

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2023** 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 WISCONSIN, INC. Doing business as		D Employer identification number 39-1577472
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 715-845-9555
	200 WASHINGTON STREET 120		G Gross receipts \$ 28,641,174.
	City or town, state or province, country, and ZIP or foreign postal code WAUSAU, WI 54403		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: TIMOTHY S PARKER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: CFONCW.ORG
K Form of organization: Corporation Trust Association Other
L Year of formation: 1987 **M** State of legal domicile: WI

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE INSPIRE CHARITABLE GIVING TO INVEST IN A BRIGHTER COMMUNITY.		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	25
	7a 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)	5,533,608.	8,585,016.
	9 Program service revenue (Part VIII, line 2g)	71,971.	72,403.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,328,198.	3,256,174.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,405.	80,347.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,954,182.	11,993,940.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,447,533.
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)		592,743.	778,211.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		367,268.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		413,079.	761,374.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,453,355.	10,108,504.	
19 Revenue less expenses. Subtract line 18 from line 12	500,827.	1,885,436.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 75,896,956.	End of Year 81,718,818.
	21 Total liabilities (Part X, line 26)	6,858,433.	6,849,468.
	22 Net assets or fund balances. Subtract line 21 from line 20	69,038,523.	74,869,350.

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	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JESSICA NATUS	JESSICA NATUS	07/10/24		P01799381
Firm's name	Firm's address		Firm's EIN		
	WIPFLI LLP	1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812	39-0758449	Phone no. 218.722.4705	

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

Form 990 (2023)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN IS A NONPROFIT COMMUNITY CORPORATION, CREATED BY AND FOR THE PEOPLE OF NORTH CENTRAL WISCONSIN. WE EXIST TO STRENGTHEN OUR REGION BY CONNECTING THE PHILANTHROPIC GENEROSITY OF DONORS WITH IMPACTFUL SOLUTIONS THAT WILL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 9,210,729. including grants of \$ 8,568,919.) (Revenue \$ 132,029.)
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 9,210,729.

Form **990** (2023)

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

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	

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

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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 noncash 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	43
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	

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

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

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

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

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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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
200 WASHINGTON STREET, #120, WAUSAU, WI 54403

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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, box 6 of 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			192,416.	0.	20,973.	
(2) PAMELA ECKMANN VP OF FINANCE & OPERATIONS	40.00			X			68,210.	0.	19,065.	
(3) ANN WERTH CHAIRPERSON	1.00	X		X			0.	0.	0.	
(4) DAVE EISENREICH VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
(5) BENJAMIN REIF TREASURER	1.00	X		X			0.	0.	0.	
(6) MELISSA KAMPMANN SECRETARY	1.00	X		X			0.	0.	0.	
(7) PETER GAFFANEY PAST CHAIRPERSON	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) KEVIN KRAFT DIRECTOR	0.50	X					0.	0.	0.	
(13) JEREMY LEWITZKE DIRECTOR	0.50	X					0.	0.	0.	
(14) DAVID MONK DIRECTOR	0.50	X					0.	0.	0.	
(15) STEVEN SCHMIDT DIRECTOR	0.50	X					0.	0.	0.	
(16) MARY VAN GRINSVEN DIRECTOR	0.50	X					0.	0.	0.	
(17) EMILY VOSS DIRECTOR	0.50	X					0.	0.	0.	

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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							260,626.	0.	40,038.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							260,626.	0.	40,038.	

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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MIRON 500 1ST STREET SUITE 4000, WAUSAU, WI 54403	OFFICE RENNOVATIONS	205,624.

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 1

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

Form 990 (2023)

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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	34,000.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	40,094.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	8,510,922.				
	g	Noncash contributions included in lines 1a-1f	\$ 2,790,977.				
	h	Total. Add lines 1a-1f		8,585,016.			
	Program Service Revenue	2 a	AGENCY FUND ADMINISTRATION FEES	523940	72,403.	72,403.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		72,403.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		1,540,704.		1540704.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	4,000.			
			(ii) Personal				
	b	Less: rental expenses ...	0.				
	c	Rental income or (loss)	4,000.				
	d	Net rental income or (loss)		4,000.		4,000.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	18,362,704.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	16,647,234.				
	c	Gain or (loss)	1,715,470.				
d	Net gain or (loss)		1,715,470.		1715470.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a						
	b						
	c						
	d	All other revenue	900099	76,347.	59,626.	16,721.	
	e	Total. Add lines 11a-11d		76,347.			
	12	Total revenue. See instructions		11,993,940.	132,029.	0.	3276895.

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

Form 990 (2023)

39-1577472 Page **10**

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 ...	8,119,569.	8,119,569.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	449,350.	449,350.		
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	300,664.	60,133.	146,448.	94,083.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	379,585.	230,742.	55,795.	93,048.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,037.	7,112.	698.	227.
9 Other employee benefits	45,182.	38,427.	1,340.	5,415.
10 Payroll taxes	44,743.	19,914.	12,419.	12,410.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	22,010.	8,804.	8,804.	4,402.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	121,115.		121,115.	
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	114,648.	34,395.	46,372.	33,881.
14 Information technology	52,009.	31,205.	15,603.	5,201.
15 Royalties				
16 Occupancy	45,424.	18,607.	16,487.	10,330.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	34,095.	11,252.	11,592.	11,251.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,397.	10,019.	13,359.	10,019.
23 Insurance	10,524.	2,631.	5,262.	2,631.
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 REPAIRS AND MAINTENANCE	266,031.	133,015.	66,508.	66,508.
b MARKETING & DEVELOPMENT	36,094.	28,298.		7,796.
c DONOR DEVELOPMENT	8,823.	2,701.	2,701.	3,421.
d DUES & SUBSCRIPTIONS	6,971.	2,091.	697.	4,183.
e All other expenses	10,233.	2,464.	5,307.	2,462.
25 Total functional expenses. Add lines 1 through 24e	10,108,504.	9,210,729.	530,507.	367,268.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

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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	2,604,205.	1	2,169,103.	
	2 Savings and temporary cash investments	1,609,000.	2	1,292,383.	
	3 Pledges and grants receivable, net	0.	3	25,000.	
	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	317,749.	9	63,466.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 750,798.			
	b Less: accumulated depreciation	10b 75,721.	31,798.	10c	675,077.
	11 Investments - publicly traded securities	70,883,580.	11	77,029,405.	
	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	450,624.	15	464,384.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	75,896,956.	16	81,718,818.		
Liabilities	17 Accounts payable and accrued expenses	52,523.	17	257,799.	
	18 Grants payable	307,569.	18	300,939.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,498,341.	21	6,290,730.	
	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	6,858,433.	26	6,849,468.	
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	69,051,568.	27	74,379,966.	
	28 Net assets with donor restrictions	-13,045.	28	489,384.	
	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	69,038,523.	32	74,869,350.	
	33 Total liabilities and net assets/fund balances	75,896,956.	33	81,718,818.	

Form **990** (2023)

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

Form 990 (2023)

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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	11,993,940.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,108,504.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,885,436.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,038,523.
5	Net unrealized gains (losses) on investments	5	4,118,496.
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	-173,105.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	74,869,350.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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** (2023)

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

2023

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.** **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						

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5059656.	6477396.	8582524.	5533608.	8585016.	34238200.
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	5059656.	6477396.	8582524.	5533608.	8585016.	34238200.
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)						8535472.
6 Public support. Subtract line 5 from line 4.						25702728.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5059656.	6477396.	8582524.	5533608.	8585016.	34238200.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	890,390.	788,716.	990,912.	1214541.	1544704.	5429263.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						39667463.
12 Gross receipts from related activities, etc. (see instructions)					12	589,169.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	64.80	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	63.67	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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"/>

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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>			
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 (<i>explain in detail in Part VI</i>):		
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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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.)

Schedule A

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

2023

**** Do Not File ****

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

Contributor's Name	Total Contributions	Excess Contributions
B.A. & ESTHER GREENHECK FOUNDATION	1,606,625.	813,276.
ELIZABETH S PETERS SURVIVORS TRUST	2,359,132.	1,565,783.
KLIMISCH, RONALD AND JANET	4,627,948.	3,834,599.
SCHUETTE, RUTH	2,357,667.	1,564,318.
SUSKI, CHESTER	799,194.	5,845.
THOMAS & MARILYN KRAEMER FAM TRU	1,545,000.	751,651.
Total Excess Contributions to Schedule A, Part II, Line 5		8,535,472.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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).

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

Schedule B (Form 990) (2023)

Name of organization COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.	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	THOMAS AND MARILYN KRAEMER FAM TRU 6859 S SHORE DR HAZELHURST, WI 54531	\$ 1,545,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KLIMISCH, RONALD AND JANET 402 PINE ISLAND LANE SCHOFIELD, WI 54476-1811	\$ 1,484,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ABBOTSFORD EDUCATION FOUNDATION, INC. 510 W HEMLOCK STREET ABBOTSFORD, WI 54405	\$ 881,407.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALICE J. FERRIES LIVING TRUST 7704 FRANCISCAN WAY WESTON, WI 54476	\$ 480,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BOULDER JUNCTION COMMUNITY FOUNDATION PO BOX 675 BOULDER JUNCTION, WI 54512	\$ 306,699.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	REIF, WILLIAM AND MARY NELL 707 GRAY PL WAUSAU, WI 54403	\$ 299,638.	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 WISCONSIN, INC.	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	LUMW FOUNDATION 12575 ULINE DR PLEASANT PRAIRIE, WI 53158	\$ 221,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	B.A. AND ESTHER GREENHECK FOUNDATION 500 FIRST STREET, SUITE 5 WAUSAU, WI 54403	\$ 218,350.	Person <input checked="" 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.)
_____	_____	\$ _____	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.)
_____	_____	\$ _____	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 WISCONSIN, INC.	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
2	STOCK _____ _____ _____	\$ <u>1,484,480.</u>	<u>12/31/23</u>
3	STOCK _____ _____ _____	\$ <u>567,138.</u>	<u>12/11/23</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.	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	
(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	
(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	
(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	

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

2023

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.** 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	135	
2 Aggregate value of contributions to (during year)	3,208,454.	
3 Aggregate value of grants from (during year)	5,646,023.	
4 Aggregate value at end of year	25,770,533.	
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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) 2023

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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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		650,000.	19,503.	630,497.
c Leasehold improvements				
d Equipment		44,684.	19,220.	25,464.
e Other		56,114.	36,998.	19,116.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				675,077.

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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, line 25, col. (B))	

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 ...

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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	16,005,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,118,496.	
b	Donated services and use of facilities	2b	865.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	13,760.	
e	Add lines 2a through 2d	2e		4,133,121.
3	Subtract line 2e from line 1		3	11,872,825.
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	121,115.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		121,115.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,993,940.

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	9,988,254.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	865.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		865.
3	Subtract line 2e from line 1		3	9,987,389.
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	121,115.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		121,115.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,108,504.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CASH VALUE OF LIFE INSURANCE 13,760.

Part XIII Supplemental Information *(continued)*

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

2023

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.** 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
HOLY NAME OF JESUS PARISH 1104 S. 9TH AVE. WAUSAU, WI 54401	39-0806822	CHURCH	1,200,000.	0.			MEDICAL RESEARCH
CHILDREN'S IMAGINARIUM PO BOX 1548 WAUSAU, WI 54402-1548	46-5049773	501(C)(3)	1,111,078.	0.			HEALTH CARE INSTITUTIONS HOSPITALS, HOSPICE, ETC.
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)(3)	800,000.	0.			HEALTH CARE INSTITUTIONS HOSPITALS, HOSPICE, ETC.
NEWMAN CATHOLIC SCHOOLS 1130 W BRIDGE STREET WAUSAU, WI 54403-3577	39-1556442	SCHOOL	401,250.	0.			YOUTH PROGRAMMING
MONK BOTANICAL GARDENS 518 S 7TH AVENUE WAUSAU, WI 54401	90-0181069	501(C)(3)	294,835.	0.			YOUTH PROGRAMMING
TOWN OF BOULDER JUNCTION NORTH CREEK LOOP TRAIL - PO BOX 616 - BOULDER JUNCTION, WI 54512	39-1577472	GOVERNMENT	271,195.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 117.

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

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

Schedule I (Form 990) 2023

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

Schedule I (Form 990)

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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 MARATHON CITY PO BOX 487 MARATHON, WI 54448	39-6006312	GOVERNMENT	262,200.	0.			CRIME AND SAFETY
GOSPEL TLC 3404 CROSS POINTE BLVD WESTON, WI 54476	39-1577472	501(C)(3)	218,997.	0.			YOUTH PROGRAMMING
THE HAGAR HOUSE 915 N 5TH STREET WAUSAU, WI 54401	87-1150182	501(C)(3)	197,304.	0.			YOUTH PROGRAMMING
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402-2386	39-1850386	501(C)(3)	167,318.	0.			FOOD, SHELTER AND HOUSING
TOWN OF BOULDER JUNCTION PLAYGROUND FUND - PO BOX 616 - BOULDER JUNCTION, WI 54512	39-1577472	GOVERNMENT	146,567.	0.			FAMILY SERVICES AND COUNSELING
STABLE HANDS EQUINE THERAPY CENTER 225780 RIB MOUNTAIN DR., PMB #243 WAUSAU, WI 54401	39-1733210	501(C)(3)	143,100.	0.			FOOD, SHELTER AND HOUSING
HEALTHFIRST NETWORK 719 N THIRD AVENUE WAUSAU, WI 54401	39-1206364	501(C)(3)	132,500.	0.			PERFORMING ARTS (IE: THEATER, DRAMA, ETC.)
NEW BEGINNINGS FOR REFUGEES 300 N 3RD STREET, SUITE 214 WAUSAU, WI 54403	39-1577472	501(C)(3)	130,000.	0.			RECREATION AND LEISURE
DC EVEREST EDUCATION FOUNDATION PO BOX 114 SCHOFIELD, WI 54476	39-1736592	501(C)(3)	127,000.	0.			RECREATION AND LEISURE

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(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
ST. THERESE CATHOLIC CHURCH 113 W KORT ST ROTHSCHILD, WI 54474	39-0878824	CHURCH	100,000.	0.			LIBRARIES AND MUSEUMS
BOYS & GIRLS CLUB OF THE WAUSAU AREA - PO BOX 2386 - WAUSAU, WI 54402	39-1850386	501(C)(3)	84,267.	0.			HEALTH CARE INSTITUTIONS HOSPITALS, HOSPICE, ETC.
MERRILL AREA CHAMBER OF COMMERCE FOUNDATION - 705 NORTH CENTER AVENUE - MERRILL, WI 54452	20-1891431	501(C)(3)	78,681.	0.			RELIGIOUS
OCEAN DISCOVERY INSTITUTE 4255 THORN STREET SAN DIEGO, CA 92105	33-0862531	501(C)(3)	75,000.	0.			DISABILITIES
KEEP AREA TEENS SAFE 1115 HILLCREST AVE WAUSAU, WI 54401	82-2562552	501(C)(3)	67,000.	0.			PARKS AND RECREATION / FORESTS
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVE., SUITE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	62,661.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)
THE NEIGHBORS' PLACE INC. 360 GRAND AVENUE, SUITE 200 WAUSAU, WI 54403	39-1640241	501(C)(3)	61,492.	0.			FOOD, SHELTER AND HOUSING
HALDER COMMUNITY CLUB PO BOX 206 MOSINEE, WI 54455	45-1610373	501(C)(3)	60,000.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	55,000.	0.			RELIGIOUS

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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 SCHOOL FOUNDATION 415 SEYMOUR STREET WAUSAU, WI 54403	20-0287482	501(C)(3)	55,000.	0.			SPECIAL EDUCATION
CITY OF WAUSAU 407 GRANT ST WAUSAU, WI 54403	39-6005648	GOVERNMENT	53,519.	0.			LIBRARIES AND MUSEUMS
WISCONSIN FAMILY COUNSEL PO BOX 14440 MADISON, WI 53708	39-1556433	501(C)(3)	51,000.	0.			VETERAN SERVICES
ST. ANTHONY SPIRITUALITY CENTER 300 EAST 4TH STREET MARATHON, WI 54448	46-3430590	501(C)(3)	50,050.	0.			SPECIAL TRAINING (I.E. MUSIC OR FLYING LESSONS, ETC.)
ROGERS BEHAVIORAL HEALTH FOUNDATION - 34700 VALLEY RD - OCONOMOWOC, WI 53066	39-1363507	501(C)(3)	50,000.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	50,000.	0.			RELIGIOUS
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES - 4693 N LYNNDALE DR - APPLETON, WI 54913	39-1016314	501(C)(3)	48,500.	0.			RELIGIOUS
PERFORMING ARTS FOUNDATION, INC. 401 NORTH 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	47,913.	0.			HISTORIC AND CULTURAL PRESERVATION
BIG BROTHERS BIG SISTERS OF NORTHCENTRAL WISCONSIN - 613 N 5TH STREET, SUITE 203 - WAUSAU, WI 54401	39-1258616	501(C)(3)	44,500.	0.			PARKS AND RECREATION / FORESTS

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(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 WOMEN'S COMMUNITY 3200 HILLTOP AVENUE WAUSAU, WI 54401	39-1290452	501(C)(3)	40,781.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
EAA AVIATION FOUNDATION PO BOX 3043 OSHKOSH, WI 54903	39-1033301	501(C)(3)	40,000.	0.			DISABILITIES
WINMAN TRAILS PO BOX 184 MANITOWISH WATERS, WI 54545	39-1577472	501(C)(3)	39,735.	0.			YOUTH PROGRAMMING
MOSINEE COMMUNITY ATHLETIC ASSOCIATION - PO BOX 61 - MOSINEE, WI 54455-0061	20-5120343	501(C)(3)	35,000.	0.			FAMILY SERVICES AND COUNSELING
TRINITY LUTHERAN CHURCH 301 ELM ST. ATHENS, WI 54411	39-0958413	CHURCH	33,000.	0.			PERFORMING ARTS (IE: THEATER, DRAMA, ETC.)
EAA CHAPTER 640 620 WOODS PL WAUSAU, WI 54403	40-0004525	501(C)(3)	32,500.	0.			FOOD, SHELTER AND HOUSING
NORTH CENTRAL CONSERVANCY TRUST 301 CEDAR ST W STEVENS POINT, WI 54481-0124	39-1855857	501(C)(3)	31,100.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
THE CONSERVATION FUND 77 VILCOM CENTER CIR STE 340 CHAPEL HILL, NC 27514	52-1388917	501(C)(3)	30,000.	0.			MENTAL HEALTH
COMMUNITY PARTNERS CAMPUS 360 GRAND AVE STE 100 WAUSAU, WI 54403	84-4514613	501(C)(3)	27,250.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)

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(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
MERRILL AREA PUBLIC SCHOOLS 1111 N SALES STREET MERRILL, WI 54452	39-1421865	SCHOOL DISTRICT	26,965.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
PROGRESS ATHENS, INC. PO BOX 147 ATHENS, WI 54411	88-2419795	501(C)(3)	25,000.	0.			ANIMAL ISSUES / PET CONTROL
TOWN OF GIBRALTAR PO BOX 850 FISH CREEK, WI 54212	39-0990805	GOVERNMENT	25,000.	0.			COMMUNITY EDUCATION LITERACY, JOB TRAINING, ETC.
LITTLE WARRIOR FOUNDATION PO BOX 2124 BROOKFIELD, WI 53008-2124	84-4322722	501(C)(3)	24,700.	0.			YOUTH PROGRAMMING
MARATHON COUNTY HISTORICAL SOCIETY 410 MCINDOE STREET WAUSAU, WI 54403	39-0875968	501(C)(3)	23,425.	0.			FAMILY SERVICES AND COUNSELING
HUMANE SOCIETY OF MARATHON COUNTY 7001 PACKER DRIVE WAUSAU, WI 54401	39-6103305	501(C)(3)	22,401.	0.			MUSEUMS AND VISUAL ARTS
LEIGH YAWKEY WOODSON ART MUSEUM 700 N 12TH STREET WAUSAU, WI 54403-5007	23-7281913	501(C)(3)	21,904.	0.			MEDICAL RESEARCH
BE AMAZING 2058 CIRCLE DRIVE MOSINEE, WI 54455	82-2753307	501(C)(3)	21,798.	0.			HISTORIC AND CULTURAL PRESERVATION
VILLAGE OF SPENCER PO BOX 360 SPENCER, WI 54479	39-6006375	GOVERNMENT	20,500.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.

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(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
CASA OF MARATHON COUNTY PO BOX 1824 WAUSAU, WI 54402-1824	39-1974356	501(C)(3)	20,000.	0.			HIGH SCHOOLS
ENRICH EXCEL ACHIEVE LEARNING ACADEMY - 2607 N 18TH STREET - WAUSAU, WI 54401	88-3092335	501(C)(3)	20,000.	0.			MEDICAL RESEARCH
ROCK OF AGES LUTHERAN CHURCH PO BOX 1131 MINOCQUA, WI 54548	39-1349602	CHURCH	20,000.	0.			MEDICAL RESEARCH
ST. MARK'S LUTHERAN CHURCH 21 SOUTH BAIRD AVENUE RHINELANDER, WI 54501	39-1430209	CHURCH	20,000.	0.			COMMUNITY EDUCATION LITERACY, JOB TRAINING, ETC.
WATDA FOUNDATION 150 E GILMAN STREET, STE. A MADISON, WI 53703	39-1719902	501(C)(3)	20,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
WI DNR BUREAU OF NATURAL HERITAGE CONSERVATION - 101 S. WEBSTER ST., PO BOX 7921 - MADISON, WI 53707-7921	39-1572034	501(C)(3)	20,000.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
ASPIRUS HEALTH FOUNDATION 425 PINE RIDGE BLVD WAUSAU, WI 54401	39-1256656	501(C)(3)	19,200.	0.			PARKS AND RECREATION / FORESTS
THE SALVATION ARMY 202 CALLON STREET WAUSAU, WI 54401	36-2167910	501(C)(3)	18,923.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
CENTRAL WISCONSIN OFF ROAD CYCLING COALITION - PO BOX 745 - WAUSAU, WI 54402	45-4805343	501(C)(3)	18,300.	0.			RELIGIOUS

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(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	39-1410384	SCHOOL	17,500.	0.			VETERAN SERVICES
TOWN OF NEWBOLD PO BOX 1063 RHINELANDER, WI 54501	39-6006027	GOVERNMENT	17,413.	0.			MINORITY ISSUES / RACE RELATIONS
GRAND THEATRE FOUNDATION PO BOX 8050 WAUSAU, WI 54403	39-1533202	501(C)(3)	16,400.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
MOUNT SINAI CONGREGATION 910 W RANDOLPH STREET WAUSAU, WI 54401	39-6066152	CHURCH	16,080.	0.			ENVIRONMENT / NATURAL RESOURCES
RIB MOUNTAIN BOWMEN 2385 JULIP DRIVE WAUSAU, WI 54401	39-6076993	501(C)(3)	16,000.	0.			RECREATION AND LEISURE
BOULDER JUNCTION COMMUNITY FOUNDATION - 200 WASHINGTON STREET #120 - WAUSAU, WI 54403	39-1577472	501(C)(3)	15,000.	0.			UNIVERSITY FOUNDATIONS, ALUMNI ORGANIZATIONS
FAITH CHRISTIAN ACADEMY 225 S 28TH AVENUE WAUSAU, WI 54401	39-1732123	501(C)(3)	15,000.	0.			WILDLIFE PRESERVATION
GIGI'S PLAYHOUSE WAUSAU 3910 SCHOFIELD AVENUE, SUITE 3 WESTON, WI 54476	84-4407884	501(C)(3)	15,000.	0.			PERFORMING ARTS (IE: THEATER, DRAMA, ETC.)
NTC FOUNDATION, INC. 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1266481	501(C)(3)	15,000.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

Schedule I (Form 990)

39-1577472

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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
TOWN OF RINGLE 223207 ABT RD RINGLE, WI 54471	39-6006084	GOVERNMENT	15,000.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
WAUSAU/MARATHON COUNTY PARKS, RECREATION AND FORESTRY DEPARTMENT - 212 RIVER DRIVE #2 - WAUSAU, WI 54403	39-6005716	GOVERNMENT	15,000.	0.			PARKS AND RECREATION / FORESTS
WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 54402-0359	39-1410384	SCHOOL DISTRICT	15,000.	0.			RELIGIOUS
MARATHON COUNTY PUBLIC LIBRARY 300 N. FIRST ST. WAUSAU, WI 54401	39-1402476	501(C)(3)	14,736.	0.			MENTAL HEALTH
ASPIRUS COMFORT CARE & HOSPICE SERVICES - 425 PINE RIDGE BLVD - WAUSAU, WI 54401	39-1256656	501(C)(3)	14,234.	0.			YOUTH PROGRAMMING
WAUSAU CONSERVATORY OF MUSIC PO BOX 606 WAUSAU, WI 54402-0606	39-1391008	501(C)(3)	13,939.	0.			ANIMAL ISSUES / PET CONTROL
WAUSAU NORDIC SKI CLUB PO BOX 1813 WAUSAU, WI 54402	93-0835589	501(C)(3)	13,000.	0.			DISABILITIES
NEVER FORGOTTEN HONOR FLIGHT 225780 RIB MOUNTAIN DRIVE #234 WAUSAU, WI 54401	27-4271620	501(C)(3)	12,653.	0.			RELIGIOUS
UW WAUSAU CAMPUS FOUNDATION 518 S 7TH AVENUE WAUSAU, WI 54401-5396	39-1138823	501(C)(3)	12,500.	0.			RELIGIOUS

Schedule I (Form 990)

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

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CATHOLIC CHARITIES 360 GRAND AVENUE, SUITE 800 WAUSAU, WI 54403	39-1896823	501(C)(3)	12,250.	0.			MEDICAL RESEARCH
UWSP AT WAUSAU 518 S 7TH AVENUE WAUSAU, WI 54401	39-6006492	501(C)(3)	12,173.	0.			RELIGIOUS
CENTRAL WISCONSIN WATER SKI SHOW TEAM - PO BOX 245 - MOSINEE, WI 54455	39-1861054	501(C)(3)	12,000.	0.			RELIGIOUS
HODAG 10S 131 RANDALL STREET RHINELANDER, WI 54501	87-1647980	501(C)(3)	12,000.	0.			RELIGIOUS
FRIENDS OF RIB MOUNTAIN STATE PARK, INC. - 149801 STATE PARK RD - WAUSAU, WI 54401	39-1755818	501(C)(3)	11,899.	0.			ENVIRONMENT / NATURAL RESOURCES
CITY OF SCHOFIELD 200 PARK STREET SCHOFIELD, WI 54476	39-6006365	GOVERNMENT	11,882.	0.			FAMILY SERVICES AND COUNSELING
SAMOSET COUNCIL - BOY SCOUTS OF AMERICA - 3511 CAMP PHILLIPS ROAD - WESTON, WI 54476-1556	39-0813397	501(C)(3)	11,000.	0.			FOOD, SHELTER AND HOUSING
WCLQ CHRISTIAN LIFE COMMUNICATIONS 3500 STEWART AVE WAUSAU, WI 54401	39-1519973	501(C)(3)	11,000.	0.			FOOD, SHELTER AND HOUSING
WXPR 91.7 FM 28 N STEVENS STREET RHINELANDER, WI 54501	39-1341618	501(C)(3)	11,000.	0.			ABUSE - PHYSICAL AND MENTAL

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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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
BOULDER JUNCTION VOLUNTEER FIRE DEPARTMENT - PO BOX 395 - BOULDER JUNCTION, WI 54512	39-1577472	GOVERNMENT	10,964.	0.			ENVIRONMENT / NATURAL RESOURCES
WAUSAU SCHOOL DISTRICT PO BOX 359 WAUSAU, WI 54402	39-1410384	SCHOOL DISTRICT	10,880.	0.			PARKS AND RECREATION / FORESTS
BRIDGE STREET MISSION 115 W. BRIDGE STREET WAUSAU, WI 54401	81-4778078	501(C)(3)	10,500.	0.			CRIME AND SAFETY
JUNIOR ACHIEVEMENT OF WISCONSIN, INC. - NORTHCENTRAL DISTRICT - 300 3RD STREET, SUITE L04 - WAUSAU, WI 54403	39-0826295	501(C)(3)	10,250.	0.			COMMUNITY AND ECONOMIC DEVELOPMENT
COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN - 200 WASHINGTON ST STE 120 - WAUSAU, WI 54403	39-1577472	501(C)(3)	10,000.	0.			PARKS AND RECREATION / FORESTS
DOWN SYNDROME ASSOCIATION OF WISCONSIN - 11709 W CLEVELAND AVE, SUITE 2 - WEST ALLIS, WI 53227	39-1681338	501(C)(3)	10,000.	0.			RELIGIOUS
FELLOWSHIP OF CHRISTIAN ATHLETES 2600 STEWART AVENUE, SUITE 272 WAUSAU, WI 54401	44-0610626	501(C)(3)	10,000.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)
FRIENDS OF FRED SMITH, INC. PO BOX 73 PHILLIPS, WI 54555	39-1811818	501(C)(3)	10,000.	0.			HIGHER EDUCATION UNIVERSITIES, COLLEGES, VOCATIONAL
MARSHFIELD DEVELOPMENT CLINIC 1R1 1000 N OAK AVENUE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	10,000.	0.			HIGHER EDUCATION UNIVERSITIES, COLLEGES, VOCATIONAL

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
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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
SEARCH DOG FOUNDATION 6800 WHEELER CANYON ROAD SANTA PAULA, CA 93060	77-0412509	501(C)(3)	10,000.	0.			SCHOLARSHIPS AND FINANCIAL AID
WHEEL EM INN 145900 HILLCREST DRIVE WAUSAU, WI 54401	81-2733943	501(C)(3)	10,000.	0.			MUSIC - ORCHESTRAS, BANDS, OPERA, CONCERT SERIES, ETC.
ST. MICHAEL CATHOLIC CHURCH 611 STARK ST WAUSAU, WI 54403	39-0838757	CHURCH	9,900.	0.			UNIVERSITY FOUNDATIONS, ALUMNI ORGANIZATIONS
MOSINEE SCHOOL DISTRICT 146001 STATE HWY 153 MOSINEE, WI 54455	39-6003531	SCHOOL DISTRICT	8,853.	0.			COMMUNITY GIVING (COMMUNITY FOUNDATIONS, UNITED WAYS, ETC.)
EDGAR SCHOOL DISTRICT 203 E. BIRCH ST., PO BOX 196 EDGAR, WI 54426	39-6001848	SCHOOL DISTRICT	8,800.	0.			RECREATION AND LEISURE
AMERICAN RED CROSS - NORTH CENTRAL CHAPTER - 330 GRAND AVENUE - WAUSAU, WI 54403	53-0196605	501(C)(3)	8,475.	0.			SCHOLARSHIPS AND FINANCIAL AID
ST. AMBROSE EPISCOPAL CHURCH PO BOX 134 ANTIGO, WI 54409	39-1244014	501(C)(3)	8,000.	0.			ENVIRONMENT / NATURAL RESOURCES
JUNIOR ACHIEVEMENT OF WISCONSIN 300 3RD STREET, SUITE L04 WAUSAU, WI 54403	84-1267604	501(C)(3)	7,250.	0.			PERFORMING ARTS (IE: THEATER, DRAMA, ETC.)
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	7,250.	0.			MUSIC - ORCHESTRAS, BANDS, OPERA, CONCERT SERIES, ETC.

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
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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
CHURCH OF THE RESURRECTION 621 SECOND STREET WAUSAU, WI 54403	39-1933833	CHURCH	7,000.	0.			HIGH SCHOOLS
MARATHON SCHOOL DISTRICT 204 EAST STREET MARATHON, WI 54448	39-6003266	SCHOOL DISTRICT	6,987.	0.			PARKS AND RECREATION / FORESTS
HABITAT FOR HUMANITY OF WAUSAU 1810 SCHOFIELD AVENUE WESTON, WI 54476	39-1654855	501(C)(3)	6,912.	0.			RECREATION AND LEISURE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,200.	0.			SPECIAL TRAINING (I.E. MUSIC OR FLYING LESSONS, ETC.)
CHRISTMAS IN JULY CHARITY 8304 SOUTHRIDGE DRIVE ROTHSCHILD, WI 54474	83-3752676	501(C)(3)	6,000.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
DOMINICAN SISTERS OF ST. CECELIA 801 DOMINICAN DRIVE NASHVILLE, TN 37228	62-0552181	501(C)(3)	5,500.	0.			SCHOOL DISTRICTS AND FOUNDATIONS
FRIENDS OF WISCONSIN PUBLIC TELEVISION, INC. - 821 UNIVERSITY AVENUE NO. 1076 - MADISON, WI 53706	23-7300462	501(C)(3)	5,500.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.
MCLIT: MARATHON COUNTY LITERACY COUNCIL, INC. - 515 N 3RD STREET - WAUSAU, WI 54403	20-0606704	501(C)(3)	5,500.	0.			DISABILITIES
NORTHWOODS NORDIC SKI CLUB PO BOX 105 RHINELANDER, WI 54501	81-1316141	501(C)(3)	5,500.	0.			ENVIRONMENT / NATURAL RESOURCES

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

Schedule I (Form 990)

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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
RELEVANT RADIO 1496 BELLEVUE STREET, SUITE 202 GREEN BAY, WI 54311	39-2003067	501(C)(3)	5,500.	0.			PARKS AND RECREATION / FORESTS
CENTRAL WISCONSIN EDUCATIONAL THEATER ALLIANCE - 225780 RIB MOUNTAIN DRIVE #291 - WAUSAU, WI 54401	81-2803071	501(C)(3)	5,201.	0.			RELIGIOUS
WAUSAU COMMUNITY THEATER 136 SUMMER STREET SCHOFIELD, WI 54476	39-0945430	501(C)(3)	5,057.	0.			COMMUNICATIONS MEDIA, PUBLIC RADIO, TELEVISION, ETC.

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

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	267	449,350.	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

Part IV Supplemental Information

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

(Empty lined area for supplemental information)

**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

2023

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.** 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 checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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		

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

Schedule J (Form 990) 2023

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

39-1577472

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)	192,416.	0.	0.	5,397.	15,576.	213,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.** 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	109	2,790,977.	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** **0**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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, PART I, COLUMN (B):

SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS IS EQUAL TO THE NUMBER OF TRANSACTIONS IN WHICH SECURITIES WERE DONATED.

SCHEDULE M, LINE 32B:

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

**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

2023

Open to Public
Inspection

Name of the organization	COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.	Employer identification number	39-1577472
--------------------------	--	--------------------------------	------------

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

LAST FOR GENERATIONS.

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 VI, SECTION A, LINE 4:

THE BYLAW CHANGES WERE TO MOSTLY REMOVE ITEMS COVERED BY COMMITTEE AND

POLICIES.

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.	Employer identification number 39-1577472
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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:

NET ASSET RECLASSIFICATION - CONVERSION TO AGENCY FUND	-186,865.
INCREASE IN CASH VALUE OF LIFE INSURANCE	13,760.
TOTAL TO FORM 990, PART XI, LINE 9	-173,105.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.** Employer identification number **39-1577472**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NCW PROPERTIES, LLC 500 FIRST STREET, SUITE 2600 WAUSAU, WI 54403	HOLDING PROPERTY	WISCONSIN	0.	0.	COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**COMMUNITY FOUNDATION OF
NORTH CENTRAL WISCONSIN, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.