION INC 424 EAST WELLS STREET MILWAUKEE, WI 53202	39-6040219	501(C)(3)	25,000				CAPITAL CAMPAIGN
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	9,000				ANNUAL DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	150,000				LAND PURCHASE FOR PARKING
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	1,000				GENERAL SUPPORT
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	1,000				CONNECTING YOUTH TO NATURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	10,000				LIGHTING UP THE GARDENS
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	2,500				CONNECTING YOUTH TO NATURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	1,000				RESIDENCE RENOVATION CAPITAL CAMPAIGN
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	2,500				CONNECTING YOUTH WITH NATURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATURE CONSERVANCY WISCONSIN CHAPTER 633 WEST MAIN STREET MADISON, WI 53703	53-0242652	501(C)(3)	7,500				GENERAL SUPPORT
NEVER FORGOTTEN HONOR FLIGHT 4404 RIB MOUNTAIN DRIVE 234 WAUSAU, WI 54401	27-4271620	501(C)(3)	2,270				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEVER FORGOTTEN HONOR FLIGHT 4404 RIB MOUNTAIN DRIVE 234 WAUSAU, WI 54401	27-4271620	501(C)(3)	275				GENERAL SUPPORT
NEVER FORGOTTEN HONOR FLIGHT 4404 RIB MOUNTAIN DRIVE 234 WAUSAU, WI 54401	27-4271620	501(C)(3)	4,247				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWMAN CATHOLIC SCHOOLS 619 STARK STREET WAUSAU, WI 544033580	39-1556442	501(C)(3)	250				WINTER WONDERLAND BENEFIT AUCTION
NEWMAN CATHOLIC SCHOOLS 619 STARK STREET WAUSAU, WI 544033580	39-1556442	501(C)(3)	500				NSC STUDENT CLUB-SKI CLUB

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWMAN CATHOLIC SCHOOLS 619 STARK STREET WAUSAU, WI 544033580	39-1556442	501(C)(3)	1,500				GENERAL SUPPORT
NEWMAN CATHOLIC SCHOOLS 619 STARK STREET WAUSAU, WI 544033580	39-1556442	501(C)(3)	100,000				ANNUAL FUND DRIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWMAN CATHOLIC SCHOOLS 619 STARK STREET WAUSAU, WI 544033580	39-1556442	501(C)(3)	500				ANNUAL FUND DRIVE
NORTH CENTRAL WISCONSIN MASTER GARDENERS ASSOCIATION 212 RIVER DRIVE WAUSAU, WI 54403	39-2034518	501(C)(3)	8,900				HOSTA DISPLAY GARDEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WISCONSIN MASTER GARDENERS ASSOCIATION 212 RIVER DRIVE WAUSAU, WI 54403	39-2034518	501(C)(3)	2,000				HOSTA DISPLAY GARDEN
NORTHERN VALLEY INDUSTRIES 5404 SHERMAN STREET WAUSAU, WI 544019232	39-1045865	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHERN VALLEY INDUSTRIES 5404 SHERMAN STREET WAUSAU, WI 544019232	39-1045865	501(C)(3)	5,000				GENERAL SUPPORT
NORTHWOODS VETERANS POST N205 CLEVELAND STREET MERRILL, WI 54452	23-7209470	501(C)(19)	11,024				RAISE THE FLAG

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NTC FOUNDATION 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1266481	501(C)(3)	11,000				TIMBERWOLF LEARNING COMMONS
NTC FOUNDATION 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1266481	501(C)(3)	5,000				CLYDE F SCHLUETER MEMORIAL SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NTC FOUNDATION 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1266481	501(C)(3)	500				A DAY FOR NTC STUDENTS DONATION (APPLY TO AREA OF GREATEST NEED)
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	750				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	350				ANNUAL APPEAL
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	2,250				ANNUAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	250				GENERAL DONATION
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	100				GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	500				GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	500				2018 FUND DRIVE
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	1,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	1,500				GENERAL SUPPORT
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	2,500				ANNUAL FUND DRIVE
PERFORMING ARTS FOUNDATION - DBA THE GRAND 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
POSITIVE ALTERNATIVES 603 TERRILL ROAD MENOMINEE, WI 54751	39-1297249	501(C)(3)	10,000				GREEN SPACE ADDITION
POSITIVELY PEWAUKEE 120 WEST WISCONSIN AVENUE PEWAUKEE, WI 53072	36-4574409	501(C)(3)	11,000				TASTE OF LAKE COUNTRY/ WATERFRONT WEDNESDAYS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RAPTOR EDUCATION GROUP PO BOX 481 ANTIGO, WI 544090481	39-1772318	501(C)(3)	10,000				WILDLIFE REHABILITATION CLINIC
RAPTOR EDUCATION GROUP PO BOX 481 ANTIGO, WI 544090481	39-1772318	501(C)(3)	7,000				WILDLIFE REHABILITATION CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RESTORING HOPE TRANSPLANT HOUSE 7457 TERRACE AVENUE MIDDLETON, WI 53562	20-4786829	501(C)(3)	5,000				REQUESTED
RHINELANDER COMMUNITY FOUNDATION 419 CONRO ST RHINELANDER, WI 54501		501(C)(3)	25,000				CONTRIBUTION TO FOUNDER'S CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RHINELANDER COMMUNITY FOUNDATION 419 CONRO ST RHINELANDER, WI 54501		501(C)(3)	25,000				CONTRIBUTION TO FOUNDATION
RISE UP CENTRAL WISCONSIN 3104 RIB MOUNTAIN WAY WAUSAU, WI 54401	82-2857210	501(C)(3)	5,000				PAINTING A HEALTHY COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544761556	39-0813397	501(C)(3)	2,500				DONATION FOR THE SCOUT CENTER EXPANSION PER THE PROPOSAL RECEIVED FROM THE CFONCW
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA 3511 CAMP PHILLIPS ROAD WESTON, WI 544761556	39-0813397	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544761556	39-0813397	501(C)(3)	100				GENERAL SUPPORT
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA 3511 CAMP PHILLIPS ROAD WESTON, WI 544761556	39-0813397	501(C)(3)	10,000				SCOUT CENTER EXPANSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544761556	39-0813397	501(C)(3)	2,500				CAPITAL CAMPAIGN - BOARD CHALLENGE
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA 3511 CAMP PHILLIPS ROAD WESTON, WI 544761556	39-0813397	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544761556	39-0813397	501(C)(3)	10,000				SCOUT CENTER EXPANSION PROJECT
SEARCH DOG FOUNDATION 6800 WHEELER CANYON ROAD SANTA PAUL, CA 93060	77-0412509	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN 2802 DAIRY DRIVE MADISON, WI 53718	39-1490691	501(C)(3)	5,000				HUNGER ACTION
ST AMBROSE EPISCOPAL CHURCH PO BOX 134 ANTIGO, WI 54409		501(C)(3)	8,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST ANTHONY SPIRITUALITY CENTER 300 E FOURTH STREET MARATHON, WI 54448	46-3430590	501(C)(3)	10,000				ELEVATOR CAPITAL CAMPAIGN
ST ANTHONY SPIRITUALITY CENTER 300 E FOURTH STREET MARATHON, WI 54448	46-3430590	501(C)(3)	500				ELEVATOR INSTALLATION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,000				GENERAL SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	300				GENERAL SUPPORT
ST MARK'S LUTHERAN CHURCH - LCMS 21 SOUTH BAIRD AVENUE RHINELANDER, WI 54501	39-1430209	501(C)(3)	5,000				GENERAL FUND GIVING ENVELOPE #48

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST MARK'S LUTHERAN CHURCH - LCMS 21 SOUTH BAIRD AVENUE RHINELANDER, WI 54501	39-1430209	501(C)(3)	5,000				GENERAL FUND
ST MARK'S LUTHERAN CHURCH - LCMS 21 SOUTH BAIRD AVENUE RHINELANDER, WI 54501	39-1430209	501(C)(3)	3,000				2,000 GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST MARY'S CATHOLIC SCHOOL 716 MARKET STREET MARATHON, WI 54448		501(C)(3)	4,300				REVOLUTIONIZING THE STEM LAB WITH ENHANCEMENTS
ST MARY'S CATHOLIC SCHOOL 716 MARKET STREET MARATHON, WI 54448		501(C)(3)	515				1ST GRADE SUPPLEMENTAL SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST MARY'S CATHOLIC SCHOOL 716 MARKET STREET MARATHON, WI 54448		501(C)(3)	1,398				LOVE OF READING - CHARACTER COUNTS
ST MARY'S CATHOLIC SCHOOL 716 MARKET STREET MARATHON, WI 54448		501(C)(3)	497				QUIET CORNER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PAUL UNITED CHURCH OF CHRIST 426 WASHINGTON STREET WAUSAU, WI 54403		501(C)(3)	5,000				GENERAL SUPPORT
ST THERESE CATHOLIC CHURCH 113 W KORT ST ROTHSCHILD, WI 54474		501(C)(3)	100,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STABLE HANDS EQUINE THERAPY CENTER 3501 SWAN AVENUE WAUSAU, WI 54401	39-1733210	501(C)(3)	6,000				UPGRADES TO ARENA FOOTING & NEW EQUIPEMENT
STABLE HANDS EQUINE THERAPY CENTER 3501 SWAN AVENUE WAUSAU, WI 54401	39-1733210	501(C)(3)	2,000				REQUESTED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STABLE HANDS EQUINE THERAPY CENTER 3501 SWAN AVENUE WAUSAU, WI 54401	39-1733210	501(C)(3)	2,500				KING ARTHUR - VAST THERAPY HORSE
STABLE HANDS EQUINE THERAPY CENTER 3501 SWAN AVENUE WAUSAU, WI 54401	39-1733210	501(C)(3)	4,720				DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STABLE HANDS EQUINE THERAPY CENTER 3501 SWAN AVENUE WAUSAU, WI 54401	39-1733210	501(C)(3)	30,000				PROGRAMMING UNDER ONE ROOF - CAPITAL CAMPAIGN
STABLE HANDS EQUINE THERAPY CENTER 3501 SWAN AVENUE WAUSAU, WI 54401	39-1733210	501(C)(3)	5,900				REQUESTED DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STABLE HANDS EQUINE THERAPY CENTER 3501 SWAN AVENUE WAUSAU, WI 54401	39-1733210	501(C)(3)	1,000				DONATION TO CAPITAL CAMPAIGN FOR "PROGRAMMING UNDER ONE ROOF" PROJECT PER PROPOSAL RECEIVED FROM CFONCW
THE BUILDING FOR KIDS 100 W COLLEGE AVE APPLETON, WI 54911	39-1706260	501(C)(3)	5,000				CHILDREN'S WEEK & MUSIC MAKER'S FREEDAY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL DONATION
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	1,081				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	250				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	4,960				GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	2,400				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	493				FOOD PANTRY DISTRIBUTION
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	24,354				STOCK THE SHELVES 2018

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	1,234				GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	12,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL SUPPORT
THE NEIGHBORS' PLACE 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	300				GENERAL SUPPORT
THE OPEN DOOR OF MARATHON COUNTY 319 N 4TH STREET WAUSAU, WI 54403	90-0671797	501(C)(3)	5,275				OUTCOMES MEASUREMENT PLAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 OPEN DOOR OF MARATHON COUNTY 319 N 4TH STREET WAUSAU, WI 54403	90-0671797	501(C)(3)	2,500				GENERAL SUPPORT
THE ROCHESTER GENERAL HOSPITAL 1425 PORTLAND AVENUE ROCHESTER, NY 14621	16-0743134	501(C)(3)	46,002				IN VIVO EXPERIMENTAL APPLICATION OF RIBOFLAVIN NANOPARTICLES AS A PHOTODYNAMIC THERAPY COMPOUND AND ITS RELEVANCY FOR CANCER TREATMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544020428	39-0806889	501(C)(3)	493				FOOD PANTRY DISTRIBUTION
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 544020428	39-0806889	501(C)(3)	500				GENERAL DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544020428	39-0806889	501(C)(3)	6,000				GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 544020428	39-0806889	501(C)(3)	6,332				STOCK THE SHELVES 2018

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544020428	39-0806889	501(C)(3)	1,000				GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 544020428	39-0806889	501(C)(3)	1,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544020428	39-0806889	501(C)(3)	500				GENERAL SUPPORT
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 544020428	39-0806889	501(C)(3)	2,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 544020428	39-0806889	501(C)(3)	100				IN HONOR OR QUINN STACK'S BIRTHDAY
THE SALVATION ARMY PO BOX 428 WAUSAU, WI 544020428	39-0806889	501(C)(3)	300				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	5,000				GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	500				GENERAL DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	300				GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	1,000				SEXUAL ASSAULT AWARENESS MONTH - WATER BOTTLES PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	100				SUPPORT ORGANIZATION
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	1,464				GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	3,600				ENHANCING ENVIRONMENT FOR VICTIMS OF VIOLENCE
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	1,400				ENHANCING ENVIRONMENT FOR VICTIMS OF VIOLENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	1,500				GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	974				STOCK THE SHELVES 2018
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	5,260				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				GENERAL SUPPORT
THE WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	3,214				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	1,000				ANNUAL DISTRIBUTION
TOWN OF RIB MOUNTAIN 3700 N MOUNTAIN RD WAUSAU, WI 544019274		GOV	12,500				SANDY'S BARK PARK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	1,000				GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	750				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	600				GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	6,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	1,700				ANNUAL CONTRIBUTION
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	2,000				GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	2,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	3,850				2018 DONATION
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	29,000				GRANTS MANAGEMENT COMMUNITY IMPACT PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	1,800				GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	500				ANNUAL CAMPAIGN - SUMMIT LEAGUE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	500				GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	16,000				ANNUAL FUND DRIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	5,000				GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	300				2018 CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	500				BUNDLES OF JOY 0 1K RUN
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	300				ANNUAL APPEAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU, WI 54401	39-0935496	501(C)(3)	1,000				GENERAL SUPPORT
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE WAUSAU, WI 54401	39-0935496	501(C)(3)	700				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERISTY OF MINNESOTA TWIN CITIES 210 FRASER HALL 106 PLEASANT STREET SE MINNEAPOLIS, MN 554550422		GOV	-100				YOUTH LEADERSHIP AWARD-HELENA REISING
UW ALUMNI CLUB OF ANTIGO 812 EASTVIEW ROAD ANTIGO, WI 54409	39-1726920	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU CAMPUS FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 544015396	39-1138823	501(C)(3)	300				GENERAL SUPPORT
UW WAUSAU CAMPUS FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 544015396	39-1138823	501(C)(3)	5,000				CLYDE F SCHLUETER MEMORIAL SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU CAMPUS FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 544015396	39-1138823	501(C)(3)	750				GENERAL SUPPORT
UW WAUSAU CAMPUS FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 544015396	39-1138823	501(C)(3)	500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WAUSAU CAMPUS FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 544015396	39-1138823	501(C)(3)	4,000				A W PLIER SCHOLARSHIP - 2019
VILLAGE OF EDGAR PO BOX 67 EDGAR, WI 544260067		GOV	6,000				PLAYGROUND EQUIPMENT FOR OAK STREET PARK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VILLAGE OF SPENCER PO BOX 360 SPENCER, WI 54479	39-6006375	GOV	6,000				PARK UPGRADES
WAUPACA AREA COMMUNITY FOUNDATION PO BOX 425 WAUPACA, WI 54981	33-1089314	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AREA MOBILE MEALS 609 SCOTT STREET WAUSAU, WI 544034849	39-1238060	501(C)(3)	12,500				GENERAL SUPPORT
WAUSAU CHILD CARE 505 N 28TH AVENUE WAUSAU, WI 54401	39-1178554	501(C)(3)	5,000				FACILITY RENOVATION - PHASE 2

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CHILD CARE 505 N 28TH AVENUE WAUSAU, WI 54401	39-1178554	501(C)(3)	7,500				FROM PAPERWORK TO PRESCHOOL
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 544020606	39-1391008	501(C)(3)	10,000				WCM ROOF AND VENTS PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 544020606	39-1391008	501(C)(3)	250				ANNUAL APPEAL
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 544020606	39-1391008	501(C)(3)	100				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 544020606	39-1391008	501(C)(3)	900				ANNUAL DISTRIBUTION
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 544020606	39-1391008	501(C)(3)	3,000				CONSERVATORY CAMPS FOR KIDS 2019

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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		GOV	500				GEORGE CARLIN MEMORIAL
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		GOV	1,000				MICROPHONE REPLACEMENT FOR THE THEATER DEPARTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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		GOV	3,000				H J HAGGE MEMORIAL SCHOLARSHIP/S
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		GOV	2,000				A W PLIER SCHOLARSHIP - 2019

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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		GOV	1,000				MICROPHONE REPLACEMENT FOR THE THEATER DEPARTMENT
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		GOV	1,000				MICROPHONE REPLACEMENT FOR THE THEATER DEPARTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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		GOV	6,500				MICROPHONE REPLACEMENT FOR THE THEATER DEPARTMENT
WAUSAU EVENTS 316 SCOTT STREET WAUSAU, WI 54403	39-1612386	501(C)(3)	9,000				BALLOON & RIB FEST/ CONCERTS ON THE SQUARE/ BIG BULL FALLS BLUES FEST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	3,000				BALLOON AND RIB FEST METER PEDESTALS
WAUSAU EVENTS 316 SCOTT STREET WAUSAU, WI 54403	39-1612386	501(C)(3)	1,500				CHALKFEST 2018

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 KAYAKCANOE CORPORATION 1803 W STEWART AVENUE WAUSAU, WI 54401	39-1602858	501(C)(3)	10,000				WHITEWATER PARK IMPROVEMENTS - PHASE II
WAUSAU KAYAKCANOE CORPORATION 1803 W STEWART AVENUE WAUSAU, WI 54401	39-1602858	501(C)(3)	500				WHITEWATER PARK IMPROVEMENT PROJECT - PHASE 2

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MUSEUM OF CONTEMPORARY ART 309 MCCLELLAN STREET WAUSAU, WI 54403	39-1577472	501(C)(3)	250				GENERAL SUPPORT
WAUSAU MUSEUM OF CONTEMPORARY ART 309 MCCLELLAN STREET WAUSAU, WI 54403	39-1577472	501(C)(3)	5,000				JACOB DHEIN PAINTING WORKSHOP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 RIVER DISTRICT 316 SCOTT STREET WAUSAU, WI 54403	43-1971334	501(C)(3)	5,250				PAINTED PIANOS
WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 544020359		501(C)(3)	1,000				HIGH SCHOOL GRADUATION PARTIES

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WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 544020359		501(C)(3)	2,000				ASPIRING TO MAKE A DIFFERENCE
WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 544020359		501(C)(3)	1,500				WAUSAU WEST MUSIC DEPT - WISCONSIN SINGERS

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WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 544020359		501(C)(3)	1,000				A WALK IN THEIR SHOES - 2018-19 SCHOOL YEAR
WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 544020359		501(C)(3)	2,600				CHORAL MUSIC EXPERIENCE - FOLK SONG-DANCE RESIDENCY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WAUSAUMARATHON COUNTY SCHOOL SAFETY PATROLS 515 GRAND AVENUE WAUSAU, WI 54403	39-6065697	501(C)(3)	15,000				GENERAL SUPPORT
WISCONSIN EYE NETWORK 122 W WASHINGTON AVE MADISON, WI 53703	39-1977300	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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				WASHINGTON SEMINAR
WISCONSIN INSTITUTE FOR PUBLIC POLICY AND SERVICE 625 STEWART AVENUE WAUSAU, WI 54401	39-6006492	501(C)(3)	1,000				DONATION FOR THE CENTRAL WISCONSIN HIGH SCHOOL LEADERSHIP PROGRAM PER PROGRAM PROPOSAL FROM CFONCW

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WISCONSIN INSTITUTE FOR PUBLIC POLICY AND SERVICE 625 STEWART AVENUE WAUSAU, WI 54401	39-6006492	501(C)(3)	3,000				HIGH SCHOOL LEADERSHIP PROGRAMS
WISCONSIN PHILANTHROPY NETWORK 15850 W BLUEMOUND ROAD BROOKFIELD, WI 53005	39-6236498	501(C)(3)	3,000				MEMBERSHIP DUES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PHILANTHROPY NETWORK 15850 W BLUEMOUND ROAD BROOKFIELD, WI 53005	39-6236498	501(C)(3)	3,000				INVOICE 4540
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	1,200				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	2,360				GENERAL SUPPORT
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	750				SPRING FUND DRIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	750				GENERAL SUPPORT
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	23-7363536	501(C)(3)	900				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	900				GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	800				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	1,100				GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	2,360				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	5,000				GENERAL SUPPORT
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WISCONSINEYE PUBLIC AFFAIRS NETWORK INC 122 W WASHINGTON AVE SUITE 200 MADISON, WI 53703	39-1977300	501(C)(3)	5,000				TO BE PAID IF AND WHEN THEY REACH FUNDRAISING GOAL
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	2,000				COMMUNITY PARTNERS CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	200				INVEST IN YOUTH CAMPAIGN
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	200				COMMUNITY PARTNERS CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	50,000				STRENGTHENING THE HEART OF OUR COMMUNITY (CAPITAL CAMPAIGN)
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	25,000				STARTING OFF ON THE RIGHT FOOT GYMNASTICS EQUIPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	1,500				SWIMMING SCHOLARSHIPS
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	1,000				HEALTHY KIDS DAY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	2,000				2018 CAPITAL CAMPAIGN-STRENGTHENING THE HEART OF OUR COMMUNITY
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	50,000				STRENGTHENING THE HEART OF OUR COMMUNITY (CAPITAL CAMPAIGN)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	100				PARTNERS CAMPAIGN 2019
WOODSON YMCA 707 3RD STREET WAUSAU, WI 54403	39-0808463	501(C)(3)	2,000				COMMUNITY PARTNERS CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YMCA OF THE NORTH WOODS 2003 WINNEBAGO STREET RHINELANDER, WI 54501	39-1942168	501(C)(3)	3,000				TEEN CHARACTER AWARDS
YMCA OF THE NORTH WOODS 2003 WINNEBAGO STREET RHINELANDER, WI 54501	39-1942168	501(C)(3)	2,500				HODAG RUN

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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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	13	365,501	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 ▶ (_____)				
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

			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 is not required to be used for exempt purposes for the entire holding period?	30a		No
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	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not 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.

Return Reference	Explanation
PART I, LINE 32B	A BROKER IS USED TO SELL THE SECURITIES THAT ARE DONATED

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number
39-1577472

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DENNIS DELOYE AND CHRISTOPHER PFENDER HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE 990 BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS THE BOARD OF DIRECTORS OBTAIN COMP ARABLE DATA TO EVALUATE THEIR COMPENSATION STRUCTURE AND USE THAT FOR A BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THEIR ANNU AL REPORT AND WEBSITE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILAB LE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER 630

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR