efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493320011700 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Department of the

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.

2019

Open to Public

Interna	l Reve	nue Servic					Inspection	
A F	or th	e 2019 d	calendar year, or tax year beginning 01-01-2019 , and ending 12-3	1-2019				
☐ Ad	dress	pplicable: change	C Name of organization INCOURAGE COMMUNITY FOUNDATION INC		D Employe 39-1772		ication number	
☐ Ini	me ch tial re	_	Doing business as					
☐ An	nended	n/terminated d return on pending	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ıite		E Telephone number (715) 423-3863		
·			City or town, state or province, country, and ZIP or foreign postal code WISCONSIN RAPIDS, WI 54494					
			F Name and address of principal officer:	1	G Gross rec		263,944	
			BETSY WOOD	1	this a group retu ubordinates?	urn for	□Yes ☑ No	
			478 E GRAND AVENUE NO 200 WISCONSIN RAPIDS, WI 54494	H(b) A	re all subordinate	es	Yes No	
I Ta	x-exer	mpt status	•		cluded? "No," attach a lis	st (see		
J W	ebsit	te:► W\	WW.INCOURAGECF.ORG	1	roup exemption r	•	•	
K Forr	n of o	rganizatior	a: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of t	ormation: 1993	M State	of legal domicile: WI	
	art I	_	ımary					
Governance	(GUIDED I BUSINES COMMUN	scribe the organization's mission or most significant activities: BY VALUES OF EQUITY, OPPORTUNITY, SHARED STEWARDSHIP, AND SOCI SES AND CIVIC LEADERS IN RURAL CENTRAL WISCONSIN TO CO-CREATE ITY THAT WORKS WELL FOR ALL PEOPLE. INCOURAGE IS A VALUES-LED, L ITY DEVELOPMENT ORGANIZATION THAT PROMOTES COMMUNITY-LED PHI ITY.	AN INCLUS JSER-CENT	SÍVE, ADAPTIVE A ERED, PLACE-BA	AND SUS	STAINABLE ILANTHROPIC AND	
౮ *ర			his box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of r					
Activities &	1		of voting members of the governing body (Part VI, line 1a)			3	4	
E	1		of independent voting members of the governing body (Part VI, line 1b) mber of individuals employed in calendar year 2019 (Part V, line 2a)			5	4 18	
AC	1	6	89					
	1		mber of volunteers (estimate if necessary)			7a	16,083	
	1		elated business taxable income from Form 990-T, line 39			7b	13,575	
g,					Prior Year		Current Year	
	8	Contribu	tions and grants (Part VIII, line 1h)		440,29	97	752,843	
ën uë Aë	1	Program		0				
Д У	1	Investm	1,436,79					
	1	Other re	1,877,09	0	2 249 485			
	-	Total rev	_	· · · · · · · · · · · · · · · · · · ·				
	1		nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)		821,37	0	985,186 0	
so.	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,409,69	_	1,118,268	
Expenses	1		onal fundraising fees (Part IX, column (A), line 11e)			0	0	
D G	Ι.		Iraising expenses (Part IX, column (D), line 25) ▶92,137					
Щ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		796,73	35	866,538	
	18	Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,027,7!	58	2,969,992	
	19	Revenue	less expenses. Subtract line 18 from line 12		-1,150,6	67	-721,507	
Net Assets or Fund Balances				Begini	ning of Current Ye	ar	End of Year	
Asse Bak	20	Total ass	sets (Part X, line 16)		23,831,0	75	25,774,200	
₹ <u>₹</u>	1		oilities (Part X, line 26)		1,369,49	_	1,503,765	
			ts or fund balances. Subtract line 21 from line 20		22,461,5	76	24,270,435	
Unde know	ledge	alties of particles and believed	nature Block perjury, I declare that I have examined this return, including accompanying ef, it is true, correct, and complete. Declaration of preparer (other than offi					
any k	nowle	edge.						
		*****	ture of officer		2020-11-13 Date			
Sign		, -			Date			
Here	;		/ WOOD MANAGING DIRECTOR or print name and title					
		17	·	Date	P1	ΓIN		
Paid	d			2020-11-13		00134220)	
Pre		er	Firm's name WIPFLI LLP		Firm's EIN ► 39-0	758449	_	
Use			Firm's address ▶ PO BOX 8010		Phone no. (715) 8-	45-3111		
		-	WAUSAU, WI 544028010					
 Mav +	he ID	S discus	s this return with the preparer shown above? (see instructions)		_		es 🗆 No	
			eduction Act Notice, see the separate instructions.	Cat N	lo. 11282Y	<u> </u>	Form 990 (2019)	

Form	990 (2019)					Page 2
Pa	statement of	of Program Servic	e Accomplis	hments		
	Check if Sched	ule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describe the or	ganization's mission:		•		
TO A OF A STEV FROM BARF	ND LED BY THE PEOPLE REGION RECOVERING VARD, ADVOCATE, CON 1 A CENTRAL BELIEF TH	E OF CENTRAL WISCOI FROM SIGNIFICANT D VENER, MODERATOR, HAT PEOPLE ARE ITS M	NSIN. OVER TW VISINVESTMENT TRAINER, RESE IOST IMPORTAN	O DECADES, INCOURAG . TODAY, INCOURAGE PI EARCHER, GRANT-MAKEI IT ASSET AND THAT POS	LVED INTO AN ENTREPRENEUR E HAS ADAPTED ITS WORK TO LAYS MANY ROLES IN COMMUN R, INVESTOR, AND FUNDRAISE SITIVE COMMUNITY CHANGE H SON AND THE COMMUNITY CAP	MEET THE COMPLEX NEEDS ITTY DEVELOPMENT: R. INCOURAGE OPERATES APPENS WHEN SYSTEMATIC
2	Did the organization u	ındertake any significa	int program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 or	, -				☐ Yes ☑ No
	If "Yes," describe thes					
3	•			changes in how it condu	cts, any program	
	services?					🗆 Yes 🗹 No
	If "Yes," describe thes	se changes on Schedul	e O.			
4		l 501(c)(4) organizatio	ns are required	to report the amount of	argest program services, as me grants and allocations to othe	
 4а	(Code:) (Expenses \$	1,191,996	including grants of \$	935,186) (Revenue \$)
	See Additional Data					
4b	(Code:) (Expenses \$	834.471	including grants of \$	50,000) (Revenue \$	}
40	See Additional Data) (Expenses \$	634,471	including grants of \$	30,000) (Revenue \$,
4c	(Code:) (Expenses \$	355,899	including grants of \$) (Revenue \$)
	See Additional Data		,			,
	(Code:) (Expenses \$	148,876	including grants of \$) (Revenue \$	2,136)
	PROGRAMS AND COMMU REBUILD AND DIVERSIFY RESIDENT ENGAGEMENT RESEARCH, CAPACITY BU HISTORY OF JOINING WI COMMITTED TO PRUDEN PARTNERS, FOR MORE). PROGRAMS, EDUCATION. COMMUNITY ENGAGEMEI ENGAGEMENT, ETC. (SEE AND ACT ON WHAT IT MI	NITY INITIATIVES THAT L OUR LOCAL ECONOMY. I ADAPTIVE LEADERSHIP JILDING, A SHARED LEAR TH LOCAL, REGIONAL, SI T AND TRANSPARENT EFF SOME ADDITIONAL PROG AL WORKSHOPS AND TRA TI; EVALUATION EFFECTI E INCOURAGECF. ORG/LEA CHIN THE COMMUNITY CU	EVERAGE RESOUR NCOURAGE SUPPO SKILLS, RELATION NING ENVIRONME ATE AND NATION. ORTS TO TAKE EX RAMS LED OR INS INING OPPORTUN VENESS, ETC), PID O/ADAPTIVE-LEAL ICALLY USER-CEN'	CES, BUILD SELF-CONFIDER ORTS BUILDING SOCIAL CAP ISHIP BUILDING, COLLABOR NT, AND THE EFFECTIVE EX AL FUNDERS AND PARTNERS ISTING AND EMERGING MOI PIRED BY INCOURAGE INCLI ITIES (ORGANIZATIONAL, L JBLIC SPEAKERS, PROMOTIN JERSHIP & SPEAK-YOUR-PEA FERED, VALUES-LED, PLACE FERED, VALUES-LED, PLACE	LY FOR DIRECTLY ORGANIZING, DE NCE AND A SENSE OF AGENCY AMOI ITAL AND POSITIVE COMMUNITY CI ATION, CONVENING, ADVOCACY, PICHANGE OF RELEVANT INFORMATICS, IN BOTH THE PUBLIC AND PRIVATOELS FURTHER (SEE INCOURAGES DELS FURTHER (SEE INCOURAGES DELS ADAPTIVE LEADERSHIP PROGREM DEVELO IG CIVILITY, SPEAKYOURPEACE. ORC. CE, FOR MORE). INCOURAGE IS COLE PERSISTENCE, PATIENCE AND TIME PERSISTENCE, PATIENCE AND TIME	NG RESIDENTS, AND AIM TO HANGE BY PROMOTING ROACTIVE AND UNBIASED IN IN THE PROCESS. IT HAS A FESCHORS, WHO ARE CORG/LEAD/NATIONAL-AMS, TEEN LEADERSHIP PMENT; COLLABORATION AND 5, PROMOTING CIVIC MMITTED TO LEARN, REFLECT, ATION THAT RECOGNIZES THAT
4d	Other program service	es (Describe in Schedu	ıle O.)			
	(Expenses \$	148,876 incl	uding grants of	\$) (Revenue \$	2,136)
4e	Total program servi	ice expenses ▶	2,531,2	42		

Form	990 (2019)			Page 3
Par	tiv Checklist of Required Schedules	- 1	37	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
_	Schedule A 📆	1	.,	
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	Yes	
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 2	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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	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	
	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
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c	Yes	
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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		No
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? <i>If "Yes," complete Schedule G, Part I</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* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

No

20a

20b

21

Yes

rm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
	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	
3	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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		
С	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		
5a	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
•	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
•	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	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
	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	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
	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
	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
}	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	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ц
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

24

0

1c

Yes

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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	18						
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					
	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					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No				
	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				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n 6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere 6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser provided to the payor?	vices 7a	Yes					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7c	Yes					
d	If "Yes," indicate the number of Forms 8282 filed during the year	1						
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?	7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For 1098-C?	m 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				
9	Sponsoring organizations maintaining donor advised funds.							
а	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?	9 b		No				
10	Section 501(c)(7) organizations. Enter:							
а	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							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a						
	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							
	Enter the amount of reserves on hand	14a		No				
	L4a Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc 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				

					· age
Par	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See instructions.	respoi	nse to l	ines 🔽
Se	Section A. Governing Body and Management				
				Yes	No
1a	1a Enter the number of voting members of the governing body at the end of the tax year 1a	4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	b Enter the number of voting members included in line 1a, above, who are independent 1b	4			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relat officer, director, trustee, or key employee?		2		No
3	3 Did the organization delegate control over management duties customarily performed by or und of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	4 Did the organization make any significant changes to its governing documents since the prior Fo	orm 990 was filed? .	4		No
5	5 Did the organization become aware during the year of a significant diversion of the organization	's assets? .	5		No
6	6 Did the organization have members or stockholders?		6		No
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect members of the governing body?		7a		No
b	b Are any governance decisions of the organization reserved to (or subject to approval by) memb persons other than the governing body?	ers, stockholders, or	7b		No
8	8 Did the organization contemporaneously document the meetings held or written actions underta the following:	ken during the year by			
а	a The governing body?		8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?	8	3b	Yes	
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	Section B. Policies (This Section B requests information about policies not required by	the Internal Revenue C	Code.	.)	
				Yes	No
10a	Oa Did the organization have local chapters, branches, or affiliates?	1	0a		No
b	b If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes		0ь		
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing form?		1a	Yes	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	Yes	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests to conflicts?		2b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done		.2c	Yes	
13	3 Did the organization have a written whistleblower policy?	1	13	Yes	
14	4 Did the organization have a written document retention and destruction policy?	1	14	Yes	
15	5 Did the process for determining compensation of the following persons include a review and app persons, comparability data, and contemporaneous substantiation of the deliberation and decisi				
а	a The organization's CEO, Executive Director, or top management official	1	5a	Yes	
b	b Other officers or key employees of the organization	1	5b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar ar taxable entity during the year?		6a		No
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to e in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	status with respect to such arrangements?	1	6b		
	Section C. Disclosure				
17	7 List the states with which a copy of this Form 990 is required to be filed▶ WI				
18	8 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, an only) available for public inspection. Indicate how you made these available. Check all that appl				
	☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule	O)			
19	9 Describe in Schedule O whether (and if so, how) the organization made its governing document policy, and financial statements available to the public during the tax year.	s, conflict of interest			
20	State the name, address, and telephone number of the person who possesses the organization's ►DAWN NEUMAN 478 E GRAND AVE SUITE 200 WISCONSIN RAPIDS, WI 54494 (715) 423-38				

 $\overline{\mathbf{v}}$

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	(ne bo	ox, ι n of or/t	t ch unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) DALE BIKOWSKI DIRECTOR/TREASURER	1.00	Х		х				0	0	0
(2) KRISTOPHER GASCH DIRECTOR/CHAIR	2.00	Х		x				0	0	0
(3) KRISTIE RAUTER EGGE DIRECTOR	1.00	Х						0	0	0
(4) DONNA ANDERSON DIRECTOR/SECRETARY	1.00	Х		х				0	0	0
(5) KELLY RYAN PRESIDENT/CEO TO 10-31-2019	40.00 1.00			х				206,111	0	8,713
(6) DAWN NEUMAN CHIEF FINANCIAL OFFICER	40.00 3.00			х				123,256	0	5,438
(7) HEATHER MCKELLIPS INTERIM CEO AT 11-1-19	40.00			×				107,056	0	4,282
						I				Form 990 (2019)

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	Name and title	Average hours per week (list any hours	Average hours per than one box, unless person week (list any hours for related for the for related for the for related for the for related for the for the for related for the formal formal for the formal formal for the formal formal formal for the formal								on a d is	Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)		relat organiza	ed	
											_			
											+			
											\perp			
											+			
c ·	Sub-Total		 A .				 							
<u>d</u> .	Total (add lines 1b and 1c) Total number of individuals (includi	ng but not limited				bov	▶ e) who	rece	436,423 eived more than	\$100,000	0		18,433	
	of reportable compensation from th	ne organization >	3									Vaa	N	
3	Did the organization list any forme line 1a? <i>If "Yes," complete Schedul</i>	·		ee, k	ey e •	mpl •	oyee,	or hi	ghest compensa	ted employee on	3	Yes	No No	
4	For any individual listed on line 1a, organization and related organization individual										4	Yes		
5	Did any person listed on line 1a rec services rendered to the organization								-		5	res	No	
Se	ection B. Independent Contra	ctors												
1	Complete this table for your five higher from the organization. Report comp	ghest compensate									mpens	ation		
	Nam	(A) e and business addre	ess						С	(B) Description of services		(C Comper		
											-+			

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

		Statement	of E	Povonuo						Page 9
Part	VIII				respo	onse or note to any	/ line in this Part VIII			п
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0 S	1 a	Federated campa	aigns	s	1 a			, , , , , , , , , , , , , , , , , , , ,		
ant	b Membership dues 1b									
S, Gr		c Fundraising even		l	1c					
Sifts Iar J		d Related organizae Government grants		ļ	1d	<u> </u>				
ıs, (imi		All other contribution		ļ	1e	<u> </u>				
ıtior er S	'	and similar amount above			1f	752,843				
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contribution lines 1a - 1f:\$	ns in	ıcluded in	1 g	113,954				
S E		h Total. Add lines	1a-1	f		🗲	752,843			
						Business Code				
	2a	PROGRAM & FACILITA	ATIO	N SERVICES		900099	2,136	2,136		
Program Service Revenue										
Rev	b									
vice	С									
Ser	d									
ranı										
Prog	е									
	f	All other program	serv	ice revenue	•					
		Total. Add lines 2				2,136	_			
		Investment income similar amounts)		luding divid		interest, and other		5	16,083	456,813
		Income from invest	mer	nt of tax-exe	mpt bo	ond proceeds	•			
	5	Royalties	·			•	•			
				(i) Rea	31	(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6 c							
	d	Net rental income	e or i	(loss)		· · · · >	-			
				(i) Secur	ities	(ii) Other				
	7a	Gross amount from sales of	7a	8,0	036,069	9				
	assets other than inventory									
	b	Less: cost or other basis and	7b	7,0	015,459	9				
		sales expenses								
		Gain or (loss)	7 c	<u> </u>	020,610		1,020,616			1 020 610
		Net gain or (loss) Gross income from fu			· · ·	· · · •	1,020,610	7		1,020,610
ıμe		(not including \$ contributions reporte		of						
Other Revenue		See Part IV, line 18			8a					
r R		Less: direct expen			8b					
the	C	: Net income or (los	ss) fr	om fundrais	ing ev	ents 🕨				
	9a	Gross income from See Part IV, line 19	gam	ing activities.	- 1					
	h	Less: direct expen			9a 9b					
		: Net income or (los				ies 🕨				
	.	- Clf in.v		m. laaa						
	108	Gross sales of inverse returns and allowa	ances	ry, iess s	10a					
	b	Less: cost of good	s so	ld	10 b					
	C	Net income or (los			invent					
	11	Miscellaneo .a	us K	ечепие		Business Code	\dashv			
	b)								
				_						
	C									
		All other record								
		All other revenue Total. Add lines 1			. !	•				
		Total revenue. S								
			11			· · · •	2,248,485	2,136	16,083	1,477,423

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Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must c	•	-		` ′ —
Check if Schedule O contains a response or note to a	ny line in this Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	824,536	824,536		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	160,650	160,650		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	357,403	253,534	71,983	31,886
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	544,929	463,471	64,533	16,925
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,934	21,183	2,991	760
9 Other employee benefits	118,177	99,859	14,470	3,848
10 Payroll taxes	72,825	58,843	10,689	3,293
11 Fees for services (non-employees):				
a Management				
b Legal	81,183	68,731	5,380	7,072
c Accounting	12,145		12,145	

122,173

328,214

24,033

99,158

17,761

25,191

15,463

43,910

6,786

79,847

7,251

3,129

263

2,969,992

31

307,746

15,710

79,388

15,195

23,830

14,714

35,216

3,003

79,847

5,492

263

2,531,242

31

122,173

7,286

3,550

13,354

1,909

959

431

6,468

3,599

1,564

3,129

346,613

13,182

4,773

6,416

657

402

318

2,226

184

195

92,137

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f Investment management fees

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

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).

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest

expenses on Schedule O.)

a FUND PROGRAM ACTIVITIES

b DUES, SUBSCRIPTIONS, BOOK

c UNRELATED BUS INC TAXES

e All other expenses

d COMMUNICATION/SPONSORSH

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

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End of year

Page **11**

123,540

611.134

5.014

207,489

85,099

65.424

1.503.765

24,270,435

25,774,200

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25,774,200

2,605,843

19,870,796

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

Intangible assets .

Grants payable .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets. Add lines 1 through 15 (must equal line 34) .

15

16

17

18

26

Assets 30

31

32

33

1 Cash-non-interest-bearing	147,272	1	53,41
2 Savings and temporary cash investments	1,454,487	2	2,274,03
3 Pledges and grants receivable, net	250	3	

Beginning of year

167,450

18,256,858

1.108.213

2,457,816

5,014

200,425

107,275

77.087

1.369.499

22,461,576

23,831,075

26

30

31

32

33

23,831,075

10c

11

12

13

14

15

16

17

18

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 33,290 9 22,937 10a Land, buildings, and equipment: cost or other 10a 490,537 basis. Complete Part VI of Schedule D

10b 366,997 b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 14

19 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties . 1,185,137 25 1,353,242 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

Fund Balances Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33. 27 22,173,009 23,961,550 Net assets without donor restrictions 27

28 288.567 28 308,885 Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*} complete lines 29 through 33. ō 29 29

3a

3h

Nο

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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 39-1772651

Name: INCOURAGE COMMUNITY FOUNDATION INC

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Form 990, Part III, Line 4a:

STRATEGIC PHILANTHROPY: INCOURAGE PROMOTES COLLECTIVE AND STRATEGIC PHILANTHROPY PRINCIPALLY IN THE SOUTH WOOD COUNTY AREA IN CENTRAL WISCONSIN. THIS RURAL AREA INCLUDES TEN MUNICIPALITIES LOCATED IN PARTS OF WOOD AND ADAMS COUNTIES, WITH A COMBINED POPULATION OF ABOUT 45,000. IN 2019, 206 GRANTS WERE APPROVED (EXCLUDING AGENCY GRANTS SUBJECT TO FAS 136) BENEFITTING 5 TAX-EXEMPT ORGANIZATIONS. IN ADDITION, STARTING IN 2017, SCHOLARSHIP AWARDS, RATHER THAN BEING ADMINISTERED AND PAID INTERNALLY BY INCOURAGE, ARE INSTEAD ADMINISTERED THROUGH INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES, A THIRD-PARTY SCHOLARSHIP ADMINISTRATOR. THE 177 SCHOLARSHIPS AWARDED IN 2019, TOTALED \$159,750 AND BENEFITTED 151 RECIPIENTS. THIS AMOUNT IS REFLECTED AS A GRANT TO INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES ON SCHEDULE I. INCOURAGE ALSO HAS SEVERAL FUNDS THAT BENEFIT THE COMMUNITY SY DIRECTLY SUPPORTING ACTIVITIES SUCH AS A DRUG COURT, FIRE FIGHTERS AND VETERANS MEMORIALS, A COMMUNITY CHOIR, ZOO PROGRAMS, A HANDICAP ACCESSIBLE PLAYGROUND, VARIOUS COMMUNITY CAPITAL CAMPAIGNS (I.E. A SHORT TRACK RACING MEMORIAL AND A RESPITE RETREAT FOR THOSE SUFFERING FROM A LIFE-THREATENING ILLNESS), ETC. THROUGH ITS "WHAT IF" GRANTS, INCOURAGE HAS FUNDED COMMUNITY RESIDENT INITIATED PROJECTS SUCH AS SUPPORTING THE SEED TO TABLE EXPERIENCE (CREATING AWARENESS AROUND SEEDS USED TO GROW FOOD), RAPIDS AREA VOLLEYBALL FOR EVERYONE (RAVE), AND YOUTH OFF-ROAD RIDERS (RIDING CLINICS TO FOSTER INCLUSIVE OUTDOOR ACTIVITIES). INCOURAGE'S GRANTMAKING STRATEGIES ARE ALIGNED WITH THE MISSION AND VALUES DRIVEN PROGRAMS ALSO NOTED IN PART III LINES 1. 48. 4C AND 4D.

Form 990, Part III, Line 4b:

ALIGNMENT OF COMMUNITY CAPITALS: RECOGNIZING THAT GRANTS ALONE CANNOT SUPPORT THE NEEDS OF AN INNOVATIVE, EMERGING ECONOMY, INCOURAGE HAS COMMITTED TO ALIGN AND LEVERAGE ALL OF ITS CAPITALS, INCLUDING MORAL, HUMAN, SOCIAL, INTELLECTUAL, REPUTATIONAL, NATURAL AND FINANCIAL, TO ADVANCE ITS MISSION. INCOURAGE OPERATES WITH A STRATEGY THAT EMBRACES INTENTIONAL FURTHER DEVELOPMENT AND DEPLOYMENT OF VALUES-ALIGNED, PLACE-BASED INVESTMENTS OF ITS FINANCIAL ASSETS, SOMETIMES REFERRED TO AS MISSION, IMPACT, OR COMMUNITY INVESTING, CURRENT MISSION ALIGNED INVESTMENTS INCLUDE INSURED DEPOSITS IN LOCAL BANKS AND CREDIT UNIONS AND FIXED INCOME INVESTMENTS IN REGIONAL HIGH-PERFORMING COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFI'S) THAT PROVIDE FINANCING TO REGIONAL BUSINESSES. HEALTH AND HUMAN SERVICES ORGANIZATIONS, AND AFFORDABLE HOUSING. IN 2017 INCOURAGE DEVELOPED AND LAUNCHED A PASSIVE EQUITY INDEX FUND CALLED THE WISCONSIN SHARED STEWARDSHIP EQUITIES FUND ("WSSEF"). IT INCLUDES A CUSTOMIZED PORTFOLIO OF PUBLICLY TRADED COMPANIES THAT TILTS TOWARD COMPANIES THAT ARE BASED IN OR EMPLOY PEOPLE IN WISCONSIN. IN ADDITION, THE WSSEF ALLOWS FOR PROXY VOTING AND SHAREHOLDER DIALOGUE TO ENCOURAGE RESPONSIBLE PRACTICES AND BUSINESS GROWTH IN WISCONSIN. IN 2018, INCOURAGE, ALONG WITH FIVE OTHER FOUNDATIONS, FOUNDED THE WISCONSIN IMPACT INVESTING COLLABORATIVE, AN EFFORT TO HELP A WIDE VARIETY OF INVESTORS LEARN ABOUT AND JOIN WITH OTHERS IN INVESTING IN INCLUSIVE, VIBRANT AND ENVIRONMENTALLY SUSTAINABLE COMMUNITIES THROUGHOUT WISCONSIN'S URBAN, RURAL AND TRIBAL AREAS. LEARN MORE ABOUT THE COLLABORATION AT WWW.WI3C.ORG. TRIBUNE BUILDING - AN ECONOMIC AND COMMUNITY HUB FOR SOUTHERN WOOD COUNTY AND CENTRAL WISCONSIN: INCOURAGE'S COMMITMENT TO PLACE-BASED INVESTING AND TO USER-CENTERED DECISION MAKING FOR SOUTHERN WOOD COUNTY'S FUTURE IS SYMBOLIZED BY THE CONTINUING RE-DEVELOPMENT OF THE FORMER DAILY TRIBUNE BUILDING, WHICH INCOURAGE PURCHASED THROUGH ITS SUPPORTING ORGANIZATION, COMMUNITY PROPERTY, INC., IN DECEMBER OF 2012. A HISTORIC LOCAL PROPERTY LOCATED ON THE BANKS OF THE WISCONSIN RIVER IN DOWNTOWN WISCONSIN RAPIDS, WISCONSIN, FROM THE BEGINNING, THE TRIBUNE BUILDING PROJECT. (THE "TRIBUNE") HAS BEEN ABOUT MUCH MORE THAN REDEVELOPING A BUILDING. IT IS A DEMONSTRATION OF A USER-CENTERED PROCESS TOWARD REALIZING INCOURAGE'S VISION OF PARTNERING WITH RESIDENTS, BUSINESSES AND CIVIC LEADERS IN RURAL CENTRAL WISCONSIN TO CO-CREATE AN INCLUSIVE. ADAPTIVE AND SUSTAINABLE COMMUNITY THAT WORKS WELL FOR ALL PEOPLE. THE REDEVELOPED FACILITY WILL BE AN ECONOMIC AND COMMUNITY HUB TO SERVE AS A LABORATORY FOR INNOVATION FOR SOUTHERN WOOD COUNTY AND CENTRAL WISCONSIN WITH A PARTICULAR FOCUS ON THE NEEDS OF RURAL COMMUNITIES. IT WILL SERVE AS: AN ENTREPRENEURIAL AND WORKFORCE SUPPORT CENTER. A FOCAL POINT OF REGIONAL COLLABORATION AND INNOVATION AMONG MAJOR INSTITUTIONAL DRIVERS OF ECONOMIC CHANGE, AND A DYNAMIC COMMUNITY PLACE FOR WORK, PLAY, AND COMMERCE. INCOURAGE ENGAGED OVER 2,000 RESIDENTS IN THE PLANNING AND DECISION MAKING PROCESS. THE TRIBUNE HAS BEEN DESIGNED TO REFLECT RESIDENT PRIORITIES AND CAPITALIZE ON COMMUNITY AND REGIONAL ASSETS. PHASE ONE IN 2013 AND 2014. CONSISTED OF FOUR PUBLIC MEETINGS WHERE EVERYONE IN THE COMMUNITY WAS INVITED TO SHARE THEIR IDEAS FOR THE FUTURE OF THE SPACE, INCLUDING ENCOURAGING RESIDENTS TO SHIFT THEIR THINKING FROM "ME" TO "WE". PHASE TWO IN 2014, CONSISTED OF SEVEN PUBLIC MEETINGS WHEREBY THE COMMUNITY WAS INVITED TO PARTICIPATE IN ACTIVITIES RELATED TO THE DESIGN AND SUSTAINABILITY OF THE FACILITY. PHASE THREE IN 2015 AND 2016, CONSISTED OF TEN PUBLIC MEETINGS IN WHICH PARTICIPANTS FOCUSED ON DEEPENING RELATIONSHIPS AND FURTHER DEFINING PROGRAMMING WITHIN THE FACILITY, AND DEVELOPING RESIDENT-LED FUNDRAISING OPPORTUNITIES TO HELP REALIZE THE BUILDING. IN 2017 AND 2018 COMMUNITY MEMBERS EXPLORED HOW SIMILAR PROJECTS IN OTHER REGIONS DEVELOPED AND FUNDRAISING EFFORTS AT THE STATE AND NATIONAL LEVEL EXPANDED. IN 2018 AND 2019 FURTHER COLLABORATIONS WITH KEY STAKEHOLDERS IN REGIONAL ECONOMIC TRANSFORMATION AND GROWTH WERE ACTIVELY PURSUED. IN 2019, THE STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION ANNOUNCED A PROPOSED \$3 MILLION INVESTMENT IN THE TRIBUNE'S FUTURE RECONSTRUCTION, AND INCOURAGE AND THE UNIVERSITY OF WISCONSIN-STEVENS POINT ANNOUNCED A COLLABORATION TO PROVIDE EXPERTISE FOR SUSTAINABLE ECONOMIC CHANGE IN CENTRAL WISCONSIN. THE PARTNERSHIP FOR SUSTAINABLE COMMUNITIES WILL ALIGN UNIVERSITY RESOURCES TO SUPPORT INNOVATION AND OPPORTUNITY IN THE TRIBUNE BUILDING.TO DATE. OVER 2.000 RESIDENTS HAVE PARTICIPATED IN THIS MULTI-YEAR PLANNING PROCESS. INCLUDING WORKING TOGETHER TO PRIORITIZE END USE IDEAS THAT WILL CELEBRATE LOCAL ASSETS, CONNECT RESIDENTS, AND ACT AS A CATALYST FOR FUTURE DOWNTOWN DEVELOPMENT. AT ITS CORE, THE TRIBUNE WILL BE A TRUE COMMUNITY SOCIAL ENTERPRISE FOCUSED ON CULTIVATING ENTREPRENEURS AND GROWING A SUSTAINABLE LOCAL ECONOMY. (SEE INCOURAGECF.ORG/LEAD/TRIBUNE-BUILDING. FOR MORE) BLUEPRINTS FOR TOMORROW TRAINING PROGRAM: REALIZING THAT BUILDING A COMMUNITY WITH A LOCAL. INCLUSIVE. SUSTAINABLE ECONOMY WILL TAKE INDIVIDUALS AND INSTITUTIONS WORKING TOGETHER IN NEW AND DIFFERENT WAYS, INCOURAGE OPERATED AND LED BLUEPRINTS FOR TOMORROW, A 25-MONTH USDA-SUPPORTED PROGRAM HELD IN 2016-2018, TO BUILD NETWORKS, VISION AND SKILLS NEEDED TO LEAD A NEW REGIONAL ECONOMY BASED UPON THE VALUES OF EQUITY, OPPORTUNITY AND SHARED STEWARDSHIP. THE CURRICULUM INCLUDED: ADAPTIVE LEADERSHIP; IMPACT INVESTING AND FINANCING: COLLABORATIVE DEVELOPMENT PRACTICES: AND LOCAL, INCLUSIVE, AND SUSTAINABLE ECONOMIES: WITH SIX LOCAL PUBLIC AND PRIVATE INSTITUTIONS PARTICIPATING TOGETHER IN THE INAUGURAL PROGRAM. BY COMBINING TRAINING, COACHING AND COMMUNITY KNOWLEDGE WITH EVOLVING DESIGN AND FINANCE TOOLS, BLUEPRINTS IS HELPING OUR COMMUNITY'S INSTITUTIONS DO BUSINESS IN NEW AND DIFFERENT WAYS, ENSURING THAT THEY ARE PREPARED TO SUPPORT AN ENTREPRENEURIAL CULTURE SHAPED BY RESIDENT PARTICIPATION. (SEE INCOURAGECF.ORG/LEAD/BLUEPRINTS-FOR-TOMORROW, FOR MORE). TOOLKIT FOR SUSTAINABLE COMMUNITIES: IN THE FALL OF 2018. BUILDING UPON THE RESIDENT-LED DESIGN PROCESS FOR THE TRIBUNE. INCOURAGE BEGAN CONVENING A DIVERSE CIRCLE OF 22 RESIDENTS FROM OUR REGION TO FORM THE SUSTAINABLE COMMUNITIES WORKING GROUP. IN 2018 AND 2019 THIS GROUP HAS ENGAGED RESIDENTS ACROSS OUR COMMUNITY TO CO-CREATE A "BLUEPRINT" FOR THE SUSTAINABLE COMMUNITY THAT OUR REGION CAN BECOME. THE BLUEPRINT WILL ALSO INFORM THE PRIORITIES AND DIRECTION FOR THE PARTNERSHIP FOR SUSTAINABLE COMMUNITIES BETWEEN INCOURAGE AND UNIVERSITY OF WISCONSIN-STEVENS POINT NOTED EARLIER. TO HELP DESIGN A PROCESS OF CUTTING-EDGE CO-CREATION, INCOURAGE IS COLLABORATING WITH JOANNA CEA AND JESS RIMINGTON, WHOSE WORK AND RESEARCH AS VISITING SCHOLARS AT STANFORD UNIVERSITY'S GLOBAL PROJECTS CENTER IS REPRESENTED IN THE STANFORD SOCIAL INNOVATION REVIEW ARTICLE, CREATING BREAKOUT INNOVATION, AND FOCUSES ON COLLABORATIVE PROCESSES FOR COMMUNITY TRANSFORMATION. TOGETHER WE ARE FACILITATING A PROCESS THAT PLACES RESIDENTS IN THE DRIVER'S SEAT TO IDENTIFY A SET OF PRACTICES TO REALIZE OUR COMMUNITY'S VISION OF A SUSTAINABLE FUTURE. REALIZING THE POWER OF OUR POTENTIAL IS AT THE HEART OF WHAT INSPIRES INCOURAGE TO KEEP PUSHING THE ENVELOPE OF WHAT IS POSSIBLE IN OUR REGION, AND TO CONTINUE TO EXPLORE WHAT OUR ROLE SHOULD BE AS A COMMUNITY FOUNDATION OPERATING BY AND FOR THE PEOPLE.

Form 990, Part III, Line 4c:

INCOURAGECF.ORG/LEARN/VITAL-SIGNS, FOR MORE).

GROWTH, BETWEEN 2008 AND 2016 INCOURAGE, AS ONE OF THE FIRST RURAL ORGANIZATIONS NATIONWIDE CHOSEN BY THE NATIONAL FUND FOR WORKFORCE SOLUTIONS (NFWS), LED A PROJECT SITE THROUGH ITS IMPLEMENTATION PARTNER JOBS FOR THE FUTURE, INC. THE LOCAL NFWS INITIATIVE, WORKFORCE CENTRAL. PURSUED A DUAL-CUSTOMER, SECTOR-BASED APPROACH FOR ADVANCING WORKERS INTO JOBS WITH FAMILY SUSTAINING WAGES. ENHANCING THE INTEGRATION OF SOCIAL SERVICES AND MOBILIZATION OF COMMUNITY ORGANIZATIONS IS A CORE ELEMENT OF THIS PHILANTHROPIC-LED STRATEGY. COMMUNITY COLLABORATION EFFORTS RESULTING FROM THIS WORK INCLUDE A MANUFACTURING PEER COUNCIL, A REGIONAL ECONOMIC GROWTH INITIATIVE, A BUSINESS AND EDUCATION

WORKFORCE DEVELOPMENT: TO PROMOTE COMMUNITY PROSPERITY BUILT ON VALUING WORKERS, SUPPORTING LOCAL EMPLOYERS, AND INVESTING IN ECONOMIC

ALLIANCE. A MANUFACTURING PARTNERSHIP AND OTHER COLLABORATIONS BETWEEN GROUPS THAT MAY NOT HAVE TRADITIONALLY WORKED CLOSELY TOGETHER TO SOLVE WORKFORCE ISSUES, SINCE 2016, INCOURAGE HAS WORKED WITH COMMUNITY PARTNERS TO TRANSITION THESE PROGRAMS TO PERMANENT HOMES. INCLUDING MID STATE TECHNICAL COLLEGE AND VARIOUS LOCAL MANUFACTURERS. (SEE INCOURAGECF.ORG/LEAD/WORKFORCE-CENTRAL-2, FOR MORE).COMMUNITY INFORMATION: STARTING IN 2008, INCOURAGE BEGAN PARTICIPATING IN THE JOHN S. AND JAMES L. KNIGHT FOUNDATION'S COMMUNITY INFORMATION CHALLENGE,

FOCUSING ON USER-CENTERED PROCESSES TO CREATE A MORE INFORMED, ENGAGED, AND CONNECTED COMMUNITY. IN 2012, INCOURAGE ENGAGED IN DIALOGUE WITH AREA RESIDENTS FOCUSED ON CHALLENGES FACING THE COMMUNITY, COMMUNITY STRENGTHS, VISION FOR THE FUTURE AND INTEREST IN ENGAGING WITH INCOURAGE'S WORK. INCOURAGE THEN SPONSORED THE LARGEST COMMUNITY-WIDE SURVEY IN THE HISTORY OF THE SOUTH WOOD COUNTY AREA, WITH OVER 4,100 RESIDENTS RESPONDING. THE FOUR MAIN PRIORITIES IDENTIFIED BY THE COMMUNITY THROUGH THE 2012 SURVEY WERE, A STRONG ECONOMY, OPPORTUNITIES FOR

YOUNG ADULTS AND FAMILIES, OPENNESS TO NEW IDEAS AND CHANGE, AND A FOCUS ON NATURE AND RECREATION OF THE AREA. IN 2017, INCOURAGE AGAIN SURVEYED NEARLY 4,000 RESIDENTS TO UNDERSTAND THEIR CURRENT HOPES AND CONCERNS AND HOW THEIR GOALS AND PERSPECTIVES HAVE CHANGED. THE MAIN PRIORITIES IDENTIFIED BY THE COMMUNITY WERE SIMILAR TO 2012 AND INCLUDE: GOOD QUALITY JOBS ARE ACCESSIBLE TO ALL, QUALITY EDUCATION FOR CHILDREN

AND ADULTS, ATTRACTING AND RETAINING YOUNG ADULTS AND FAMILIES, SUPPORT FOR LOCAL ENTREPRENEURS AND BUSINESS OWNERS, AND A HIGHLY TRAINED AND COMPETITIVE WORKFORCE. IN 2018 THE SURVEY RESULTS WERE DISCUSSED WITH MORE THAN 30 COMMUNITY PARTNERS AND WITH THE BROADER COMMUNITY AT

A PUBLIC FORUM, AND THE RESULTS ARE ALSO LOCATED ON INCOURAGE'S WEBSITE. THESE PRIORITIES CONTINUE TO INFORM INCOURAGE'S STRATEGY AND INCOURAGE IS COMMITTED TO HELPING THE COMMUNITY COORDINATE EFFORTS FOCUSED ON COMMUNITY PRIORITIES AND A SHARED VISION FOR THE FUTURE. (SEE

INCOURAGECF.ORG/LEAD/COMMUNITY-INFORMATION, AND /COMMUNITY-SURVEY-2017 FOR MORE). THE CONNECTEDNESS AND INTEGRATION OF A VARIETY OF GRANTS, PROGRAMS, AND INITIATIVES ALLOWS FOR A "COMMUNITY SPECIFIC" FRAMEWORK THROUGH WHICH COLLECTIVE RESOURCES CAN ACHIEVE GREATER IMPACT IN THE

FORM OF SYSTEMS CHANGE AND COMMUNITY INVOLVEMENT. AN EXAMPLE IS SUPPORTING RESEARCH INTO LOCAL DATA TO PRODUCE VITAL SIGNS TYPE REPORTS AND

THEN TO HOST CRITICAL COMMUNITY CONVERSATIONS FOR INFORMING STRATEGY AND ACTION WITH TIMELY. ACCURATE AND RELEVANT DATA (SEE

efile GRAPHIC print - DO NOT			<u> 1t - DO NOT PROCESS</u>	NOT PROCESS As Filed Data -				DLN: 93493320011700		
SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
(Form 990 or 990EZ)			Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	tion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2019		
		the Treasury	► Go to <u>www.ii</u>	<i>s.gov/Form</i> 990 for i	nstructions and	d the latest info	ormation.	Open to Public Inspection		
Nam	e of th	ne organiza	tion DUNDATION INC				Employer identific	ation number		
							39-1772651			
	rt I		for Public Charity Sta a private foundation becaus				See instructions.			
1	n yannz		•	•	•	• •	(A)(i)			
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3			or a cooperative hospital se		`	, ,				
4		·	·	-			•	ntor the beenitely		
7	Ш	name, city,	esearch organization opera and state:	ted in conjunction with	a nospital descri	ibed in section .	170(D)(1)(A)(III). E	nter the hospital's		
5			ation operated for the bene (iv). (Complete Part II.)	fit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local government o	or governmental unit de	escribed in sectio	on 170(b)(1)(<i>f</i>	۱)(v).			
7			ation that normally receives ${f O(b)(1)(A)(vi).}$ (Complet		s support from a	governmental ι	ınit or from the gener	al public described in		
8	✓		ty trust described in sectio	•	(Complete Part I	I.)				
9			ural research organization or rant college of agriculture.					ege or university or a		
10		from activit	ation that normally receives dies related to its exempt fu income and unrelated busi See section 509(a)(2). (0	inctions—subject to cer iness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
11		An organiza	ation organized and operate	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operate ly supported organizations through 12d that describe	described in section 5	509(a)(1) or se	ction 509(a)(2). See section 509(a			
а		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and E	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		Type II. A manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	pervised or controlled i zation vested in the sar						
c		Type III f	unctionally integrated. A organization(s) (see instruc	supporting organizatio				ted with, its		
d		Type III n	on-functionally integrate integrated. The organizati i). You must complete Pa	ed. A supporting organion generally must satis	ization operated	in connection wi	th its supported organ			
e		Check this	box if the organization rece or Type III non-functionall	eived a written determir	nation from the I		/pe I, Type II, Type II	I functionally		
f	Enter		of supported organizations		_		<u> </u>			
g	Provi	de the follow	ing information about the s	supported organization((s).					
	(i) N	(ii) Name of supported organization (ii) EIN (iii) Type of organization (in your governing docume (described on lines 1- 10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No				
Tota			tion Act Notice, see the :	<u> </u>	Cat. No. 11285	<u> </u>	 Schedule A (Form 9			

	to or experience on its benefit it.						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	1,485,038	1,237,794	1,681,182	440,297	754,943	5,599,254
5	The portion of total contributions by	1,403,030	1,237,734	1,001,102	440,297	754,945	3,399,234
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						1,910,114
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						3,689,140
	line 4.						3,003,140
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	1,485,038	1,237,794	1,681,182	440,297	754,943	5,599,254
8	Gross income from interest,	1,403,030	1,237,734	1,001,102	++0,237	754,545	3,333,234
٠	dividends, payments received on	70.000	500 504			470.000	2 225 252
	securities loans, rents, royalties and	736,930	588,521	606,293	630,710	472,898	3,035,352
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
ΤÛ	or loss from the sale of capital						
	assets (Explain in Part VI.)			_			
11	Total support. Add lines 7 through						8,634,606
	10					<u> </u>	0,054,000
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	7,992
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) or <u>c</u>	janization,
	check this box and stop here					<u> ▶ L</u>	
S	Section C. Computation of Public						
14	Public support percentage for 2019 (lir	ne 6, column (f) div	vided by line 11, c	olumn (f))		14	42.730 %
	D 11: 1 1 2010 C						

,	Amounts from the 4	1,465,036	1,237,794	1,001,102	440,297	734,343	3,355,234		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	736,930	588,521	606,293	630,710	472,898	3,035,352		
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.).								
11	Total support. Add lines 7 through 10						8,634,606		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	7,992		
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) org	anization,		
	check this box and stop here					▶□			
S	ection C. Computation of Public								
14	Public support percentage for 2019 (lin	e 6, column (f) di	vided by line 11, c	olumn (f))		14	42.730 %		
15	Public support percentage for 2018 Sch	nedule A, Part II, l	ine 14			15	38.510 %		
16a	33 1/3% support test—2019. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	box		
b	and stop here. The organization quality 33 1/3% support test—2018. If the	e organization did	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, chec	ck this		
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	— 2019. If the org n meets the "facts	janization did not : -and-circumstance	check a box on line es" test, check this	e 13, 16a, or 16b, box and stop he i	and line 14 ·e. Explain	▶ ⊔		
b	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	supported organization						▶□		

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

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

	edule A (101111 550 01 550 E2) 2015			age 3	
Pa	rt IV Supporting Organizations (continued)				
_			Yes	No	
	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
		11a			
	A family member of a person described in (a) above?	11b			
	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			
S	ection 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	-			
2	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	2			
	organization.				
S	ection 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	1			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).				
S	ection D. All Type III Supporting Organizations		v		
_			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?				
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			
S	ection 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 instruction)	ions):			
	The organization satisfied the Activities Test. Complete line 2 below.				
	b				
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No	
•	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			
ı	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? <i>Provide details in Part VI</i> .	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h			

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

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.	
_		

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6	·				
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
		110 2013	Allibant for 2013		
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013		

details in Part VI). See instructions		(
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

Schedule A (Form 990 or 990-EZ) 2019 Page 8									
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							
990 Sched	lule A, Supplemen	tal Information							
Retu	urn Reference	Explanation							
SCH A, PAR	T II, LINE 1	INCOURAGE COMMUNITY FOUNDATION RECEIVES AND HOLDS FUNDS FOR OTHER ORGANIZATIONS. THE ARE CHARACTERIZED AS CONTRIBUTIONS ON SCHEDULE A, BUT NOT ON FORM 990, PART VIII, LINE 1 AS R EVENUE OR NET ASSETS ON FORM 990 PART X.							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493320011700

Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

5

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** INCOURAGE COMMUNITY FOUNDATION INC 39-1772651 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019 Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivi		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), o	r secti	on	
	,)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?)(5), o		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year)(5), o III-A		Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(

Explanation

SCHEDULE D

DLN: 93493320011700

OMB No. 1545-0047

2019

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.

Open to Public

Department of the Treasury

(Form 990)

Interi	nal Revenue Service	<u>m990</u> for instructions and the latest info	rmation. Inspection
	ame of the organization COURAGE COMMUNITY FOUNDATION INC		Employer identification number
1140	COURAGE COMMONITY FOUNDATION INC		39-1772651
P	ort I Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bollor advised fullus	· ` ´
2	Aggregate value of contributions to (during year)	119,759	
3	Aggregate value of grants from (during year)	165,232	·
4	Aggregate value at end of year	1,065,328	·
5	Did the organization inform all donors and donor advis		·
-	organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and o	donor advisors in writing that grant funds can	be used only for
	charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose o	conferring impermissible
	private benefit?		☑ Yes ☐ No
Pa	Conservation Easements. Complete if the organization answered "Y	es" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the orga	<u> </u>	
_	Preservation of land for public use (e.g., recreation		historically important land area
	Protection of natural habitat		certified historic structure
		- Preservation of a c	Lerumea mistoric structure
_	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in the for	rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histor		2c
d			2d
	structure listed in the National Register		
3	Number of conservation easements modified, transferr tax year ▶	red, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservati	ion easement is located >	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection, handling ds?	of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d	1) above satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section $170(h)(4)(B)(ii)$?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial state	
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Y	s of Art, Historical Treasures, or Oth 'es" on Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its fina	.16 (ASC 958), not to report in its revenue star public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul 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, histor following amounts required to be reported under SFAS	rical treasures, or other similar assets for fina	•
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶\$
b			<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Par	3 + + +	Organizations Maintaining Co	llections of Art, H	istori	cal Tr	reasure	es, or Ot	ther S	<u>Similar As</u>	sets (c	ontinued)
3		the organization's acquisition, accessio (check all that apply):	n, and other records,	check a	any of	the follo	wing that	are a	significant u	se of its	collection
а		Public exhibition		d		Loan or	exchange	e progi	ams		
b		Scholarly research		е		Other					
c		Preservation for future generations									
4	Provide Part	de a description of the organization's co XIII.	llections and explain h	now the	ey furth	ner the o	organizatio	on's ex	empt purpos	se in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than to								☐ Yes	s 🗆 No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, line	9, or re	porte	d an amou	nt on F	orm 990, Part
1a	Is the	e organization an agent, trustee, custod ded on Form 990, Part X?	ian or other intermedi 	ary for	contril	outions o	or other as	ssets n	ot 	Yes	s 🗌 No
b	If "Y∈	es," explain the arrangement in Part XII:	I and complete the fol	llowina	table:			Т	1A	nount	
c		nning balance	·	_			10	c			
d	_	ions during the year					10	d			
е		butions during the year						e			
f		ng balance						f			
_									33. 2		
2a		he organization include an amount on Fo								_	s ∐ No
b		es," explain the arrangement in Part XIII	I. Check here if the ex	planati	on has	been pr	rovided in	Part X	III	Ш	
Pa	rt V	Endowment Funds. Complete if the organization answ	wered "Ves" on For	m 000	Dart	TV line	10				
		Complete if the organization anst	(a) Current year		rior yea			back	(d) Three yea	rs back	(e) Four years back
1 a	Beginn	ing of year balance									
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
		or scholarships									
e	Other (expenditures for facilities ograms									
f	Admini	istrative expenses									_
g	End of	year balance									_
2	Provid	de the estimated percentage of the curr	ent vear end balance	(line 1	a. colui	mn (a))	held as:				_
а		d designated or quasi-endowment >	•	,	,	(,,					
b	Perm	anent endowment ►									
		porarily restricted endowment ►									
С		percentages on lines 2a, 2b, and 2c shou									
3a	Are th	here endowment funds not in the possessization by:	·	on that	t are h	eld and a	administer	red for	the		Yes No
	(i) ur	nrelated organizations								За	(i)
	(ii) r	elated organizations								3a	(ii)
b	If "Ye	es" on 3a(ii), are the related organization	ns listed as required o	n Sche	dule R	?				3	b
4		ribe in Part XIII the intended uses of the	organization's endow	vment f	unds.						
Par	t VI	Land, Buildings, and Equipme						_			4.0
	Descri	Complete if the organization answiption of property (a) Cost or ot (investment)	her basis (b) Cost		•		e 11a. Se (c) Accumu				e 10. d) Book value
1 =	Land										
		gs									
		•				_					
		nold improvements			ΛC	90,537			366,997		123,540
		nent			45	.5,551			550,331		123,340
		lines 1a through 1e. (Column (d) must	equal Form 900 Boot	X coli:	mn /¤) line 10	7/c))		-		100 E40
· VLA	· Auu	mics ta unough te. (Column (u) must	cquai i viiii 330, Fall	n, coiu	נט) ווווו	, mie 10	(<i>L)-)</i>	•	-		123,540

	vestments—Other Securities.	art T\/ !"	no 11h Coo Form 000	Dowt '	V line 12
C0I	mplete if the organization answered "Yes" on Form 990, P. (a) Description of security or category (including name of security)	(b) Book value	(c) Met	nod of v	x, line 12. valuation: market value
(1) Financial der (2) Closely-held (3)Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)				
	vestments—Program Related. omplete if the organization answered 'Yes' on Form 990, Po	art IV, lii	ne 11c. See Form 990	, Part	X, line 13.
	(a) Description of investment		(b) Book value	(c)	Method of valuation: or end-of-year market value
• •	DMMUNITY PROPERTY, INC. FOR TRIBUNE PROPERTY RECONSTRU HOUSING & SMALL BUSINESS LOAN FUND	CTION	2,002,170 250,531		C C
	NESS & MICROENTERPRISE REVOLVING LOAN FUNDS		353,142		C
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col.(B) line 13.)	•	2,605,843		
	her Assets. mplete if the organization answered 'Yes' on Form 990, Pa	ırt IV, lin	e 11d. See Form 990, F	Part X, I	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column ((b) must equal Form 990, Part X, col.(B) line 15.)			. •	,
Part X Ot	her Liabilities. mplete if the organization answered 'Yes' on Form 990, Pa	ırt IV lin	e 11e or 11f See For		•
1.	(a) Description of liability	11 C 1 V , 1111	e 11e 0/ 11/.5ee / 0//	11 330,	(b) Book value
(1) Federal incor (3)	me taxes			+	
(4)				+	
(5)					
(6)					
(7)				+	
(8)				+	
(9)				+	
	must equal Form 990, Part X, col.(B) line 25.)			•	1,353,242
2. Liability for ur	ncertain tax positions. In Part XIII, provide the text of the footnote				s that reports the
organization's lia	bility for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the	text of the footnote has	been pi	rovided in Part XIII 🔟

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Page 4

2,431,013

2,202,860

2,248,485

2.969.992

1	Net unrealized gains (losses) on investments	•	•	•	•	
)	Donated services and use of facilities					
2	Recoveries of prior year grants					

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Supplemental Information

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Total expenses and losses per audited financial statements

Schedule D (Form 990) 2019

Add lines 2a through 2d .

Part XI

d

е

3

4

b

C

Part XII

Other losses .

Return Reference

See Additional Data Table

5

1

2

3

5

Part XIII

2b 5.167 2c 2d -85,655

2a

2a

2b

2c

Explanation

45,625

Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b				
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				

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

45,625 4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1

5,167

2e

3

2,511,501

2,903,087

Schedule D (Form 990) 2019

d	Other (Describe in Part XIII.)	2	d			122,614		
е	Add lines 2a through 2d			•			2e	127,781
3	Subtract line 2e from line 1						3	2,775,306
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	a					
b	Other (Describe in Part XIII.)	4	b			194,686		
C	Add lines 4a and 4b						4c	194,686

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

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 39-1772651

Name: INCOURAGE COMMUNITY FOUNDATION INC

Supplemental Information

Return Reference

Explanation

OGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED THERE ARE NO AMOUNTS

PART X, LINE 2: THE ORGANIZATION IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSIT ION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING T HE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT ME ET THE MORE-LIKELY-THAN-NOT-RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT REC

TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE RELATED TO SUPPORTING ORGANIZATION 36,518. INVESTMENT MANAGEMENT FEES NETTED AGAIN ST REALIZED AND UNREALIZED GAIN (LOSS) ON INVESTMENTS IN FINANCIAL STATEMENTS -122.173.

_ _ _

upplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INTEREST INCOME FROM SUPPORTING ORGANIZATION 45,625.					

Ē

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES RELATED TO SUPPORTING ORGANIZATION 122,614.					

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANT CANCELLATIONS REPORTED IN OTHER CHANGES IN NET ASSETS OR FUND BALANCES 17,713. RENT PAID TO SUPPORTING ORGANIZATION 4,800. GRANT PAID TO SUPPORTING ORGANIZATION 50,000. INVES TMENT MANAGEMENT FEES NETTED AGAINST REALIZED AND UNREALIZED GAIN (LOSS) ON INVESTMENTS IN FINANCIAL STATEMENTS 122,173.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
	THE FINANCIAL STATEMENTS ARE CONSOLIDATED AND ALL AFFILIATE REVENUE AND EXPENSES MUST BE E LIMINATED IN ORDER TO RECONCILE TO THE TAX RETURN.

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

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

DLN: 93493320011700

Open to Public Inspection

nternal Revenue Service							
ame of the organization NCOURAGE COMMUNITY FOUNI	DATION INC					Employer identific	ation number
						39-1772651	
Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria used	intain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistance	e, and	☑ Yes ☐ No
Describe in Part IV the or	= :	=	=				
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient
(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)							
	. , . ,	-					19
			<u> </u>				

(Form 990)

Department of the

Treasury

EDUCATIONAL SCHOLARSHIPS FOR PERSONS GENERALLY RESIDING IN SOUTH

Schedule I (Form 990) 2019

WOOD COUNTY, WI AREA

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

Page 2

Part III can be duplicated if additional space is needed.

Explanation

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

(b) Number of

recipients

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

BOARD APPROVED CRITERIA AND GUIDELINES, INCLUDING SUBMITTING TO THE BOARD FOR FINAL APPROVAL.

(c) Amount of

cash grant

900

(d) Amount of

noncash assistance

FOR SCHOLARSHIPS, QUALIFYING RECIPIENTS ARE EVALUATED BASED ON ESTABLISHED SCHOLARSHIP CRITERIA AND OTHER RELEVANT FACTORS AND AWARDS ARE RECOMMENDED BY A THIRD PARTY SCHOLARSHIP ADMINISTRATOR, CRITERIA AND ELIGIBILITY ARE CONFIRMED BY INCOURAGE STAFF, ARE APPROVED BY THE BOARD OF DIRECTORS AND ARE PAYABLE DIRECTLY TO A THRID PARTY ADMINISTRATOR WHO THEN PAYS THE SCHOLARSHIP DIRECTLY TO THE EDUCATIONAL INSTITUTION. FOR DONOR ADVISED GRANTS, A BOARD APPROVED SET OF INTERNAL GUIDELINES FOR DONOR ADVISED GRANTS IS ADHERED TO INCLUDING, BUT NOT LIMITED TO, RECEIVING RECOMMENDATIONS FROM THE DONOR, CONFIRMING TAX EXEMPT STATUS, REVIEWING FORM 990'S WHEN AVAILABLE, SEEKING BOARD APPROVAL PRIOR TO AWARDING GRANTS OVER \$25,000, AND RECEIVING ACKNOWLEDGEMENTS FROM THE GRANTEE WITH RESPECT TO THE USE OF THE GRANT. FOR CERTAIN DESIGNATED AND UNRESTRICTED FUNDS, A SIMILAR PROCESS IS PERFORMED BY A COMMITTEE OF STAFF MEMBERS. FOR UNRESTRICTED IGRANTS CALLED WHAT IF GRANTS, A RESIDENT REVIEW COMMITTEE, COMPRISED OF 6 RESIDENTS IN 2019, HOLDS MEETINGS AND ROTATES PARTICIPATION FOR IGRANT REVIEWS ON AN AS NEEDED BASIS. FOR EACH OF SEVEN COMMUNITIES THAT HAVE A PROGRESS FUND DESIGNATED TOWARD THEIR COMMUNITY, THERE IS A RESIDENT REVIEW COMMITTEE, WHICH COLLECTIVELY INVOLVED 31 RESIDENTS IN 2019. INCOURAGE STAFF PROVIDE ADMINISTRATIVE SUPPORT TO FOSTER THE DECISION MAKING, REVIEW AND APPROVAL PROCESS BY PERFORMING NECESSARY DUE DILIGENCE, INCLUDING REVIEWING FORM 990'S, SUPPORTING AND GUIDING SITE VISITS, DETERMINING THE DEPTH AND FREQUENCY OF REPORTING FROM A GRANT RECIPIENT WITH RESPECT TO THE GRANT, IN ACCORDANCE WITH

(e) Method of valuation (book.

FMV, appraisal, other)

Schedule I (Form 990) 2019

Additional Data

RESOURCE CENTER OF

CENTRAL WISCONSIN 220 3RD AVENUE SOUTH

WISCONSIN RAPIDS, WI

257 PALISADES COURT NEKOOSA, WI 54457

ALEX C DOVE FOUNDATION

SUITE 1

54495

INC

Software ID: **Software Version:**

83-2464031

Form 990, Schedule I, Part II, Grants	and Other Assistance to Do	mestic Organizations and Dom	estic Governments.

or government				assistance	other)
AGING AND DISABILITY	39-6005763	501(C)(3)	22,841		

organization if applicable grant cash

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (book, FMV, appraisal,

EIN: 39-1772651 Name: INCOURAGE COMMUNITY FOUNDATION INC

150,000

(g) Description of

non-cash assistance

(h) Purpose of grant

GENERAL & PROGRAM

GENERAL & PROGRAM

RELATED SUPPORT

RELATED SUPPORT

or assistance

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

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

ASSUMPTION CATHOLIC SCHOOLS 445 CHESTNUT STREET WISCONSIN RAPIDS, WI 54494	39-1951797	501(C)(3)	17,670		GENERAL & PROGRAM RELATED SUPPORT
BOY SCOUTS OF AMERICA	39-0813397	501(C)(3)	22,522		 GENERAL & PROGRAM

TRELATED SUPPORT

SAMOSET COUNCIL 3511 CAMP PHILLIPS ROAD

WESTON, WI 54476

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 39-1745942 501(C)(3) 90.859 BOYS & GIRLS CLUB OF THE IGENERAL & PROGRAM WISCONSIN RAPIDS AREA INC IRELATED SUPPORT PO BOX 1175 WISCONSIN RAPIDS. WI

544951175 501(C)(3) 43,020 CENTRAL WISCONSIN 39-1869751 CULTURAL CENTER INC.

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

GENERAL & PROGRAM RELATED SUPPORT 2651 8TH STREET SOUTH WISCONSIN RAPIDS, WI 54494

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26 0425040 E04(6)(3) E0 000

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

1255 23RD ST NW STE 200

WASHINGTON, DC 20037

478 E GRAND AVE SUITE 200 WISCONSIN RAPIDS, WI 54494	26-0425048	501(C)(3)	50,000		RELATED SUPPORT
COUNCIL ON FOUNDATIONS	13-6068327	501(C)(3)	7,300		PROGRAM RELATED

ISUPPORT

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other) 62-1247492 159.750 THIRD PARTY INTERNATIONAL SCHOLARSHIP AND TUITION ISCHOLARSHIP SERVICES ADMINISTRATOR FOR

(e) Amount of non-

(f) Method of valuation

(h) Purpose of grant

(a) Description of

1321 MURFREESBORO PIKE SUPPORTING SUITE 800 SELECTION, AWARDING NASHVILLE, TN 372172698 AND FINAL PAYMENT OF

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

WISCONSIN RAPIDS, WI

54494

(b) EIN

177 SCHOLARSHIP AWARDS TO 151 RECIPIENTS LINCOLN HIGH SCHOOL 39-6005282 501(C)(3) 28,853 PROGRAM RELATED 1801 16TH STREET SOUTH ISUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 39-1333783 501(C)(3) 6.542 GENERAL & MID-STATE TECHNICAL COLLEGE FOUNDATION INC SCHOLARSHIP RELATED 500 32ND STREET NORTH ISUPPORT

SUPPORT
WISCONSIN RAPIDS, WI
54494

OPPORTUNITY DEVELOPMENT
CENTERS INC
1191 HUNTINGTON AVE

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

WISCONSIN RAPIDS, WI

54494

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) PARK PLACE ADULT DAY 39-1533745 501(C)(3) 16,497 GENERAL & PROGRAM SERVICES TRELATED SUPPORT

220 3RD AVE S SUITE 2 WISCONSIN RAPIDS, WI 54495					
SOUTH WOOD EMERGING PANTRY SHELF 2511 8TH STREET SOUTH 242	47-5327773	501(C)(3)	21,027		GENERAL & PROGRAM RELATED SUPPORT

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

WISCONSIN RAPIDS, WI

54494

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

UNTIED WAY OF SOUTH WOOD & ADAMS COUNTIES 351 OAK STREET WISCONSIN RAPIDS, WI 54494	39-1212595	501(C)(3)	5,930		GENERAL & PROGRAM RELATED SUPPORT
WISCONSIN HISTORICAL	39-0921093	501(C)(3)	108 582		GENERAL & PROGRAM

WISCONSIN HISTORICAL 39-0921093 201(C)(3) 108,582 IGENERAL & PROGRAM FOUNDATION INC TRELATED SUPPORT 816 STATE ST

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

MADISON, WI 53706

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-1408099 501(C)(3) 31,961 WISCONSIN RAPIDS AREA IGENERAL & PROGRAM

ASSOCIATION INC 220 3RD AVE S SUITE 126 WISCONSIN RAPIDS, WI 54495					RELATED SUPPORT
WISCONSIN RAPIDS FAMILY	39-1451595	501(C)(3)	18,968		GENERAL & PROGRAM

CENTER INC RELATED SUPPORT 500 25TH ST N WISCONSIN RAPIDS, WI

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

54494

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 39-6005282 501(C)(3) 6.851 WISCONSIN RAPIDS PUBLIC IPROGRAM RELATED SCHOOLS ISUPPORT 510 PEACH STREET

PROGRAM RELATED

ISUPPORT

10,125

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

501(C)(3)

WISCONSIN RAPIDS, WI 54494 WISCONSIN STATE FIREFIGHTERS MEMORIAL

WISCONSIN STATE 39-1911515
FIREFIGHTERS MEMORIAL
PO BOX 248
WISCONSIN RAPIDS, WI
54495

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49332	20011	700
Sch	nedule J	Co	mpensati	ion Information	OI	ИВ No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		► Complete if the orga	Compensa anization answ	ited Employees rered "Yes" on Form 990, Part IV,	, line 23.	20	119)
D	to the Towns		▶ Attach	to Form 990. instructions and the latest inform) Dpen i		
•	tment of the Treasury al Revenue Service	Go to <u>www.ms.gov</u>	7 <u>/1 0/11/990</u> 10/	mistractions and the latest mion	nation.		ectio	
	ne of the organiza	ation Y FOUNDATION INC			Employer identifica	tion nu	ımber	
					39-1772651			
Pa	rt I Questi	ons Regarding Compensat	ion				I	
1 a				the following to or for a person liste			Yes	No_
		,	III to provide an	y relevant information regarding thes				
		s or charter travel	님	Housing allowance or residence for	•			
	_	companions nification and gross-up payments		Payments for business use of person Health or social club dues or initiation				
		nary spending account		Personal services (e.g., maid, chauf				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ne la?			
3				d to establish the compensation of the	ne			
		EO/Executive Director. Check all ed organization to establish comp		CEO/Executive Director, but explain i	n Part III.			
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant	<u>~</u>	Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-conti	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	mental nonquali	ified retirement plan?		4b		No
С				nsation arrangement? Ilicable amounts for each item in Part		4c		No
	If tes to any t	or lines 4a-c, list the persons and	provide the app	incable amounts for each item in Part	. 111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b	-	anization?				5b		No
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
7	•	6a or 6b, describe in Part III.	بلناح مصال ۸	the organization provide any nonfixe	A.			
7	payments not d	escribed in lines 5 and 6? If "Yes,	," describe in Pa	rt III	u 	7	Yes	
8	subject to the ir	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No
9	If "Yes" on line	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9		110
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule 3	(Forn	1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII

instructions, on row (ii). Description of the Note. The sum of column	o no s (B)	ot list any individuals that)(i)-(iii) for each listed ind	are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 KELLY RYAN	(i)	154,500	0	51,611	7,966	747	214,824	0
PRESIDENT/CEO TO 10-31- 2019	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2019

	Tage 5					
Part III Supplemental Information						
Provide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					
Return Reference	Explanation					
	AT YEAR-END, STAFF MAY BE ELIGIBLE TO RECEIVE A DISCRETIONARY, NON-FIXED, BONUS-TYPE PAYMENT BASED ON OVERALL PERFORMANCE AND EFFORT. THE BOARD DETERMINES THE POOL OF AVAILABLE FUNDS, IF ANY, AND THE CEO HAS THE DISCRETION TO ALLOCATE THE FUNDS TO STAFF. THE BOARD ALSO REVIEWS THE CEO'S PERFORMANCE AND MAY AWARD ADDITIONAL NON-FIXED DISCRETIONARY COMPENSATION BASED ON PERFORMANCE AND EFFORT. THIS AMOUNT, IF ANY, IS REFLECTED ON SCHEDULE J, PAGE 2, IN COLUMN (B) (II). NO DISCRETIONARY COMPENSATION WAS AWARDED IN 2019. SCHEDULE J, PAGE 2, COLUMN (B) (III) CONTAINS CASH COMPENSATION INCOURAGE PAYS IN LIEU OF PROVIDING GROUP INSURANCE BENEFITS, AT THE RATE OF 22.35% OF BASE					

Page 3

Schedule 1 (Form 990) 2019

Schedule J (Form 990) 2019

AMOUNT, IF ANY, IS REFLECTED ON SCHEDULE J, PAGE 2, IN COLUMN (B) (II). NO DISCRETIONARY COMPENSATION WAS AWARDED IN 2019. SCHEDULE J, PAGE 2, COLUMN (B) (III) CONTAINS CASH COMPENSATION INCOURAGE PAYS IN LIEU OF PROVIDING GROUP INSURANCE BENEFITS, AT THE RATE OF 22.35% OF BACOMPENSATION, WHICH RATE HAS BEEN THE SAME FOR SEVERAL YEARS IN THE AMOUNT OF \$33,784. ALSO CONTAINS A ONE-TIME LUMP SUM PAYMENT FOR VACATION RELATED PAID TIME OFF THAT HAD BEEN EARNED BUT NOT UTILIZED IN THE AMOUNT OF \$17,827. IN ALL CASES, TOTAL COMPENSATION PAID REMAINS REASONABLE, AND AT OR BELOW FAIR MARKET VALUE FOR THE SERVICES PERFORMED.

DLN: 93493320011700 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** INCOURAGE COMMUNITY FOUNDATION INC 39-1772651 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 5,051 AVERAGE OF HIGH/LOW Χ 108,903 APPRAISAL 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ (_____ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 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 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Paç	ge 2				
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					
	REFLECTS THE NUMBER OF CONTRIBUTIONS OF DIFFERING TYPES OF STOCKS, NOT THE NUMBER OF SHARES					
·	IN CERTAIN INSTANCES, SUCH AS CONTRIBUTIONS OF REAL ESTATE, INCOURAGE COMMUNITY FOUNDATION, INC. UTILIZES ITS SUPPORTING ORGANIZATION, COMMUNITY PROPERTY, INC., AS A VEHICLE TO ACCEPT, MANAGE AND/OR LIQUIDATE SUCH ASSETS IN AN ORDERLY FASHION. ALSO CONTRIBUTIONS OF STOCK WOULD BE SOLD BY WOODTRUST BANK AND/OR US BANK.					
	Schedule M (Form 990) (20	19)				

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493320011700			
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to spe- Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.	ion to Form 990 or 990-EZ for responses to specific questions on ovide any additional information. rm 990 or 990-EZ. OMB No. 1545-00 2019				
Name l Bዩቲክឧ ነତ ኑ g INCOURAGE COMM	함위2ation UNITY FOUNDATION INC	Employer identi	ification number			
Return Reference	e O, Supplemental Information Explanation					
FORM 990, PART VI, SECTION B, LINE 11B	WITH SIGNIFICANT INPUT FROM A VARIETY OF STAFF MEMBERS) THE CHIEF FINANCIAL OFFICER POSTS					

Return Explanation
Reference

FORM 990,	CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY DIRECTORS, STAFF AND MOST
PART VI,	COMMITTEES. WHEN POTENTIAL CONFLICTS OF INTEREST ARISE, THE CONFLICTED PERSON IS ALLOWED A
SECTION B,	N INITIAL OPPORTUNITY FOR INPUT TO THE DISCUSSION WITH FINAL DISCUSSIONS AND VOTING, IF AN
LINE 12C	Y DONE WITHOUT THEIR INPUT

Return Reference Explanation FORM 990. THE BOARD OF DIRECTORS REVIEWS CEO PAY ANNUALLY TAKING COMPARATIVE PAY DATA INTO CONSIDERA

PART VI,
SECTION B,
LINE 15

TION, INCLUDING REGIONAL AND NATIONAL FOUNDATIONS AS WELL AS COMMUNITY DEVELOPMENT ORGANIZ
ATIONS AND DATA ON PEERS WITH WHOM OUR CEO IS MOST COMPARABLE. THE CEO RECOMMENDS DETAILED
STAFF PAY AND THE BOARD OF DIRECTORS REVIEWS STAFF POSITIONS AND OVERALL PAY THROUGH THE
FORECASTING PROCESS, TAKING COMPARATIVE PAY DATA INTO CONSIDERATION WHERE AVAILABLE AND AP
PROPRIATE. FORECASTS ARE SUBJECT TO BOARD REVIEW.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT INCOURAGE COMMUNITY FOUNDATION, INC. ATTEN TION: FINANCE, 478 EAST GRAND AVENUE, SUITE 200, WISCONSIN RAPIDS, WI 54494, OR BY EMAIL R EQUEST TO HELLO@INCOURAGECF.ORG TO THE ATTENTION OF FINANCE.

FORM 990, PART VII, LINE 1A, COLUMN (D): (D): REPORTABLE COMPENSATION FOR THE PRESIDENT/CEO IS FURTHER DETAILED ON SCHEDULE J. AS ADDITION ON ALINFORMATION, THE FOLLOWING ARE FURTHER DETAILS WITH RESPECT TO EMPLOYEES LISTED ON FOR RM 990, PART VII, COLUMN (D) REPORTABLE COMPENSATION: BASE REPORTABLE COMPOTHER COMP * TO TAL KELLY RYAN 154,500 51,611 206,111 PRESIDENT/CEO TO 10-31-2019 DAWN NEUMAN 101,139 22,1 17 123,256 CHIEF FINANCIAL OFFICER HEATHER MCKELLIPS 87,500 19,556 107,056 COO TO 10-31-20 19, THEN INTERIM CEO TO 1-31-2020 * CONSISTS PRINICPALLY OF CASH COMPENSATION INCOURAGE PAYS IN LIEU OF PROVIDING GROUP INSURANCE BENEFITS, AT THE RATE OF 22.35% OF BASE COMPENSATION, WHICH RATE HAS BEEN THE SAME FOR SEVERAL YEARS. FURTHER DETAILS WITH RESPECT TO THE COMPONENTS OF COMPENSATION ARE INCLUDED ON SCHEDULE J, PART III.	Reference	Explanation
1	PART VII, LINE 1A, COLUMN	ONAL INFORMATION, THE FOLLOWING ARE FURTHER DETAILS WITH RESPECT TO EMPLOYEES LISTED ON FO RM 990, PART VII, COLUMN (D) REPORTABLE COMPENSATION: BASE REPORTABLE COMPOTHER COMP* TO TAL KELLY RYAN 154,500 51,611 206,111 PRESIDENT/CEO TO 10-31-2019 DAWN NEUMAN 101,139 22,1 17 123,256 CHIEF FINANCIAL OFFICER HEATHER MCKELLIPS 87,500 19,556 107,056 COO TO 10-31-20 19, THEN INTERIM CEO TO 1-31-2020 * CONSISTS PRINICPALLY OF CASH COMPENSATION INCOURAGE PA YS IN LIEU OF PROVIDING GROUP INSURANCE BENEFITS, AT THE RATE OF 22.35% OF BASE COMPENSATION, WHICH RATE HAS BEEN THE SAME FOR SEVERAL YEARS. FURTHER DETAILS WITH RESPECT TO THE CO

Cuntanation

Reference Explanation

FORM 990,
PART IX,
LINE 11G
ADVISORY: PROGRAM SERVICE EXPENSES 36,889. MANAGEMENT AND GENE
ADVISORY: PROGRAM SERVICE EXPENSES 95,164. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING
EXPENSES 0. TOTAL EXPENSES 95,164. TRIBUNE & SUSTAINABLE COMMUNITIES ADVISORY: PROGRAM SE
RVICE EXPENSES 175,693. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 10,000. TO
TAL EXPENSES 185.693.

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9:

Return Explanation

Reference	
FORM 990, PART XII,	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE FULL INCOURAGE BOARD FULFILLS THESE RESPONSIBILITIES.
LINE 2C	

Return Explanation

Reference	
FORM 990,	KELLY RYAN SERVED AS PRESIDENT AND CEO OF INCOURAGE UNTIL OCTOBER 31, 2019; AFTER WHICH TI
PAGE 1,	ME HEATHER MCKELLIPS SERVED AS INTERIM CEO UNTIL JANUARY 31, 2020; AFTER WHICH TIME BETSY
LINE F	WOOD IS SERVING AS MANAGING DIRECTOR.

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART I, LINE INCOURAGE HAD 9 EMPLOYEES AT 12-31-19, ALL OF WHICH WERE PART-TIME.

Reference	Explanation
PART VI, SECTION C,	THE MOST CURRENT FORMS 990 AND 990-T ARE POSTED ON INCOURAGE'S WEBSITE. FORM 1023 AND THE TWO PRIOR YEAR FORMS 990 AND 990-T ARE AVAILABLE UPON WRITTEN REQUEST AT INCOURAGE COMMUNI TY FOUNDATION, INC., ATTENTION FINANCE, 478 EAST GRAND AVENUE, SUITE 200, WISCONSIN RAPIDS, WI 54494, OR BY EMAIL REQUEST TO HELLO@INCOURAGECF.ORG TO THE ATTENTION OF FINANCE.

SCHEDULE R
(Form 990)

As Filed Data Related

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 2019

Schedule R (Form 990) 2019

DLN: 93493320011700 OMB No. 1545-0047

> Open to Public Inspection

Employer identification number Name of the organization INCOURAGE COMMUNITY FOUNDATION INC. 39-1772651 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity entity or foreign country) Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (a) (b) (c) (e) (g) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)COMMUNITY PROPERTY INC SUPPORTING ORGANIZATION WI 501(C)(3) LINE 12B, II INCOURAGE COMMUNITY Yes 478 EAST GRAND AVENUE FOUNDATION INC WISCONSIN RAPIDS, WI 544944852 26-0425048

Cat. No. 50135Y

(a) Name, address, and EIN ol related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or F	(k) Percenta ownersh
			\perp		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign		entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income	Share	(g) of end- year assets	-of- Perce owne	1) ntage rship	(13	(i) tion 5:) contr entity
-		COL	untry)	l l									c3
		COI	untry)										
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		col	untry)										

(1)COMMUNITY PROPERTY INC

(2)COMMUNITY PROPERTY INC

(3)COMMUNITY PROPERTY INC

(4)COMMUNITY PROPERTY INC

(5) COMMUNITY PROPERTY INC

Purchase of assets from related organization(s).

Exchange of assets with related organization(s) . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . . Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes					
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes					
c Gift, grant, or capital contribution from related organization(s)	1c		No				
d Loans or loan guarantees to or for related organization(s)	1 d	Yes					
		-	┰				

Page 3

No

No

No

No

No

No

No

No

1k Yes

11

1m

10 Yes

1q

1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

CURRENT YEAR ACCRUED INTEREST

FACE VALUE OF PROMISSORY NOTES

GRANT AMOUNT PAID

STATED AMOUNT OF LOAN GUARANTEE

TOTAL ACCRUED INTEREST PROM NOTES

1n Yes

Yes

b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s).	1a		No

(b)

Transaction type (a-s)

D

D

В

D

Amount involved

45,625

1,825,000

263,500

50,000

177,170

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019		Page 5	
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Return Reference		Explanation	