

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization WAUKESHA COUNTY COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2727 N. GRANDVIEW BLVD 301 City or town, state or province, country, and ZIP or foreign postal code WAUKESHA, WI 53188 F Name and address of principal officer: TIM BEINE SAME AS C ABOVE
D Employer identification number 39-1969122	
E Telephone number 2625131861	
G Gross receipts \$ 82,027,456.	
H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? Yes No	
If "No," attach a list. See instructions	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	
J Website: ▶ WWW.WAUKESHAFUNDATION.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	
L Year of formation: 1999 M State of legal domicile: WI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A COMMUNITY FOUNDATION WITH ENDOWMENT FUNDS THAT PROVIDE GRANT SUPPORT TO CHARITIES.
	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 21
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 7
	6 Total number of volunteers (estimate if necessary) 6 32
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 6,366,944. Current Year 20,110,547.
	9 Program service revenue (Part VIII, line 2g) 99,103. 106,223.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,560,243. 4,494,355.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30. 7,253.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,026,320. 24,718,378.
	Expenses
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) 298,265. 356,697.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,191.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 281,673. 418,778.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,917,447. 7,235,613.	
19 Revenue less expenses. Subtract line 18 from line 12 4,108,873. 17,482,765.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 56,277,086. End of Year 76,894,981.
	21 Total liabilities (Part X, line 26) 8,179,682. 9,782,600.
	22 Net assets or fund balances. Subtract line 21 from line 20 48,097,404. 67,112,381.

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 TIM BEINE, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DIANA G. LUTTMANN	Preparer's signature DIANA G. LUTTMANN
	Date 11/04/22	Check if self-employed <input type="checkbox"/>
	Firm's name ▶ RITZ HOLMAN LLP	PTIN P01075770
	Firm's address ▶ 330 E. KILBOURN AVE, SUITE 550 MILWAUKEE, WI 53202	Firm's EIN ▶ 39-0919055
		Phone no. 414-271-1451

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WCCF IS A POOL OF PERMANENT ENDOWMENT AND PROJECT FUNDS CREATED PRIMARILY BY AND FOR THE PEOPLE OF WAUKESHA COUNTY TO PROVIDE GRANT SUPPORT TO CHARITABLE ORGANIZATIONS. THE INTENT OF THE FOUNDATION IS TO SERVE A BROAD SPECTRUM OF THE COMMUNITY.

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

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

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

4a (Code:) (Expenses \$ 6,734,381. including grants of \$ 6,460,138.) (Revenue \$ 106,223.)
WCCF PROVIDED COMMUNITY GRANTS SUPPORTING ONGOING AND CHANGING COMMUNITY NEEDS IN WAUKESHA COUNTY AND THE REGION. GRANTS SUPPORTED ORGANIZATIONS FOCUSED ON EDUCATION, ARTS AND CULTURE, HEALTH AND HUMAN SERVICES, AND ENVIRONMENT AND CONSERVATION. THE GRANTS ARE AWARDED AFTER AN EXTENSIVE REVIEW AND EVALUATION PROCESS BY THE FOUNDATION'S GRANT REVIEW COMMITTEE.

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

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

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

4e Total program service expenses 6,734,381.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 10	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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	21	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	21	
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?		
10b			
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	
12c			
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. 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 **JAMES MOORE - 262-513-1861**
2727 N. GRANDVIEW BLVD, STE 301, WAUKESHA, WI 53188

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLI MARQUARDT PRESIDENT	40.00			X				127,826.	0.	25,121.
(2) MELISSA BAXTER PRESIDENT	40.00			X				12,083.	0.	0.
(3) DAVE PROVANCHER DIRECTOR	1.00	X						0.	0.	0.
(4) STACIE ANDRITSCH DIRECTOR	1.00	X						0.	0.	0.
(5) STEPHANIE RIESCH-KNAPP DIRECTOR	1.00	X						0.	0.	0.
(6) MARYBETH BUDISCH DIRECTOR	1.00	X						0.	0.	0.
(7) PAT BOELTER DIRECTOR	1.00	X						0.	0.	0.
(8) JAN WADE DIRECTOR	1.00	X						0.	0.	0.
(9) JERRY FLOOD DIRECTOR	1.00	X						0.	0.	0.
(10) TIM BEINE TREASURER	1.00	X		X				0.	0.	0.
(11) VICTOR SCHULTZ DIRECTOR	1.00	X						0.	0.	0.
(12) FRED STIER DIRECTOR	1.00	X						0.	0.	0.
(13) CURT BREWER CHAIR	1.00	X		X				0.	0.	0.
(14) MERVYN BYRD DIRECTOR	1.00	X						0.	0.	0.
(15) JOHN MATTER DIRECTOR	1.00	X						0.	0.	0.
(16) ANN BARTOS MERKOW VICE CHAIR	1.00	X		X				0.	0.	0.
(17) COREEN DICUS-JOHNSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANE STROMWALL DIRECTOR	1.00	X						0.	0.	0.
(19) KARIN KULTGEN MD PAST CHAIR	1.00	X		X				0.	0.	0.
(20) JUDIE DALUM TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(21) DAVE FRANK SECRETARY	1.00	X		X				0.	0.	0.
(22) ALICIA KISER DIRECTOR	1.00	X						0.	0.	0.
(23) ANN TESMER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal							139,909.	0.	25,121.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							139,909.	0.	25,121.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	20,110,547.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,023,109.				
	h	Total. Add lines 1a-1f		20,110,547.				
Program Service Revenue	2 a	ADMIN FEE	Business Code	900099	106,223.	106,223.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			106,223.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			93,716.		93,716.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						61,706,105.		
	b	Less: cost or other basis and sales expenses	7b	57,305,466.				
	c	Gain or (loss)	7c	4,400,639.				
	d	Net gain or (loss)			4,400,639.		4400639.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			10,865.			
b	Less: direct expenses	8b	3,612.					
c	Net income or (loss) from fundraising events			7,253.		7,253.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			24,718,378.	106,223.	0.	4501608.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,805,769.	5,805,769.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	654,369.	654,369.		
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	165,029.	139,145.	17,361.	8,523.
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	168,013.	36,209.	120,065.	11,739.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	23,655.	12,455.	9,761.	1,439.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,750.		14,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	162,955.		162,955.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,925.		11,925.	
12 Advertising and promotion	45,194.	23,796.	18,649.	2,749.
13 Office expenses	74,870.	10,687.	10,020.	54,163.
14 Information technology	37,908.	19,959.	15,642.	2,307.
15 Royalties				
16 Occupancy	19,447.	10,239.	8,025.	1,183.
17 Travel	2,007.			2,007.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,304.			4,304.
20 Interest	1,911.		1,911.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,085.	6,890.	5,399.	796.
23 Insurance	6,069.	3,195.	2,504.	370.
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 OTHER EXPENSES	10,044.	5,288.	4,145.	611.
b MEMBERSHIP DUES	7,929.		7,929.	
c FUND SUPPLIES AND ACTIV	6,380.	6,380.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,235,613.	6,734,381.	411,041.	90,191.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	231,487.	1	2,119,077.
	2 Savings and temporary cash investments	1,397,971.	2	8,075,753.
	3 Pledges and grants receivable, net	415,982.	3	482,178.
	4 Accounts receivable, net		4	182.
	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	1,976.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 127,399.		
	b Less: accumulated depreciation	10b 55,931.	48,992.	10c 71,468.
	11 Investments - publicly traded securities	54,180,678.	11	66,146,323.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	56,277,086.	16	76,894,981.	
Liabilities	17 Accounts payable and accrued expenses	139,738.	17	64,024.
	18 Grants payable	4,500.	18	123,628.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	8,035,444.	25	9,594,948.
	26 Total liabilities. Add lines 17 through 25	8,179,682.	26	9,782,600.
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	47,681,422.	27	66,630,203.
	28 Net assets with donor restrictions	415,982.	28	482,178.
	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	48,097,404.	32	67,112,381.
	33 Total liabilities and net assets/fund balances	56,277,086.	33	76,894,981.

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	24,718,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,235,613.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,482,765.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,097,404.
5	Net unrealized gains (losses) on investments	5	1,532,212.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,112,381.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2527071.	2392896.	3973424.	6366944.	20110547.	35370882.
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	2527071.	2392896.	3973424.	6366944.	20110547.	35370882.
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)						8762938.
6 Public support. Subtract line 5 from line 4.						26607944.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2527071.	2392896.	3973424.	6366944.	20110547.	35370882.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,324.	84,478.	97,421.	113,526.	4494355.	4847104.
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.)	231,728.	214,706.	26,498.	30.	10,865.	483,827.
11 Total support. Add lines 7 through 10						40701813.
12 Gross receipts from related activities, etc. (see instructions)					12	267,541.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	65.37 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	69.04 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2017 AMOUNT: \$ 5,820.

2018 AMOUNT: \$ 13,636.

2019 AMOUNT: \$ 1,223.

2020 AMOUNT: \$ 30.

ADMIN FEE INCOME

2017 AMOUNT: \$ 40,595.

2018 AMOUNT: \$ 72,002.

SPECIAL EVENTS INCOME

2017 AMOUNT: \$ 185,313.

2018 AMOUNT: \$ 129,068.

2019 AMOUNT: \$ 25,275.

2021 AMOUNT: \$ 10,865.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization WAUKESHA COUNTY COMMUNITY FOUNDATION Employer identification number 39-1969122

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (yes/no).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection. 2: Amounts for art collection for financial gain.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,002,584.	7,698,705.	6,209,010.	6,731,179.	5,061,207.
b Contributions	960,653.	322,894.	469,064.	1,049,009.	1,038,247.
c Net investment earnings, gains, and losses	862,542.	680,450.	1,231,908.	-389,736.	897,583.
d Grants or scholarships	255,443.	699,465.	211,277.	1,093,146.	197,340.
e Other expenditures for facilities and programs					
f Administrative expenses				88,296.	68,518.
g End of year balance	9,570,336.	8,002,584.	7,698,705.	6,209,010.	6,731,179.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		93,298.	42,436.	50,862.
d Equipment		34,101.	13,495.	20,606.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				71,468.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS	9,570,336.
(3) TENANT LEASE INCENTIVE	16,786.
(4) CAPITAL LEASE	7,826.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,594,948.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	26,087,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,532,212.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,532,212.
3	Subtract line 2e from line 1		3	24,555,423.
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	162,955.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	162,955.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	24,718,378.

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	7,072,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,072,658.
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	162,955.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	162,955.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,235,613.

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 V, LINE 4:

THE ENDOWMENT INCLUDES AGENCY ENDOWMENT FUNDS HELD AT THE WAUKESHA COUNTY COMMUNITY FOUNDATION (WCCF) TO PROVIDE PERMANENT GRANT SUPPORT TO CHARITABLE ORGANIZATIONS SERVING WAUKESHA COUNTY AND BEYOND. THE AGENCY ENDOWMENT FUNDS ARE INCLUDED IN THE ORGANIZATION'S ASSETS AND LIABILITIES. AN AGENCY ENDOWMENT FUND IS CREATED WHEN AN ORGANIZATION PROVIDES FUNDS TO WCCF AND NAMES ITSELF AS THE BENEFICIARY.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **WAUKESHA COUNTY COMMUNITY FOUNDATION** Employer identification number **39-1969122**

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
88NINE RADIO MILWAUKEE 220 EAST PITTSBURGH AVENUE MILWAUKEE, WI 53204	20-1257939	501(C)(3)	9,990.	0.	FMV		SPONSORSHIP
AFTER BREAST CANCER DIAGNOSIS 5775 N GLEN PARK RD #201 GLENDALE, WI 53209	39-1967028	501(C)(3)	16,500.	0.	FMV		GENERAL/OPERATING SUPPORT
ARROWHEAD SCHOLARSHIP FUND 2727 N. GRANDVIEW BLVD. WAUKESHA, WI 53188	51-0453773	501(C)(3)	12,002.	0.	FMV		SCHOLARSHIP
AMERICAN HEART ASSOCIATION 1555 N. RIVER CENTER DRIVE, #211 MILWAUKEE, WI 53212	13-5613797	501(C)(3)	17,000.	0.	FMV		SPONSORSHIP
BEST BUDDIES INTERNATIONAL, INC. 100 SE 2ND STREET, SUITE 2200 MIAMI, FL 33131	52-1614576	501(C)(3)	7,750.	0.	FMV		GENERAL/OPERATING SUPPORT
BETTY BRINN CHILDREN'S MUSEUM 929 E WISCONSIN AVE, 2ND FLR MILWAUKEE, WI 53202	39-1809636	501(C)(3)	12,500.	0.	FMV		SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF METRO MILWAUKEE - 788 N JEFFERSON ST, STE 600 - MILWAUKEE, WI 53202	39-1239687	501(C)(3)	15,000.	0.	FMV		SPONSORSHIP
BOYS & GIRLS CLUBS OF GR MILW 1558 N 6TH ST MILWAUKEE, WI 53212	39-0806292	501(C)(3)	14,750.	0.	FMV		GENERAL/OPERATING SUPPORT
CARROLL UNIVERSITY 100 N EAST AVE WAUKESHA, WI 53186	39-0806325	501(C)(3)	13,500.	0.	FMV		SCHOLARSHIP
CENTER ICE CLUB, INC. N61W21641 MASTERS DRIVE MENOMONEE FALLS, WI 53051	83-2226829	501(C)(3)	9,000.	0.	FMV		EQUIPMENT AND JERSEYS
CHILDREN'S WISCONSIN FOUNDATION P.O. BOX 1997 MILWAUKEE, WI 53201	39-1500075	501(C)(3)	309,490.	0.	FMV		SPONSORSHIP/GENERAL SUPPORT
CHRISTMAS CLEARING COUNCIL PO BOX 791 PEWAUKEE, WI 53072	39-1529238	501(C)(3)	14,600.	0.	FMV		SPONSORSHIP
CITY OF BROOKFIELD 2000 N. CALHOUN ROAD BROOKFIELD, WI 53005	39-6020813		6,000.	0.	FMV		SPONSORSHIP
CITY OF OCONOMOWOC 174 E. WISCONSIN AVENUE OCONOMOWOC, WI 53066			67,050.	0.	FMV		SPONSORSHIP
CITY OF WAUKESHA PARKS, RECREATION & FORESTRY - 1900 AVIATION DRIVE - WAUKESHA, WI 53188			6,500.	0.	FMV		SPONSORSHIP

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
COMMUNITY SMILES DENTAL (WCCDC) 210 NW BARSTOW STREET, SUITE 305 WAUKESHA, WI 53188	30-0436162	501(C)(3)	23,350.	0.	FMV		GENERAL/OPERATING SUPPORT
CONCORDIA UNIVERSITY 12800 N LAKE SHORE DR MEQUON, WI 53097	39-0833608	501(C)(3)	10,000.	0.	FMV		GENERAL/OPERATING SUPPORT
CHRISTO REY JESUIT CORPORATE WORK STUDY PROGRAM INC. - 1215 S 45TH ST - MILWAUKEE, WI 53214	46-5457943	501(C)(3)	29,900.	0.	FMV		GENERAL/OPERATING SUPPORT
DIAMOND JUBILEE PEARLS FOUNDATION PO BOX 510426 MILWAUKEE, WI 53203	33-1024338	501(C)(3)	7,300.	0.	FMV		GENERAL/OPERATING SUPPORT
DIVINE SAVIOR HOLY ANGELS HS 4257 N 100TH ST MILWAUKEE, WI 53222	39-0929898	501(C)(3)	8,000.	0.	FMV		SCHOLARSHIPS
DONALD DRIVER FOUNDATION PO BOX 753066 HOUSTON, TX 77275	76-0678602	501(C)(3)	21,500.	0.	FMV		SPONSORSHIP
DONNA LEXA COMMUNITY ART CENTERS 247 WISCONSIN AVE WAUKESHA, WI 53186	39-1510692	501(C)(3)	5,500.	0.	FMV		GENERAL/OPERATING SUPPORT
ELMBROOK EDUCATION FOUNDATION 3555 N. CALHOUN ROAD BROOKFIELD, WI 53045	39-6059490	501(C)(3)	6,270.	0.	FMV		GENERAL/OPERATING SUPPORT
ERAS SENIOR NETWORK 2607 N GRANDVIEW BLVD #150 WAUKESHA, WI 53188	39-1393171	501(C)(3)	11,650.	0.	FMV		GENERAL/OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF WAUKESHA CO PO BOX 66 WAUKESHA, WI 53187	45-5502675	501(C)(3)	7,492.	0.	FMV		GENERAL/OPERATING SUPPORT
FAMILY SERVICE OF WAUKESHA COUNTY 101 W. BROADWAY, 2ND FLOOR WAUKESHA, WI 53186	39-1038707	501(C)(3)	18,782.	0.	FMV		GENERAL/OPERATING SUPPORT
FIRST PRESBYTERIAN CHURCH 810 N EAST AVENUE WAUKESHA, WI 53186	39-6000521	501(C)(3)	9,200.	0.	FMV		GENERAL/OPERATING SUPPORT
FOOD PANTRY OF WAUKESHA 1301 SENTRY DR WAUKESHA, WI 53186	39-1502732	501(C)(3)	8,470.	0.	FMV		GENERAL/OPERATING SUPPORT
FORWARD CAREERS, INC. 327 E. BROADWAY, SUITE A WAUKESHA, WI 53186			15,000.	0.	FMV		INDEPENDENT LIVING PROGRAM
FRIENDS OF PLUM MEDIA 1418 W. ST. PAUL MILWAUKEE, WI 53233	86-2588354	501(C)(3)	200,000.	0.	FMV		SPONSORSHIP
FRIENDS OF WAUKESHA PUBLIC LIBRARY 321 WISCONSIN AVENUE WAUKESHA, WI 53186	39-1472222	501(C)(3)	20,000.	0.	FMV		GENERAL/OPERATING SUPPORT
FRIENDS OF WEHR NATURE CENTER 9701 W. COLLEGE AVENUE FRANKLIN, WI 53132	39-1416519	501(C)(3)	6,154.	0.	FMV		GENERAL/OPERATING SUPPORT
GIRL SCOUTS OF WI SE 131 S 69TH ST MILWAUKEE, WI 53214	39-0892833	501(C)(3)	10,000.	0.	FMV		STEM PROGRAMMING

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
GOOD FRIEND INC. 1025 S. MOORLAND ROAD, SUITE 600 BROOKFIELD, WI 53005	26-0731915	501(C)(3)	6,000.	0.	FMV		GENERAL/OPERATING SUPPORT
HABITAT FOR HUMANITY OF WAUKESHA CO - 2020 SPRINGDALE RD - WAUKESHA, WI 53186	39-1642114	501(C)(3)	18,950.	0.	FMV		GENERAL/OPERATING SUPPORT
HARBOR HOUSE DOMESTIC ABUSE 720 W 5TH ST APPLETON, WI 54914	39-1870927	501(C)(3)	10,000.	0.	FMV		GENERAL/OPERATING SUPPORT
HEROES FOR HEALTHCARE 10150 W. NATIONAL AVENUE MILWAUKEE, WI 53227	82-1335449	501(C)(3)	5,850.	0.	FMV		SPONSORSHIP
HOGS FOR HEROES OF WISCONSIN 822 ONDOSSAGON WAY MADISON, WI 53719	47-2613908	501(C)(3)	15,000.	0.	FMV		GENERAL/OPERATING SUPPORT
HOPE CENTER OF WAUKESHA 502 N EAST AVE WAUKESHA, WI 53186	39-1582561	501(C)(3)	15,230.	0.	FMV		GENERAL/OPERATING SUPPORT
HUMANE SOCIETY OF JEFFERSON CO W6510 KIESLING RD JEFFERSON, WI 53549	39-1022638	501(C)(3)	20,000.	0.	FMV		GENERAL SUPPORT
HUNGER TASK FORCE 201 S HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	26,500.	0.	FMV		SPONSORSHIP
IGNITE THE SPIRIT 2704 E. LOCUST STREET MILWAUKEE, WI 53211	82-4847818	501(C)(3)	30,250.	0.	FMV		DONATION

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
JOURNEY HOUSE 2110 W SCOTT ST MILWAUKEE, WI 53204	39-1203539	501(C)(3)	12,000.	0.	FMV		DONATION, SPONSORSHIP
LA CASA DE ESPERANZA 410 ARCADIAN AVE WAUKESHA, WI 53186	39-1144446	501(C)(3)	8,000.	0.	FMV		GENERAL/OPERATING SUPPORT
LA CAUSA INC PO BOX 04188 MILWAUKEE, WI 53204	39-1247667	501(C)(3)	25,000.	0.	FMV		CAPITAL FUNDING
LAD LAKE, INC. W350S1401 WATERVILLE ROAD DOUSMAN, WI 53118	39-0806398	501(C)(3)	204,702.	0.	FMV		GENERAL/OPERATING SUPPORT
LIFE NAVIGATORS 7203 W. CENTER STREET WAUWATOSA, WI 53210	39-0978146	501(C)(3)	6,500.	0.	FMV		GENERAL/OPERATING SUPPORT
LIFESTRIDERS INC S11 W29667 SUMMIT AVE WAUKESHA, WI 53188	47-0955137	501(C)(3)	6,000.	0.	FMV		GENERAL/OPERATING SUPPORT
LUTHER MANOR 4545 N. 92ND STREET WAUWATOSA, WI 53225			25,000.	0.	FMV		GENERAL/OPERATING SUPPORT
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	13,000.	0.	FMV		SCHOLARSHIP
MATC FOUNDATION 700 W. STATE STREET, S214 MILWAUKEE, WI 53233	39-1341603	501(C)(3)	5,250.	0.	FMV		GENERAL/OPERATING SUPPORT

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
MENOMONEE FALLS SCHOLARSHIP & EDUCATIONAL FOUNDATION INC - PO BOX 642 - MENOMONEE FALLS, WI 53052	39-1684911	501(C)(3)	71,500.	0.	FMV		SCHOLARSHIP
MILWAUKEE COUNTY PARKS 9840 WATERTOWN PLANK RD WAUWATOSA, WI 53226	39-6005720	501(C)(3)	9,800.	0.	FMV		RED ARROW SPONSORSHIP
MILWAUKEE COUNTY HISTORICAL SOCIETY - 910 N. OLD WORLD 3RD STREET - MILWAUKEE, WI 53203	39-1021989	501(C)(3)	11,680.	0.	FMV		GENERAL/OPERATING SUPPORT
MILWAUKEE KICKERS SOCCER CLUB 7101 WEST GOOD HOPE ROAD MILWAUKEE, WI 53223	23-7152501	501(C)(3)	10,000.	0.	FMV		SPONSORSHIP
MILWAUKEE WOMEN INC. 10936 N. PORT WASHINGTON RD STE 209 MEQUON, WI 53092	27-2190005	501(C)(3)	10,000.	0.	FMV		SPONSORSHIP
MT CALVARY LUTHERAN CHURCH 1941 MADISON STREET WAUKESHA, WI 53188	39-6000522	501(C)(3)	36,000.	0.	FMV		GENERAL/OPERATING SUPPORT
MUSEUM OF WISCONSIN ART INC 205 VETERANS AVE WEST BEND, WI 53095	39-1017647	501(C)(3)	24,100.	0.	FMV		GENERAL SUPPORT
NAMI SOUTHEAST WISCONSIN 217 WISCONSIN AVENUE, STE 300 WAUKESHA, WI 53186	39-1485627	501(C)(3)	11,217.	0.	FMV		GENERAL/OPERATING SUPPORT
NEIGHBORHOOD HOUSE OF MILW 2819 W RICHARDSON PLACE MILWAUKEE, WI 53208	39-0806269	501(C)(3)	50,000.	0.	FMV		GENERAL/OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK CREEK COMMUNITY CENTER 8580 S HOWELL AVE OAK CREEK, WI 53154	39-1375548	501(C)(3)	8,000.	0.	FMV		GENERAL/OPERATING SUPPORT
OAK CREEK NATIONAL NIGHT OUT 301 W. RYAN ROAD OAK CREEK, WI 53154	82-0551804	501(C)(3)	7,500.	0.	FMV		SPONSORSHIP
ONEHOPE27, INC. 2461 N. 47TH STREET MILWAUKEE, WI 53210	46-3664191	501(C)(3)	10,000.	0.	FMV		GENERAL/OPERATING SUPPORT
OSHKOSH AREA COMMUNITY FDN 230 OHIO STREET STE 100 OSHKOSH, WI 54902	39-2034571	501(C)(3)	30,000.	0.	FMV		GENERAL SUPPORT
PLANNED PARENTHOOD OF WI INC 302 N. JACKSON STREET MILWAUKEE, WI 53202	39-1678012	501(C)(3)	10,000.	0.	FMV		GENERAL/OPERATING SUPPORT
PRESBYTERIAN HOMES FOUNDATION 222 PARK PLACE WAUKESHA, WI 53186	41-1465334	501(C)(3)	17,500.	0.	FMV		GENERAL/OPERATING SUPPORT
PREVENT BLINDNESS WISCONSIN 731 N JACKSON ST STE 405 MILWAUKEE, WI 53202	39-6096227	501(C)(3)	14,000.	0.	FMV		GENERAL/OPERATING SUPPORT
PROHEALTH CARE FOUNDATION 725 AMERICAN AVENUE WAUKESHA, WI 53188	39-1314542	501(C)(3)	37,600.	0.	FMV		DONATION, SPONSORSHIP
REVITALIZE MILWAUKEE 840 N. DR. MARTIN LUTHER KING, JR. MILWAUKEE, WI 53203	39-2006470	501(C)(3)	10,000.	0.	FMV		SPONSORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WI INC. - 8948 WATERTOWN PLANK RD - WAUWATOSA, WI 53226	39-1433107	501(C)(3)	102,300.	0.	FMV		GENERAL/OPERATING SUPPORT
SAINTA, INC. 8901 W. CAPITOL DRIVE MILWAUKEE, WI 53222	39-1338354	501(C)(3)	6,500.	0.	FMV		MENTAL HEALTH PROGRAM
SALVATION ARMY 445 MADISON ST WAUKESHA, WI 53188	58-0660607	501(C)(3)	19,650.	0.	FMV		GENERAL/OPERATING SUPPORT
SECUREFUTURES 710 N PLANKINTON AVE STE 1400 MILWAUKEE, WI 53203	20-5203533	501(C)(3)	10,250.	0.	FMV		GENERAL/OPERATING SUPPORT
SHARON LYNNE WILSON CENTER FOR THE ARTS - 3720 MITCHELL PARK DR - BROOKFIELD, WI 53045	39-1787648	501(C)(3)	32,600.	0.	FMV		GENERAL SUPPORT
SHARP LITERACY INC 5775 N GLEN PARK RD #202 MILWAUKEE, WI 53209	39-1963963	501(C)(3)	63,979.	0.	FMV		GENERAL/OPERATING SUPPORT
SLEEP IN HEAVENLY PEACE, INC. 1560 ELDRIDGE AVENUE TWIN FALLS, ID 83301	46-4346568	501(C)(3)	5,250.	0.	FMV		SPONSORSHIP
SPECIAL SPACES WISCONSIN 10936 N. PORT WASHINGTON RD STE 130 MEQUON, WI 53092	42-1641574	501(C)(3)	25,000.	0.	FMV		GENERAL/OPERATING SUPPORT
ST ANN CENTER FOR INTERGENERA 2801 E MORGAN AVENUE MILWAUKEE, WI 53207	39-1757756	501(C)(3)	5,500.	0.	FMV		GENERAL/OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOAN ANTIDA HIGH SCHOOL 1341 N. CASS STREET MILWAUKEE, WI 53202	39-1570748	501(C)(3)	7,500.	0.	FMV		SPONSORSHIP
ST. MARCUS SCHOOL 2215 N. PALMER STREET MILWAUKEE, WI 53212	39-0850377	501(C)(3)	7,500.	0.	FMV		SPONSORSHIP
SUSAN G KOMEN BREAST CANCER FND 2025 W OKLAHOMA AVE STE 116 MILWAUKEE, WI 53215	75-2844639	501(C)(3)	15,000.	0.	FMV		GENERAL/OPERATING SUPPORT
TELLING THE TRUTH 450 N. SUNNYSLOPE ROAD, SUITE 275 BROOKFIELD, WI 53005	26-3794383	501(C)(3)	11,700.	0.	FMV		GENERAL/OPERATING SUPPORT
THE SOJOURNER FAMILY PEACE 619 W. WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501(C)(3)	8,500.	0.	FMV		GENERAL/OPERATING SUPPORT
THE WOMEN'S CENTER, INC 505 N EAST AVENUE WAUKESHA, WI 53186	39-1269698	501(C)(3)	22,967.	0.	FMV		GENERAL/OPERATING SUPPORT
TOSA CARES, INC. 12012 W. NORTH AVENUE WAUWATOSA, WI 53226	26-2805700	501(C)(3)	20,000.	0.	FMV		GENERAL/OPERATING SUPPORT
UNITED PERFORMING ARTS FUND 301 W. WISCONSIN AVENUE, #600 MILWAUKEE, WI 53203	39-6100399	501(C)(3)	6,110.	0.	FMV		GENERAL/OPERATING SUPPORT
UNITED WAY FOX CITIES, INC. 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501(C)(3)	25,000.	0.	FMV		GENERAL/OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER MKE AND WAUKESHA CO - 225 W. VINE STREET - MILWAUKEE, WI 53212	39-0806190	501(C)(3)	96,250.	0.	FMV		GENERAL/OPERATING SUPPORT
UNITY IN MOTION INC. PO BOX 511131 MILWAUKEE, WI 53203	26-3696451	501(C)(3)	15,000.	0.	FMV		GENERAL/OPERATING SUPPORT
UNITY LUTHERAN CHURCH 20700 W. NORTH AVENUE BROOKFIELD, WI 53045	39-1348971	501(C)(3)	12,500.	0.	FMV		GENERAL/OPERATING SUPPORT
UWM AT WAUKESHA FOUNDATION 1500 N. UNIVERSITY DRIVE WAUKESHA, WI 53188	39-1588785	501(C)(3)	10,000.	0.	FMV		GEMS AND BEYOND
VILLAGE OF LANNON 20399 W. MAIN STREET LANNON, WI 53046			2,234,520.	0.	FMV		REIMBURSEMENT FOR SPECIAL ASSESSMENTS
WAR MEMORIAL CENTER 750 N. LINCOLN MEMORIAL DR STE 315 MILWAUKEE, WI 53202	39-0985297	501(C)(3)	16,000.	0.	FMV		GENERAL/OPERATING SUPPORT
WAUKESHA CIVIC THEATRE 264 W MAIN ST WAUKESHA, WI 53186	39-6064685	501(C)(3)	234,550.	0.	FMV		GENERAL/OPERATING SUPPORT
WAUKESHA COUNTY HISTORICAL SOCIETY AND MUSEUM - 101 W MAIN ST - WAUKESHA, WI 53186	39-6056461	501(C)(3)	13,400.	0.	FMV		SPONSORSHIP
WAUKESHA FREE CLINIC 237 WISCONSIN AVENUE WAUKESHA, WI 53186	39-1273248	501(C)(3)	16,500.	0.	FMV		GENERAL/OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUWATOSA POLICE DEPARTMENT 1700 N 116TH ST WAUWATOSA, WI 53226	39-1501316		10,000.	0.	FMV		SPONSORSHIP
WAYLAND ACADEMY 101 N UNIVERSITY AVE BEAVER DAM, WI 53916	39-0806363	501(C)(3)	350,000.	0.	FMV		GENERAL/OPERATING SUPPORT
WCTC FOUNDATION INC. 800 MAIN STREET PEWAUKEE, WI 53072	39-1325835		33,600.	0.	FMV		SPONSORSHIP, SCHOLARSHIPS
WI LUTHERAN HIGH SCHOOL 330 N GLENVIEW AVE WAUWATOSA, WI 53213	39-0888758		5,250.	0.	FMV		SCHOLARSHIP
WISCONSIN ATHLETIC HALL OF FAME FOUNDATION - N53W16624 WHITETAIL RUN - MENOMONEE FALLS, WI 53051	83-1181410		10,125.	0.	FMV		SPONSORSHIP
WISCONSIN HERO OUTDOORS LLC W329 S690 HWY C DELAFIELD, WI 53018	82-3959113		26,442.	0.	FMV		GENERAL/OPERATING SUPPORT
WISCONSIN PHILHARMONIC 234 W. MAIN ST STE 9 WAUKESHA, WI 53187	39-6056460	501(C)(3)	15,350.	0.	FMV		GENERAL SUPPORT
WISCONSIN VETERANS NETWORK 6317 W GREENFIELD AVE WEST ALLIS, WI 53214	82-1043745	501(C)(3)	30,500.	0.	FMV		GENERAL/OPERATING SUPPORT
WISCONSIN WOMEN BUS INITIATIV 1533 N RIVERCENTER DR MILWAUKEE, WI 53212	39-1597954	501(C)(3)	15,000.	0.	FMV		GENERAL/OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN AND GIRLS FUND OF WAUKE 2727 N GRANDVIEW BLVD WAUKESHA, WI 53188	39-1969122	501(C)(3)	270,300.	0.	FMV		GENERAL/OPERATING SUPPORT
WORLD BICYCLE RELIEF 1000 W. FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	20-5080679	501(C)(3)	10,000.	0.	FMV		GENERAL/OPERATING SUPPORT
YOUR CHOICE TO LIVE, INC 440 S. LAPHAM STREET OCONOMOWOC, WI 53066	27-0842065	501(C)(3)	7,000.	0.	FMV		PREVENTION SUPPORT SERVICES
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE DRIVE RESTON, VA 20191	23-7042029	501(C)(3)	15,250.	0.	FMV		GENERAL/OPERATING SUPPORT
ZOOLOGICAL SOCIETY OF MILW 10005 W BLUEMOUND RD MILWAUKEE, WI 53226	39-6077242	501(C)(3)	10,000.	0.	FMV		SPONSORSHIP
ELMBROOK SENIOR TAXI, INC. 675 N BROOKFIELD RD BROOKFIELD, WI 53045	39-1768648	501(C)(3)	11,500.	0.	FMV		GENERAL/OPERATING SUPPORT
AMERICAN SADDLEBRED HORSE ASSOCIATION - 4083 IRON WORKS PARKWAY - LEXINGTON, KY 40511	61-1182397	501(C)(3)	7,500.	0.	FMV		GENERAL/OPERATING SUPPORT

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
SCHOLARSHIPS	324	441,369.	0.		
DISASTER RELIEF	13	213,000.	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:

GRANTEES RECEIVING SUPPORT FROM THE COMMUNITY GRANTS OR WOMEN AND GIRLS
 FUND COMPETITIVE GRANT PROCESSES ARE ASKED TO PROVIDE A DETAILED REPORT ON
 THEIR USE OF GRANTS WITHIN ONE YEAR OF RECEIVING THE GRANT. GRANTEES
 RECEIVING GRANTS FROM DONOR ADVISED FUNDS ARE NOT ASKED FOR REPORTS UNLESS
 THE DONOR ADVISOR REQUESTS THEM. GRANTEES RECEIVING GRANTS FROM OTHER
 FUNDS TYPICALLY RECEIVE UNRESTRICTED GRANTS AND ARE NOT ASKED FOR REPORTS.
 SCHOLARSHIPS ARE PAID DIRECTLY TO HIGHER EDUCATION INSTITUTIONS FOR
 SCHOLARSHIP RECIPIENTS. DISASTER RELIEF PAYMENTS WERE THOSE PAYMENTS MADE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **WAUKESHA COUNTY COMMUNITY FOUNDATION**
 Employer identification number: **39-1969122**

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 checked="" 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
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHELLI MARQUARDT PRESIDENT	(i)	127,826.	0.	0.	0.	25,121.	152,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **WAUKESHA COUNTY COMMUNITY FOUNDATION** Employer identification number **39-1969122**

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	9	1,023,109.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WAUKESHA COUNTY COMMUNITY FOUNDATION

Employer identification number

39-1969122

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

LINE 11B EXPLANATION - THE 990 IS FIRST PRESENTED TO THE FINANCE COMMITTEE;
THEN FULL BOARD REVIEWS PRIOR TO FILING.

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

BOARD AND STAFF MUST SIGN CONFIDENTIALITY AND CONFLICT OF INTEREST FORMS
THAT LIST OTHER ORGANIZATIONS THEY ARE ASSOCIATED WITH. BOARD MEMBERS DO
NOT VOTE ON GRANTS TO ORGANIZATIONS WITH WHICH THEY ARE AFFILIATED.

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

ALL DIRECTORS ARE ASKED TO COMPLETE WRITTEN EVALUATIONS OF THE PRESIDENT.
RESULTS ARE DISCUSSED BY THE EXECUTIVE COMMITTEE WITH THE PRESIDENT.
COMPENSATION IS DETERMINED BY THE FINANCE COMMITTEE AND THEN REQUIRES FULL
BOARD APPROVAL. COMPARISON DATA OF COMMUNITY FOUNDATIONS SIMILAR IN SIZE IS
USED TO DETERMINE DURING THE COMPENSATION DETERMINATION PROCESS.

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

THE CONFLICT OF INTEREST POLICY, BYLAWS, ARTICLES OF INCORPORATION AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN OR PERSONAL REQUEST.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. WAUKESHA COUNTY COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 39-1969122
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2727 N. GRANDVIEW BLVD, 301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUKESHA, WI 53188	

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

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

JAMES MOORE

• The books are in the care of ▶ **2727 N. GRANDVIEW BLVD, STE 301 - WAUKESHA, WI 53188**

Telephone No. ▶ **262-513-1861** Fax No. ▶ _____

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

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

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

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

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