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CLIENT'S COPY

November 1, 2022

Community Foundation of North Central WI
500 First Street 2600
Wausau, WI 54403

Community Foundation of North Central WI:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

We are also enclosing two copies of Form 1952 – Wisconsin Supplement to Financial Report. One copy must be signed by two officers of the Organization, titles inserted, and dated. Mail to the Department of Corporate and Consumer Services, Division of Banking, P.O. Box 7879, Madison, WI 53707-7879, on or before the due date.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Mary A. Coates, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Community Foundation of North Central WI
500 First Street 2600
Wausau, WI 54403

Prepared By:

Wipfli LLP
PO Box 8010
Wausau, WI 54402-8010

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **COMMUNITY FOUNDATION OF NORTH CENTRAL WI** EIN or SSN **39-1577472**

Name and title of officer or person subject to tax **TIMOTHY S PARKER
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>15,305,164.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WIPFLI LLP to enter my PIN 98765
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39955354403
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MARY A. COATES, CPA Date ▶ 11/01/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF NORTH CENTRAL WI	Taxpayer identification number (TIN) 39-1577472
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 500 FIRST STREET, 2600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUSAU, WI 54403	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

PAM ECKMANN

- The books are in the care of ▶ **500 FIRST STREET, SUITE 2600 - WAUSAU, WI 54403**

Telephone No. ▶ **715-845-9555** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF NORTH CENTRAL WI		D Employer identification number 39-1577472
	Doing business as		E Telephone number 715-845-9555
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 40,797,772.
	500 FIRST STREET	2600	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WAUSAU, WI 54403		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: TIMOTHY S PARKER SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ CFONCW.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987	M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN IS A NONPROFIT COMMUNITY CORPORATION,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,477,396.	Current Year 8,582,524.
	9 Program service revenue (Part VIII, line 2g)	87,232.	89,528.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,326,018.	6,611,470.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,231.	21,642.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,918,877.	15,305,164.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,821,969.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		480,498.	610,580.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 240,219.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		208,296.	288,452.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,510,763.	7,043,830.	
19 Revenue less expenses. Subtract line 18 from line 12	4,408,114.	8,261,334.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 79,598,064.	End of Year 90,468,531.
	21 Total liabilities (Part X, line 26)	8,224,326.	7,444,350.
	22 Net assets or fund balances. Subtract line 21 from line 20	71,373,738.	83,024,181.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	▶ TIMOTHY S PARKER, PRESIDENT/CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MARY A. COATES, CPA	Preparer's signature MARY A. COATES, CPA	Date 11/01/22	Check if self-employed <input type="checkbox"/> PTIN P00134220
	Firm's name ▶ WIPFLI LLP	Firm's address ▶ PO BOX 8010 WAUSAU, WI 54402-8010	Firm's EIN ▶ 39-0758449	Phone no. 715.845.3111

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN IS A NONPROFIT COMMUNITY CORPORATION, CREATED BY AND FOR THE PEOPLE OF NORTH CENTRAL WISCONSIN. WE EXIST TO ENHANCE THE QUALITY OF LIFE OF THE GREATER WAUSAU AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,443,238. including grants of \$ 6,144,798.) (Revenue \$ 92,321.) ENRICH THE QUALITY OF THE GREATER WAUSAU AREA BY CREATING A COMMUNITY ENDOWMENT AND ENGAGING IN MEANINGFUL GRANTMAKING. CONVENE THE NONPROFIT SECTOR TO EDUCATE THEM ON AVAILABLE SERVICES AND FUNDING OPPORTUNITIES, AND TO PROVIDE A VENUE TO DISCUSS ISSUES OF GREATEST PRIORITY TO THEM.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 6,443,238.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 20	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections 2a through 17, covering topics like employee reporting, tax shelter transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PAM ECKMANN - 715-845-9555 500 FIRST STREET, SUITE 2600, WAUSAU, WI 54403

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY PARKER CEO	40.00			X				182,297.	0.	0.
(2) PAMELA ECKMANN DIRECTOR OF FINANCE	40.00			X				67,190.	0.	2,091.
(3) PETER GAFFANEY CHAIRPERSON	1.00	X		X				0.	0.	0.
(4) ANN WERTH VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(5) BENJAMIN REIF TREASURER	1.00	X		X				0.	0.	0.
(6) DAVE EISENREICH SECRETARY	1.00	X		X				0.	0.	0.
(7) CHRISTOPHER PFENDER PAST PRESIDENT	1.00	X						0.	0.	0.
(8) LISA DODSON DIRECTOR	0.50	X						0.	0.	0.
(9) KATHY DREGLER DIRECTOR	0.50	X						0.	0.	0.
(10) RYAN GALLAGHER DIRECTOR	0.50	X						0.	0.	0.
(11) WILL HSU DIRECTOR	0.50	X						0.	0.	0.
(12) MELISSA KAMPMANN DIRECTOR	0.50	X						0.	0.	0.
(13) JEREMY LEWITZKE DIRECTOR	0.50	X						0.	0.	0.
(14) STEVEN SCHMIDT DIRECTOR	0.50	X						0.	0.	0.
(15) EMILY VOSS DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							249,487.	0.	2,091.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							249,487.	0.	2,091.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,582,524.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,231,402.				
	h Total. Add lines 1a-1f			8,582,524.			
Program Service Revenue	2 a AGENCY FUND ADMINISTRATION FEES	Business Code					
		523920	89,528.	89,528.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			89,528.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		990,912.			990,912.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	31,113,166.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	25,492,608.				
	c Gain or (loss)	7c	5,620,558.				
d Net gain or (loss)			5,620,558.		5620558.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INCREASE IN CSV	Business Code					
		525100	18,849.			18,849.	
	b MISCELLANEOUS	900099	2,793.	2,793.			
	c						
	d All other revenue						
e Total. Add lines 11a-11d			21,642.				
12 Total revenue. See instructions			15,305,164.	92,321.	0.	6630319.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,742,392.	5,742,392.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	402,406.	402,406.		
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	249,487.	92,310.	79,836.	77,341.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	249,542.	92,685.	79,317.	77,540.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,416.	28,699.	24,690.	24,027.
10 Payroll taxes	34,135.	12,654.	10,887.	10,594.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,750.	6,700.	6,700.	3,350.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	106,377.		106,377.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	18,853.	5,656.	7,541.	5,656.
14 Information technology	40,187.	24,112.	12,056.	4,019.
15 Royalties				
16 Occupancy	36,979.	7,396.	22,187.	7,396.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	844.	253.	253.	338.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,028.	3,308.	4,411.	3,309.
23 Insurance	7,204.	2,882.	4,322.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MARKETING & DEVELOPMENT	36,384.	18,192.		18,192.
b MISCELLANEOUS	10,867.	2,401.	1,200.	7,266.
c DUES & SUBSCRIPTIONS	2,979.	1,192.	596.	1,191.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,043,830.	6,443,238.	360,373.	240,219.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	569,024.	1	3,679,317.
	2 Savings and temporary cash investments	5,176,965.	2	2,488,773.
	3 Pledges and grants receivable, net	532,814.	3	41,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,470.	9	167,190.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,641.		
	b Less: accumulated depreciation	10b 86,532.	10c	27,109.
	11 Investments - publicly traded securities	72,862,445.	11	83,633,473.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	412,821.	15	431,669.
16 Total assets. Add lines 1 through 15 (must equal line 33)	79,598,064.	16	90,468,531.	
Liabilities	17 Accounts payable and accrued expenses	35,883.	17	21,349.
	18 Grants payable	367,343.	18	482,999.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,821,100.	21	6,940,002.
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,224,326.	26	7,444,350.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	70,544,560.	27	82,560,512.
	28 Net assets with donor restrictions	829,178.	28	463,669.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	71,373,738.	32	83,024,181.
	33 Total liabilities and net assets/fund balances	79,598,064.	33	90,468,531.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,305,164.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,043,830.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,261,334.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,373,738.
5	Net unrealized gains (losses) on investments	5	2,024,009.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,365,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	83,024,181.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7864499.	6102781.	5059656.	6477396.	8582523.	34086855.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7864499.	6102781.	5059656.	6477396.	8582523.	34086855.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9202052.
6 Public support. Subtract line 5 from line 4.						24884803.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	7864499.	6102781.	5059656.	6477396.	8582523.	34086855.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	830,719.	805,406.	890,390.	788,716.	990,912.	4306143.
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.)	17,599.	21,886.	22,856.	28,231.	21,643.	112,215.
11 Total support. Add lines 7 through 10						38505213.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	64.63 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	66.18 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

Horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2021

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
ELIZABETH S PETERS SURVIVORS TRUST	2,359,132.	1,589,028.
GREENHECK, BA & ESTHER FOUNDATION	2,467,206.	1,697,102.
JAMES T LUNDBERG SURVIVOR'S TRUST	829,591.	59,487.
JOYCE CRESKE	989,000.	218,896.
KLIMISCH, RONALD & JANET	2,800,000.	2,029,896.
RAYMOND & MARIE GOLDBACH FOUNDATION	1,000,000.	229,896.
RUDER WARE	1,225,333.	455,229.
RUTH SCHUETTE	3,591,522.	2,821,418.
CHESTER SUSKI	871,204.	101,100.
Total Excess Contributions to Schedule A, Part II, Line 5		9,202,052.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization COMMUNITY FOUNDATION OF NORTH CENTRAL WI	Employer identification number 39-1577472
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	B.A. & ESTHER GREENHECK FOUNDATION 500 FIRST STREET, STE 5 WAUSAU, WI 54403	\$ 575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CRESKE, MRS. CHAR 143859 STATE HIGHWAY 153 MOSINEE, WI 54455	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HATTENHAUER, DR. JOHN AND MRS. SALLY 1814 GREEN VISTAS DR WAUSAU, WI 54403	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KEMERLING, MR. JAMES 1125 EASTHILL PLACE WAUSAU, WI 54403	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SCHUETTE, MRS. RUTH 1015 HILLCREST AVENUE WAUSAU, WI 54401-4245	\$ 2,240,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	WALTER ALEXANDER FOUNDATION, INC. MALLERY & ZIMMERMAN LAW OFFICES, PO BOX 479 WAUSAU, WI 54402-0479	\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF NORTH CENTRAL WI	Employer identification number 39-1577472
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>GALLAGHER, RYAN</u> <u>200 WASHINGTON ST SUITE 220</u> <u>WAUSAU, WI 54403</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>RAYMOND & MARIE GOLDBACH FOUNDATION</u> <u>304 EAST STREET</u> <u>MARATHON, WI 54448</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>SUSKI, CHESTER</u> <u>3627 N SIXTH ST., #206</u> <u>WAUSAU, WI 54403</u>	\$ <u>799,194.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>VANKERKHOVEN, MRS. LOIS</u> <u>8005 BIRCH STREET, APARTMENT 241</u> <u>WESTON, WI 54476</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF NORTH CENTRAL WI	Employer identification number 39-1577472
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	MARKETABLE SECURITIES _____ _____ _____	\$ <u>240,667.</u>	<u>02/26/21</u>
10	MARKETABLE SECURITIES _____ _____ _____	\$ <u>497,617.</u>	<u>10/28/21</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION OF NORTH CENTRAL WI	Employer identification number 39-1577472
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	140	
2 Aggregate value of contributions to (during year)	5,328,186.	
3 Aggregate value of grants from (during year)	4,560,888.	
4 Aggregate value at end of year	34,152,662.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					3,493,218.
b Contributions					6,443.
c Net investment earnings, gains, and losses					496,984.
d Grants or scholarships					
e Other expenditures for facilities and programs					187,146.
f Administrative expenses					
g End of year balance					3,809,499.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		46,100.	46,100.	0.
d Equipment		26,377.	20,724.	5,653.
e Other		41,164.	19,708.	21,456.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,109.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,230,200.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,024,009.
b	Donated services and use of facilities	2b	7,404.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,031,413.
3	Subtract line 2e from line 1	3	15,198,787.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	106,377.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	106,377.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,305,164.

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

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

1	Total expenses and losses per audited financial statements	1	6,944,858.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,404.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	7,404.
3	Subtract line 2e from line 1	3	6,937,454.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	106,376.
c	Add lines 4a and 4b	4c	106,376.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,043,830.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION IS HOLDING FUNDS FOR OTHER AGENCIES AT FAIR VALUE. THE FOUNDATION RECOGNIZES THE FAIR VALUE OF THOSE ASSETS AS A LIABILITY TO THE SPECIFIED BENEFICIARY, CONCURRENT WITH RECOGNITION OF THE ASSETS RECEIVED.

PART X, LINE 2:

THE FOUNDATION DOES NOT BELIEVE IT HAS ANY MATERIAL UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION OR MEASUREMENT IN ACCORDANCE WITH GAAP.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 106,377.

ROUNDING -1.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 4B 106,376.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACHIEVE CENTER 520 N 28TH AVENUE WAUSAU, WI 54401	74-3204717	501(C)(3)	25,000.	0.			CHILD CARE SERVICES
ADAPTIVE COMMUNITIES, INC. 1915 N 6TH STREET # A WAUSAU, WI 54403	82-2733195	501(C)(3)	5,500.	0.			DISABILITIES
AMERICAN RED CROSS - NORTH CENTRAL CHAPTER - 330 GRAND AVENUE SUITE 104 - WAUSAU, WI 54403	53-0196605	501(C)(3)	5,550.	0.			DISASTER RELIEF
ASPIRUS COMFORT CARE & HOSPICE SERVICES - C/O ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD - WAUSAU, WI 54401	39-1256656	501(C)(3)	11,300.	0.			HEALTH CARE INSTITUTIONS HOSPITALS, HOSPICE, ETC.
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	19,765.	0.			HEALTH CARE INSTITUTIONS HOSPITALS, HOSPICE, ETC.
ATHENS AREA TRAIL ASSOCIATION PO BOX 203 ATHENS, WI 54411	47-1207639	501(C)(3)	15,600.	0.			PARKS AND RECREATION / FORESTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **120.**

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

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Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN - 227400 RIB MOUNTAIN DRIVE, SUITE G - WAUSAU, WI 54401	39-1258616	501(C)(3)	13,000.	0.			YOUTH PROGRAMMING
BLESSINGS IN A BACKPACK D.C. EVEREST-WAUSAU - PO BOX 475 - SCHOFIELD, WI 54476-0475	26-1964620	501(C)(3)	8,465.	0.			FOOD, SHELTER AND HOUSING
BLESSINGS IN A BACKPACK DC EVEREST - WAUSAU - PO BOX 475 - SCHOFIELD, WI 54476	26-1964620	501(C)(3)	10,000.	0.			FOOD, SHELTER AND HOUSING
BOYS & GIRLS CLUB OF PORTAGE COUNTY - PO BOX 171 941 MICHIGAN AVE - STEVENS POINT, WI 54481	73-1630506	501(C)(3)	16,000.	0.			YOUTH PROGRAMMING
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	423,799.	0.			YOUTH PROGRAMMING
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402	39-1850386	501(C)(3)	81,297.	0.			YOUTH PROGRAMMING
CAMP MANITO-WISH YMCA P.O. BOX 246 5650 CAMP MANITO - WISH LANE - BOULDER JUNCTION, WI 54512	39-1136315	501(C)(3)	7,180.	0.			YOUTH PROGRAMMING
CATHOLIC CHARITIES 540 S THIRD AVENUE WAUSAU, WI 54401	39-1896823	501(C)(3)	11,000.	0.			RELIGIOUS
CENTRAL WISCONSIN EDUCATIONAL THEATER ALLIANCE - 225780 RIB MOUNTAIN DRIVE #291 - WAUSAU, WI 54401	81-2803071	501(C)(3)	14,600.	0.			PERFORMING ARTS (IE : THEATER, DRAMA, ETC.)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL WISCONSIN OFF ROAD CYCLING COALITION - PO BOX 745 - WAUSAU, WI 54402	45-4805343	501(C)(3)	15,000.	0.			PARKS AND RECREATION / FORESTS
CHRISTMAS IN JULY CHARITY 8304 SOUTHRIDGE DRIVE ROTHSCHILD, WI 54474	83-3752676	501(C)(3)	5,500.	0.			HEALTH CARE INSTITUTIONS HOSPITALS, HOSPICE, ETC.
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	501(C)(3)	6,100.	0.			RELIGIOUS
CITY OF MOSINEE 225 MAIN STREET MOSINEE, WI 54455		GOVERNMENT	26,000.	0.			RECREATION AND LEISURE
COMMUNITY BALLET PROGRAM, INC PO BOX 1742 WAUSAU, WI 54402	47-0854031	501(C)(3)	6,100.	0.			PERFORMING ARTS (IE : THEATER, DRAMA, ETC.)
COMMUNITY PARTNERS CAMPUS PO BOX 1403 WAUSAU, WI 54402-1403	84-4514613	501(C)(3)	1,205,400.	0.			FAMILY SERVICES AND COUNSELING
DC EVEREST AREA EDUCATION FOUNDATION - PO BOX 114 - SCHOFIELD, WI 54476	39-1736592	501(C)(3)	65,300.	0.			RECREATION AND LEISURE
DEPARTMENT OF NATURAL RESOURCES PO BOX 7921 MADISON, WI 53707	39-1572034	GOVERNMENT	9,935.	0.			ENVIRONMENT / NATURAL RESOURCES
EDGAR SCHOOL DISTRICT 203 E. BIRCH ST., PO BOX 196 EDGAR, WI 54426	39-6001848	SCHOOL	15,000.	0.			HIGH SCHOOLS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH CHRISTIAN ACADEMY 225 S 28TH AVENUE WAUSAU, WI 54401	39-1732123	501(C)(3)	8,500.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
FELLOWSHIP OF CHRISTIAN ATHLETES 2600 STEWART AVENUE, SUITE 272 WAUSAU, WI 54401	44-0610626	501(C)(3)	10,000.	0.			YOUTH PROGRAMMING
FIRST PRESBYTERIAN CHURCH 406 GRANT ST WAUSAU, WI 54403	39-0806385	CHURCH	5,175.	0.			COMMUNITY HEALTH SCREENINGS, FAIRS, ETC.
GALLOWAY RECREATION PLANNING COMMITTEE - 500 EAST GRAND AVENUE - ROSHOLT, WI 54473		501(C)(3)	7,000.	0.			PARKS AND RECREATION / FORESTS
GIGI'S PLAYHOUSE WAUSAU 3910 SCHOFIELD AVENUE, SUITE 3 WESTON, WI 54476	84-4407884	501(C)(3)	51,000.	0.			DISABILITIES
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 3511 CAMP PHILLIPS ROAD - SCHOFIELD, WI 54476	39-1016314	501(C)(3)	7,500.	0.			YOUTH PROGRAMMING
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 3511 CAMP PHILLIPS RD - SCHOFIELD, WI 54476	39-1016314	501(C)(3)	13,400.	0.			YOUTH PROGRAMMING
GOOD NEWS PROJECT, INC. 1106 5TH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	70,183.	0.			FAMILY SERVICES AND COUNSELING
GOOD NEWS PROJECT, INC. 1106 FIFTH STREET WAUSAU, WI 54403	39-1916194	501(C)(3)	26,750.	0.			FAMILY SERVICES AND COUNSELING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSPEL TLC PO BOX 25 WAUSAU, WI 54402-0025	83-4616380	501(C)(3)	20,000.	0.			FAMILY SERVICES AND COUNSELING
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	13,400.	0.			HISTORIC AND CULTURAL PRESERVATION
HEALTHFIRST NETWORK 216 SOUTH 3RD AVENUE WAUSAU, WI 54401	39-1206364	501(C)(3)	7,220.	0.			COMMUNITY HEALTH SCREENINGS, FAIRS, ETC.
HOPE LIFE CENTER 605 S 24TH AVENUE, SUITE 20 WAUSAU, WI 54401	45-0474297	501(C)(3)	7,850.	0.			COMMUNITY HEALTH SCREENINGS, FAIRS, ETC.
HOWARD YOUNG FOUNDATION, INC. PO BOX 470 WOODRUFF, WI 54568	39-1521169	501(C)(3)	7,200.	0.			FOOD, SHELTER AND HOUSING
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	14,135.	0.			ANIMAL ISSUES / PET CONTROL
JUNIOR ACHIEVEMENT OF WISCONSIN, INC. - NORTHCENTRAL DISTRICT - 300 3RD STREET, SUITE L04 - WAUSAU, WI 54403	39-0826295	501(C)(3)	11,150.	0.			COMMUNITY EDUCATION LITERACY, JOB TRAINING, ETC.
KEEP AREA TEENS SAFE 1115 HILLCREST AVE WAUSAU, WI 54401	82-2562552	501(C)(3)	5,250.	0.			FOOD, SHELTER AND HOUSING
KIDS FROM WISCONSIN 640 S 84TH STREET MILWAUKEE, WI 53214	39-1425288	501(C)(3)	8,000.	0.			PERFORMING ARTS (IE : THEATER, DRAMA, ETC.)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKELAND UNION HIGH SCHOOL DISTRICT FOUNDATION - PO BOX 1268 - MINOCQUA, WI 54548	81-3568910	501(C)(3)	14,017.	0.			SCHOLARSHIPS AND FINANCIAL AID
LEARN BUILD FLY, INC. 917 N 6TH AVENUE WAUSAU, WI 54401	47-3287245	501(C)(3)	42,000.	0.			SPECIAL TRAINING (I.E. MUSIC OR FLYING LESSONS, ETC.)
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	30,100.	0.			MUSEUMS AND VISUAL ARTS
LITTLE LIONS CHILDCARE 137357 SKYE FALLS DRIVE MARATHON, WI 54448	85-1020406	501(C)(3)	10,000.	0.			CHILD CARE SERVICES
LUCILLE TACK CENTER FOR THE ARTS 400 N SCHOOL STREET SPENCER, WI 54479	39-1837882	501(C)(3)	21,200.	0.			PERFORMING ARTS (IE : THEATER, DRAMA, ETC.)
MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 WEST PLANK COURT SUITE 200 - WAUWATOSA, WI 53226	39-1543541	501(C)(3)	9,500.	0.			MISCELLANEOUS
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	27,000.	0.			HISTORIC AND CULTURAL PRESERVATION
MARATHON COUNTY PUBLIC LIBRARY 300 N. FIRST ST. WAUSAU, WI 54401	39-1402476	GOVERNMENT	16,100.	0.			FESTIVALS AND SPECIAL EVENTS
MARATHON COUNTY TREASURER 500 FOREST STREET WAUSAU, WI 54403		GOVERNMENT	14,537.	0.			HISTORIC AND CULTURAL PRESERVATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARATHON SCHOOL DISTRICT 204 EAST STREET MARATHON, WI 54448	39-6003266	SCHOOL	7,443.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
MARSHFIELD DEVELOPMENT CLINIC 1R1 1000 N OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,000.	0.			HEALTH CARE INSTITUTIONS HOSPITALS, HOSPICE, ETC.
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 21140	12-4220071	501(C)(3)	60,000.	0.			MEDICAL RESEARCH
MCLIT: MARATHON COUNTY LITERACY COUNCIL, INC. - 515 N 3RD STREET - WAUSAU, WI 54403	20-0606704	501(C)(3)	48,000.	0.			COMMUNITY EDUCATION LITERACY, JOB TRAINING, ETC.
MEDICAL COLLEGE OF WISCONSIN 333 PINE RIDGE BLVD, SUITE 2-730 WAUSAU, WI 54401	39-0806261	SCHOOL	10,000.	0.			SCHOLARSHIPS AND FINANCIAL AID
MILE HIGH 360 1325 GLENARM PLACE 5TH FLOOR DENVER, CO 80204	26-1598336	501(C)(3)	50,000.	0.			YOUTH PROGRAMMING
MOSINEE COMMUNITY ATHLETIC ASSOCIATION - PO BOX 61 - MOSINEE, WI 54455-0061	20-5120343	501(C)(3)	89,505.	0.			PARKS AND RECREATION / FORESTS
MOSINEE SCHOOL DISTRICT 146001 STATE HWY 153 MOSINEE, WI 54455	39-6003531	SCHOOL	38,575.	0.			RECREATION AND LEISURE
MOUNT SINAI CONGREGATION 910 W RANDOLPH STREET WAUSAU, WI 54401	39-6066152	CHURCH	60,200.	0.			RELIGIOUS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY WISCONSIN CHAPTER - 633 WEST MAIN STREET - MADISON, WI 53703	53-0242652	501(C)(3)	7,500.	0.			ENVIRONMENT / NATURAL RESOURCES
NEVER FORGOTTEN HONOR FLIGHT 225780 RIB MOUNTAIN DRIVE #234 WAUSAU, WI 54401	27-4271620	501(C)(3)	11,803.	0.			SENIORS / AGING AND ELDERLY
NEWMAN CATHOLIC SCHOOLS 1130 W BRIDGE STREET WAUSAU, WI 54403-3577	39-1556442	SCHOOL	411,500.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
NORTH CENTRAL COMMUNITY ACTION PROGRAM, INC. - 2111 8TH STREET S, STE 102 - WISCONSIN RAPIDS, WI 54494-6155	39-1080179	501(C)(3)	110,000.	0.			FOOD, SHELTER AND HOUSING
NORTHERN VALLEY INDUSTRIES 5404 SHERMAN STREET WAUSAU, WI 54401-9232	39-1045865	501(C)(3)	6,000.	0.			EMPLOYMENT SERVICES
NORTH LAKE LAND DISCOVERY CENTER 215 COUNTY ROAD W MANITOWISH WATERS, WI 54545	39-1852858	501(C)(3)	6,000.	0.			ENVIRONMENT / NATURAL RESOURCES
NORTHLAND LUTHERAN HIGH SCHOOL 2107 TOWER ROAD KRONENWETTER, WI 54455		SCHOOL	8,100.	0.			HIGH SCHOOLS
NTC FOUNDATION, INC. 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1266481	501(C)(3)	11,250.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
OCEAN DISCOVERY INSTITUTE 4255 THORN STREET SAN DIEGO, CA 92105	33-0862531	501(C)(3)	25,000.	0.			WILDLIFE PRESERVATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERFORMING ARTS FOUNDATION, INC. 401 NORTH 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	52,731.	0.			PERFORMING ARTS (IE : THEATER, DRAMA, ETC.)
RAPTOR EDUCATION GROUP N2160 WEST ROLLWOOD RD PO BOX 481 ANTIGO, WI 54409	39-1772318	501(C)(3)	5,200.	0.			ANIMAL ISSUES / PET CONTROL
RHINELANDER DISTRICT LIBRARY FOUNDATION - P.O. BOX 1225 - RHINELANDER, WI 54501-1225	93-0838761	501(C)(3)	7,500.	0.			LIBRARIES AND MUSEUMS
RHINELANDER PARTNERS IN EDUCATION PO BOX 413 RHINELANDER, WI 54501		501(C)(3)	41,305.	0.			COMMUNITY EDUCATION LITERACY, JOB TRAINING, ETC.
RISE UP CENTRAL WISCONSIN, INC. 227060 BOULDER RIDGE CIRCLE WAUSAU, WI 54401	82-2857210	501(C)(3)	21,100.	0.			MUSEUMS AND VISUAL ARTS
ROBERT W. MONK GARDENS, INC 518 S. 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	103,138.	0.			RECREATION AND LEISURE
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	15,250.	0.			YOUTH PROGRAMMING
SEARCH DOG FOUNDATION 6800 WHEELER CANYON ROAD SANTA PAULA, CA 93060	77-0412509	501(C)(3)	10,000.	0.			ANIMAL ISSUES / PET CONTROL
SOUTH BEACH CHAMBER ENSEMBLE 1350 EUCLID AVENUE, #2 MIAMI BEACH, FL 33139-3944	65-1087701	501(C)(3)	5,135.	0.			MUSIC - ORCHESTRAS, BANDS, OPERA, CONCERT SERIES, ETC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STABLE HANDS EQUINE THERAPY CENTER 225780 RIB MOUNTAIN DR., PMB #243 WAUSAU, WI 54401	39-1733210	501(C)(3)	50,634.	0.			DISABILITIES
ST. AMBROSE EPISCOPAL CHURCH PO BOX 134 ANTIGO, WI 54409		CHURCH	8,000.	0.			RELIGIOUS
ST. ANTHONY SPIRITUALITY CENTER 300 EAST 4TH STREET MARATHON, WI 54448	46-3430590	501(C)(3)	43,960.	0.			RELIGIOUS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,400.	0.			MEDICAL RESEARCH
ST. MARK'S LUTHERAN CHURCH - LCMS 21 SOUTH BAIRD AVENUE RHINELANDER, WI 54501	39-1430209	CHURCH	16,000.	0.			RELIGIOUS
ST. PAUL UNITED CHURCH OF CHRIST 426 WASHINGTON STREET WAUSAU, WI 54403	39-0813451	CHURCH	8,000.	0.			RELIGIOUS
ST. THERESE CATHOLIC CHURCH 113 W KORT ST ROTHSCHILD, WI 54474	39-0878824	CHURCH	100,000.	0.			RELIGIOUS
ST. VINCENT DE PAUL CABRINI CONFERENCE - 131 WEST THOMAS ST - WAUSAU, WI 54401	26-2488787	501(C)(3)	17,000.	0.			FOOD, SHELTER AND HOUSING
THE NEIGHBORS' PLACE INC. 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	43,335.	0.			FOOD, SHELTER AND HOUSING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 202 CALLON STREET WAUSAU, WI 54401	36-2167910	501(C)(3)	40,915.	0.			FOOD, SHELTER AND HOUSING
THE WOMENS COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	43,103.	0.			ABUSE - PHYSICAL AND MENTAL
THREE LAKES COMMUNITY FOUNDATION PO BOX 231 THREE LAKES, WI 54562	81-3816166	501(C)(3)	10,000.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)
TOWN OF HAZELHURST PO BOX 67 HAZELHURST, WI 54531		GOVERNMENT	51,663.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
TOWN OF RIB MOUNTAIN 3700 NORTH MOUNTAIN ROAD WAUSAU, WI 54401	39-6029659	GOVERNMENT	12,500.	0.			PARKS AND RECREATION / FORESTS
TRINITY LUTHERAN CHURCH ATTN: MATTHEW HOEHNE 501 STEWART AV WAUSAU, WI 54401		CHURCH	6,000.	0.			RELIGIOUS
TRINITY LUTHERAN CHURCH - ATHENS 301 ELM ST. ATHENS, WI 54411	39-0958413	CHURCH	30,750.	0.			RELIGIOUS
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE., SUITE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	98,551.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)
UW WAUSAU CAMPUS FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	39,000.	0.			UNIVERSITY FOUNDATIONS, ALUMNI ORGANIZATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF EDGAR PO BOX 67 EDGAR, WI 54426-0067	39-6006254	GOVERNMENT	7,500.	0.			RECREATION AND LEISURE
VILLAGE OF KRONENWETTER 1582 KRONENWETTER DRIVE KRONENWETTER, WI 54455	71-0916099	GOVERNMENT	5,500.	0.			MUSEUMS AND VISUAL ARTS
VILLAGE OF MARATHON CITY 311 WALNUT STREET PO BOX 487 MARATHON, WI 54448	39-6006312	GOVERNMENT	25,000.	0.			PARKS AND RECREATION / FORESTS
WAUPACA AREA COMMUNITY FOUNDATION INC. - PO BOX 425 - WAUPACA, WI 54981	39-1548450	501(C)(3)	10,000.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)
WAUSAU AREA CHAMBER FOUNDATION 200 WASHINGTON STREET SUITE 120 WAUSAU, WI 54402-6190	23-7117237	501(C)(3)	37,500.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
WAUSAU CHILD CARE, INC. 2600 STEWART AVE STE 148 WAUSAU, WI 54401	39-1178554	501(C)(3)	9,092.	0.			CHILD CARE SERVICES
WAUSAU COMMUNITY THEATER 136 SUMMER STREET SCHOFIELD, WI 54476	39-0945430	501(C)(3)	6,000.	0.			PERFORMING ARTS (IE : THEATER, DRAMA, ETC.)
WAUSAU CONSERVATORY OF MUSIC 404 SEYMOUR ST. PO BOX 606 WAUSAU, WI 54402	39-1391008	501(C)(3)	54,965.	0.			MUSIC - ORCHESTRAS, BANDS, OPERA, CONCERT SERIES, ETC.
WAUSAU CURLING CLUB PO BOX 627 1920 CURLING WAY WAUSAU, WI 54402	39-0855821	501(C)(3)	21,000.	0.			RECREATION AND LEISURE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUSAU EAST HIGH SCHOOL 2607 N 18TH STREET WAUSAU, WI 54403		SCHOOL	5,460.	0.			SCHOLARSHIPS AND FINANCIAL AID
WAUSAU EAST HIGH SCHOOL ATHLETICS FUND - 2607 NORTH 18TH STREET - WAUSAU, WI 54403	23-7417638	501(C)(3)	10,441.	0.			RECREATION AND LEISURE
WAUSAU EVENTS, INC 316 SCOTT STREET WAUSAU, WI 54403	39-1612386	501(C)(3)	27,720.	0.			FESTIVALS AND SPECIAL EVENTS
WAUSAU HOMES SCOUT CENTER 3511 CAMP PHILLIPS ROAD WESTON, WI 54476	39-2042821	501(C)(3)	10,000.	0.			YOUTH PROGRAMMING
WAUSAU PILOT & REVIEW 500 N 3RD STREET, SUITE 208-8 WAUSAU, WI 54403	81-4399324	501(C)(3)	6,850.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
WAUSAU RIVER DISTRICT 316 SCOTT STREET WAUSAU, WI 54403	43-1971334	501(C)(3)	19,510.	0.			MINORITY ISSUES / RACE RELATIONS
WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 54402	39-1410384	SCHOOL	23,250.	0.			HIGH SCHOOLS
WAUSAU SCHOOL FOUNDATION 415 SEYMOUR STREET WAUSAU, WI 54403	20-0287482	501(C)(3)	16,900.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
WAUSAU WEST HIGH SCHOOL 1200 W WAUSAU AVENUE WAUSAU, WI 54401		SCHOOL	5,400.	0.			SCHOLARSHIPS AND FINANCIAL AID

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCLQ CHRISTIAN LIFE COMMUNICATIONS 3500 STEWART AVE WAUSAU, WI 54401	39-1519973	501(C)(3)	11,600.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
WISCONSIN JUDICARE, INC 401 FIFTH ST, SUITE 200 PO BOX 6100 WAUSAU, WI 54402-6100	39-1170880	501(C)(3)	5,670.	0.			CIVIL RIGHTS AND SOCIAL JUSTICE
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVE. MADISON, WI 53706-1412	23-7363536	501(C)(3)	9,960.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
WISCONSIN PUBLIC TELEVISION 821 UNIVERSITY AVENUE MADISON, WI 53706	23-7300462	501(C)(3)	6,410.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
WXPR 91.7 FM 28 N STEVENS STREET RHINELANDER, WI 54501	39-1341618	501(C)(3)	12,750.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
YWCA OF WAUSAU 613 FIFTH STREET WAUSAU, WI 54403	39-0816866	501(C)(3)	42,000.	0.			MINORITY ISSUES / RACE RELATIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS FOR PERSONS GENERALLY RESIDING IN CENTRAL WISCONSIN	221	402,406.	0.		

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

PART I, LINE 2:

THE COMMUNITY FOUNDATION MONITORS ITS GRANT AWARDS IN SEVERAL WAYS.

DONOR ADVISED FUNDS: GRANTS AWARDED FROM DONOR ADVISED FUNDS ARE SENT AFTER

THE FOUNDATION HAS DETERMINED THAT THE ORGANIZATION IS A 501(C)(3)

CHARITABLE ORGANIZATION OR MEETS ELIGIBILITY AS A CHARITABLE ENTITY. GRANT

RECIPIENTS ARE ASKED TO SEND AN ACKNOWLEDGEMENT LETTER FOR FUNDS RECEIVED.

SCHOLARSHIPS: PAYMENT IS MADE DIRECTLY TO THE INSTITUTION THE STUDENT IS

ATTENDING AFTER THE FOUNDATION HAS RECEIVED PROOF OF REGISTRATION PROVING

THAT THEY HAVE MET THE REQUIREMENTS OF THE AWARD. UNRESTRICTED FUNDS (AND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY PARKER CEO	(i)	182,297.	0.	0.	0.	0.	182,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	1,231,402.	MEAN OF HIGH AND LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

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

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

SCHEDULE M, LINE 32B:

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

Horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

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

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

OUR GOALS ARE TO:

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

-COMMUNICATE OPPORTUNITIES AND BENEFITS OF PHILANTHROPY TO COMMUNITIES
SERVED.

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

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

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

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

OUR GOALS ARE TO:

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

-COMMUNICATE OPPORTUNITIES AND BENEFITS OF PHILANTHROPY TO COMMUNITIES
SERVED.

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

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

ORGANIZATIONS, AND COMMUNITIES.

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

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

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

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

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

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

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

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

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENT - RECLASSIFICATION OF AGENCY FUNDS 1,365,100.

FORM 990, PART XII, 2C

Name of the organization

COMMUNITY FOUNDATION OF NORTH CENTRAL WI

Employer identification number

39-1577472

THIS PROCESS HAS NOT CHANGE FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.