

**Application for Recognition of Exemption (99)  
 Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056  
**Note:** If exempt status is approved, this application will be open for public inspection.

(Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

**Part I Identification of Applicant**

1 Full name of organization (exactly as it appears in your <b>organizing document</b> )		2 c/o Name (if applicable)	
CLARK COUNTY COMMUNITY FOUNDATION, INC.			
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
301 N MAIN ST. PO BOX 116		46-4242715	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01-12)	
LOYAL, WI 54446		12	
6 Primary contact (officer, director, trustee, or <b>authorized representative</b> )		b Phone: 715-743-6234	
a Name: Natalie K Erpenbach, Treasurer		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: <a href="http://www.clarkccf.org">www.clarkccf.org</a>			
b Organization's email: (optional)			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		11 / 22 / 2013	
12 Were you formed under the laws of a <b>foreign country</b> ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part II Organizational Structure**

You must be a corporation (including a limited liability corporation), an unincorporated association, or a trust to be tax exempt. (See instructions). **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  **Yes**  **No**
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application.  **Yes**  **No**
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.  **Yes**  **No**
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  **Yes**  **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust.  **Yes**  **No**
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected.  **Yes**  **No**

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under Section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): **#1 - Artcls Incrp. Pg 3, Article 8**
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. **#2 - ByLaws, Pg 14, Article XII**
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Debra L. Marg	President	N4690 Miller Ave Neillsville, WI 54456	None
Judith Smriga	Vice-President	500 S Lincoln St Thorp, WI 54771	None
Carrie Morrell	Secretary	24 Clay St Neillsville, WI 54456	None
Natalie K. Erpenbach	Treasurer	1015 W 5th St Neillsville, WI 54456	None
James Schmidt	Director	201 S 6th St Colby, WI 54421	None

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

**b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			<b>\$0.00</b>

**c** List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			<b>\$0.00</b>

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**?  **Yes**  **No**  
If "Yes," identify the individuals and explain the relationship.
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  **Yes**  **No**
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  **Yes**  **No**

**3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

**b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  **Yes**  **No**

**4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy?  **Yes**  **No**
- b** Do you or will you approve compensation arrangements in advance of paying compensation?  **Yes**  **No**
- c** Do you or will you document in writing the date and terms of approved compensation arrangements?  **Yes**  **No**

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  **Yes**  **No**
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  **Yes**  **No**
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source?  **Yes**  **No**
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
- 
- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.  **Yes**  **No**
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
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- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  **Yes**  **No**
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  **Yes**  **No**
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- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases.  **Yes**  **No**
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  **Yes**  **No**
- 
- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.  **Yes**  **No**
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
- 
- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  **Yes**  **No**

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals?  Yes  No  
If "Yes," describe each program that provides goods, services, or funds to individuals.
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations?  Yes  No  
If "Yes," describe each program that provides goods, services, or funds to organizations.
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.  Yes  No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  Yes  No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.  Yes  No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  Yes  No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain.  Yes  No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  Yes  No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.  Yes  No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data.  Yes  No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such arrangements.  Yes  No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

**Part VIII Your Specific Activities (Continued)**

**4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct.  Yes  No  
(See instructions.)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> mail solicitations              | <input checked="" type="checkbox"/> phone solicitations                        |
| <input checked="" type="checkbox"/> email solicitations             | <input checked="" type="checkbox"/> accept donations on your website           |
| <input checked="" type="checkbox"/> personal solicitations          | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input checked="" type="checkbox"/> government grant solicitations             |
| <input checked="" type="checkbox"/> foundation grant solicitations  | <input type="checkbox"/> Other   |

Attach a description of each fundraising program.

**b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.  Yes  No

**c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements.  Yes  No

**d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

**e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.  Yes  No

**5** Are you **affiliated** with a governmental unit? If "Yes," explain.  Yes  No

**6a** Do you or will you engage in **economic development**? If "Yes," describe your program.  Yes  No

**b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

**7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.  Yes  No

**b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees.  Yes  No

**c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

**8** Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.  Yes  No

**9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10.  Yes  No

**b** Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  Yes  No

**c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  Yes  No

**d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).  Yes  No

**10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.  Yes  No

**Part VIII Your Specific Activities (Continued)**

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  **Yes**  **No**
- 
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.  **Yes**  **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  **Yes**  **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  **Yes**  **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form.  **Yes**  **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.  **Yes**  **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.  **Yes**  **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  **Yes**  **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  **Yes**  **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.  **Yes**  **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  **Yes**  **No**

**Part VIII** Your Specific Activities (Continued)

- |           |  |  |   |
|-----------|--|--|---|
| <b>15</b> | Do you have a close connection with any organizations? If "Yes," explain.  | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>16</b> | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain.   | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>17</b> | Are you applying for exemption as a <b>cooperative service organization of operating educational organizations</b> under section 501(f)? If "Yes," explain.  | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>18</b> | Are you applying for exemption as a <b>charitable risk pool</b> under section 501(n)? If "Yes," explain.   | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>19</b> | Do you or will you operate a <b>school</b> ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.   | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>20</b> | Is your main function to provide <b>hospital or medical care</b> ? If "Yes," complete Schedule C.  | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>21</b> | Do you or will you provide <b>low-income housing</b> or housing for the <b>elderly</b> or <b>handicapped</b> ? If "Yes," complete Schedule F.  | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>22</b> | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>            |

**Note:** Private foundations may use Schedule H to request advance approval of individual grant procedures.



**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

**A. Statement of Revenues and Expenses**

	Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From 11/22/13 To 12/31/13	(b) From 1/1/14 To 12/31/14	(c) From 1/1/15 To 12/31/15	(d) From To	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	425	50,000	100,000		150,425
	2 Membership fees received	0	0	0		0
	3 Gross investment income	0	2,000	4,000		6,000
	4 Net unrelated business income	0	0	0		0
	5 Taxes levied for your benefit	0	0	0		0
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		0
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)	0	0	0		0
	8 Total of lines 1 through 7	425	52,000	104,000		156,425
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	1,000	2,000		3,000
	10 Total of lines 8 and 9	425	53,000	106,000		159,425
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0		0	
12 Unusual grants	0	0	0		0	
13 Total Revenue Add lines 10 through 12	425	53,000	106,000		159,425	
Expenses	14 Fundraising expenses	0	2,000	4,000		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	2,000	4,000		
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0		
	17 Compensation of officers, directors, and trustees	0	0	0		
	18 Other salaries and wages	0	0	0		
	19 Interest expense	0	0	0		
	20 Occupancy (rent, utilities, etc.)	0	1,200	1,200		
	21 Depreciation and depletion	0	0	0		
	22 Professional fees	0	0	1,000		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	125	6,000	6,000		
24 Total Expenses Add lines 14 through 23	125	11,200	16,200			

**Part IX Financial Data (Continued)**

**B. Balance Sheet (for your most recently completed tax year)**

<b>Assets</b>			
1	Cash . . . . .	1	300
2	Accounts receivable, net . . . . .	2	0
3	Inventories . . . . .	3	0
4	Bonds and notes receivable (attach an itemized list) . . . . .	4	0
5	Corporate stocks (attach an itemized list) . . . . .	5	0
6	Loans receivable (attach an itemized list) . . . . .	6	0
7	Other investments (attach an itemized list) . . . . .	7	0
8	Depreciable and depletable assets (attach an itemized list) . . . . .	8	0
9	Land . . . . .	9	0
10	Other assets (attach an itemized list) . . . . .	10	0
11	Total Assets (add lines 1 through 10) . . . . .	11	300
<b>Liabilities</b>			
12	Accounts payable . . . . .	12	0
13	Contributions, gifts, grants, etc. payable . . . . .	13	0
14	Mortgages and notes payable (attach an itemized list) . . . . .	14	0
15	Other liabilities (attach an itemized list) . . . . .	15	0
16	Total Liabilities (add lines 12 through 15) . . . . .	16	0
<b>Fund Balances or Net Assets</b>			
17	Total fund balances or net assets . . . . .	17	300
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) . . . . .	18	300
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Part X Public Charity Status**

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.  Yes  No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.  Yes  No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.  Yes  No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?  Yes  No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.  
The organization is not a private foundation because it is:
  - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
  - b 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
  - c 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
  - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h.

**Part X Public Charity Status (Continued)**

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

- 6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.
- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at *www.irs.gov* or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

**Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

For Organization

.....  
 (Signature of Officer, Director, Trustee, or other authorized official)

.....  
 (Type or print name of signer)

.....  
 (Date)

.....  
 (Type or print title or authority of signer)

For IRS Use Only

.....  
 IRS Director, Exempt Organizations

.....  
 (Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_
  - (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
  - (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
  - (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.  **Yes**  **No**

**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at [www.irs.gov](http://www.irs.gov) and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1** Have your annual gross receipts averaged or are they expected to average not more than \$10,000?  Yes  No  
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).  
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2** Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3** Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

**Please  
Sign  
Here** 

-----  
 (Signature of Officer, Director, Trustee, or other authorized official)

**Natalie K. Erpenbach**

-----  
 (Type or print name of signer)

**Treasurer**

-----  
 (Type or print title or authority of signer)

**03/26/2014**

-----  
 (Date)

**Reminder:** Send the completed Form 1023 Checklist with your filled-in-application.

Form **1023** (Rev.12-2013)

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

See Form 1023-Attachment # 3 - "Narrative Description of Activities"

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

1a. List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing Address	Compensation amount (annual actual or estimated)
Don Pentz	Director	317 N. Reese Ave Greenwood, WI 54437	\$0.00
Denise Erpenbach	Director	1015 W 5th St Neillsville, WI 54456	\$0.00
Bryce Kelley	Director	120 Dehne Dr, Suite 1 Colby, WI 54421	\$0.00
Sheila Nyberg	Director	10720 Park Ln Marshfield, WI 54449	\$0.00
Steve Okonek	Director	W515 Cty Rd H Chili, WI 54420	\$0.00
Randy Reeg	Director	PO Box 334 Thorp, WI 54771	\$0.00

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

2a. Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**?  
If "Yes," identify the individuals and explain the relationship.

1. Don Pentz (Director), James Schmidt (Director) and Steve Okonek (Director) are (3 of 30) voting members of the Clark County Economic Development Corporation, Inc. (CCEDC) Board of Directors. [The CCEDC is a separately organized Wisconsin corporation. It is the primary agency in Clark County (WI) responsible for creating new jobs and investment in the county. The programs of the CCEDC support and promote the economic development of Clark County and also serves as the County's tourism bureau.]

2. Shelia Nyberg (Director) is the current Executive Director of the CCEDC. She is a paid employee of CCEDC and is not a voting member of the CCEDC Board of Directors.

3. Natalie K Erpenbach (Treasurer) is the mother of Denise Erpenbach (Director).

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

3a. For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

1. Debra L. Marg, is the Board of Directors President, Executive Committee Chairperson, and a member of the Development (Fundraising) Committee. She is an unpaid volunteer who works an average of 5 hours per month on behalf of the Clark County Community Foundation, Inc. (CCCF). Ms. Marg has lived in Clark County, WI for almost 30 years and worked as a community leader, educator and entrepreneur. She has a BS in Business Administration from Cardinal Stritch University and a Masters degree in Training and Development from UW-Stout (Menomonie, WI). She has previously served

on several boards, including the CCEDC and the West Central WI Workforce Development Board. Additionally, she has served on several area Chambers of Commerce and fundraising events. She and her husband developed and operated businesses in Clark County, WI including ActionTrax ATV Park and Campground. Ms. Marg is a licensed agent for Ozark National Life Insurance Co. and is a registered representative for N.I.S. Financial Services. She is currently employed by the State of Wisconsin, Department of Workforce Development.

2. Judith Smriga - is the volunteer Vice-President of the CCCF, and serves on the Executive and Development (Fundraising) Committees. Once the Foundation has Investment Accounts, she will be the Chair of the Investment Committee. She currently works an average of 5 hours per month on behalf of the CCCF. Ms. Smriga lives in Thorp WI and is a retired Middle School teacher. She has a BS in Education from the University of Indiana and Masters Degree from UW-Eau Claire, and spent 45 years as an educator. She is currently an Alderman for her Ward in the City of Thorp, and is seeking election to the Clark County Board of Supervisors, District 7, in Spring 2014.
3. Carrie Morrell - is the volunteer Secretary of the CCCF, and serves on the Executive Committee. She is also the Security Officer for the On-line Banking accounts at the Foundation's local depository. She currently works an average of 5 hours per month on behalf of the CCCF. Ms. Morrell lives in Neillsville, WI with her husband and 3 children. She works in the Planning and Zoning Office of Clark County, WI, and is currently the Interim Zoning Administrator / Land Information Officer / GIS Coordinator. Ms. Morrell has a BS Degree from the UW-Eau Claire.
4. Natalie Erpenbach - is the volunteer Treasurer of the CCCF, and is a volunteer member of the Executive and Development (Fundraising) Committee, and is Chair of the Finance and Policy / Procedures Committee. She works an average of 10 hours per month on behalf of the CCCF. Ms. Erpenbach has lived in Neillsville, WI since 1971. She has a BBA in Accounting from UW- Eau Claire (WI). She is a retired CPA who worked at a regional public accounting firm (now known as CliftonLarsenAllen, LLP) as a Manager in the Audit, Tax and Accounting Services departments. She also worked as a Controller / CFO for a financial services corporation and a heavy truck dealership. She is a member of the AICPA and WICPA, has served on boards and committees for chambers of commerce, civic and service organizations, church and a local museum.
5. James Schmidt - is a volunteer Director of the CCCF, who works an average of 3 hours per month for the Foundation and is the Chairman of the Nominating Committee for 2014. He lives in Colby, WI, and is employed in the Maintenance Department of Land O' Lakes, Inc. - Spencer, WI branch. He is the current Mayor of the City of Colby, WI, is a volunteer EMT and is a fireman with the Colby Fire Department.
6. Don Pentz - is a volunteer Director of the CCCF, who works an average of 3 hours per month for the Foundation. He is a member of the Policy / Procedures Committee and was an integral member of the Foundation's Organizing Committee. He lives in Greenwood, WI and is a retired Bank Officer (State Bank of Withee, WI) and former FDIC bank examiner.
7. Denise Erpenbach - is a volunteer Director of the CCCF, who works an average of 3 hours per month for the Foundation and is the Chairperson of the Development (Fundraising) Committee. She has lived in Clark County, WI her entire life, and is a graduate of Neillsville High School and the UW- Stevens Point with a degree (double major) in Political Science and an International Studies. She worked for the UW System as a Community Advisor, for the Marshfield Clinic Development Department, and is currently a substitute teacher for the Neillsville School District, while taking MBA courses through the UW- Eau Claire MBA Consortium.
8. Bryce Kelley - is a volunteer Director of the CCCF, who works an average of 3 hours per month for the Foundation. He currently serves on the Development (Fundraising) Committee and the Policy / Procedure Committee. He works for Employer Support of the Guard and Reserve, an organization of the US Department of Defense, that helps returning soldiers in their search for employment, after their tour of duty is complete. He is a registered Investment Advisor and currently works for Thrivent Financial out of his Colby, WI office.
9. Sheila Nyberg - is a volunteer Director of the CCCF, who works an average of 3 hours per month for the Foundation. She serves on the Development (Fundraising) Committee. Ms. Nyberg is the current Executive Director of the Clark County Economic Development Corporation in Loyal WI. Prior to her employment at CCEDC, she has worked for M & I Bank (now BMO Harris Bank) as Bank Operations and Business Development Director for the Marshfield WI bank locations. She then became the Director of the Main Street Marshfield, Inc. program. It was Ms. Nyberg's vision to begin the process of creating the Clark County Community Foundation, Inc. Having seen first hand the good that can come from people and communities working together, and knowing the needs and talents of the people of Clark County, she felt that establishing this Foundation was truly a worthy effort.

10. Steve Okonek - is a volunteer Director of the CCCF, who works an average of 2 hour per month in that capacity. He currently serves on the Policy / Procedure Committee. Mr. Okonek is currently employed in the printing and advertising industry in Marshfield, WI. He is a member of various organizations and committees in the Clark County, WI area.

11. Randy Reeg - is a volunteer Director of the CCCF and works an average of 2 hours per month in that capacity. Mr. Reeg is the City Administrator for the City of Thorp, WI. He has a BS in Biology from UW- Superior and a Masters of Public Administration from UW- Oshkosh. He is active in various government associations and committees.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

5a. Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.

At least annually, Board members review the CCCF Conflict of Interest Policy and complete the CCCF Conflict of Interest Disclosure Form. The Executive Committee reviews the completed disclosure forms and the conflicts reported. The Executive Committee then reports a summary of conflicts reported, to the full Board of Directors. Board members are precluded from discussion or vote on any matter in which they have a conflict of interest. The recorded vote on any such matter, details any Board Member who abstained from voting.

See Form 1023- Attachment # 6 - "Clark County Community Foundation, Inc. - Conflict of Interest Policy" that was Adopted 1-09-14 and Revised 2-6-2014 by the CCCF Board of Directors at those (respective) Monthly Board of Directors Meetings.

See Form 1023- Attachment # 7 - "Clark County Community Foundation, Inc. - Conflict of Interest Disclosure Form" that was Adopted 2-6-2014 by the CCCF Board of Directors at that Monthly Board Meeting.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

5b. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

The (attached) Clark County Community Foundation, Inc. - Conflict of Interest Policy addresses this issue. Article V, Page 3 of this Policy describes how members of the governing board (Board of Directors), or committee member are precluded from voting on matters pertaining to their own compensation. The policy also states that these same individuals are prohibited from providing information to any committee regarding their compensation.

Employees and Independent Contractor's compensation (salary or other compensation) is established verbally or by written agreement. The Foundation President executes any written agreements regarding compensation as per the By Laws of the Foundation. The Board of Directors has the authority to approve compensation arrangements. The Executive Committee has the authority to act in place of the Board of Directors in such matters, in the intervals between meetings of the Board.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

5c. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

The (attached) Clark County Community Foundation, Inc. - Conflict of Interest Policy outlines the Definitions, Procedures and Records related to transactions involving an Interested Party, Person with a Financial Interest and Conflicts of Interest.

Interested parties may make presentations to the governing board or committees, but shall then leave the meeting during discussion and vote (if any) regarding the presentation. The governing board or committees will appoint disinterested persons or committees to investigate alternatives to the proposed transactions. The governing board or committees will then discuss and act on the proposed transaction. The records of proceedings (minutes) will reflect all statements, actions, and votes. If the Interested party would normally cast a vote on the matter, that party shall abstain from voting in all matters regarding the proposed transactions.

**Part VI Your Members and Other Individuals and Organizations That receive Benefits From You**

1a. In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.

See Form-1023 Attachment # 3 - "Narrative Description of your Activities".

The Clark County Community Foundation, Inc., Scholarship Programs and Endowment funds provide EDUCATIONAL SCHOLARSHIP funds directly to individuals who have applied for, qualify and are awarded these scholarships. The Foundation does not anticipate providing program funds directly to INDIVIDUALS for any other reason or purpose.

The Foundation, does not anticipate providing any GOODS or SERVICES directly to INDIVIDUALS.

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**Part VI Your Members and Other Individuals and Organizations That receive Benefits From You**

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1b. In carrying out your exempt purposes, do you provide goods, services, or funds to organizations?  
If "Yes," describe each program that provides goods, services, or funds to organizations.

Please refer to Form 1023 - Attachment # 3 - "Part IV - Narrative Description of Your Activities" for a description of each program that provides GOODS, SERVICES OR FUNDS to ORGANIZATIONS.

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**Part VI Your Members and Other Individuals and Organizations That receive Benefits From You**

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2. Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.

In accordance with our Articles of Incorporation and Corporate By Laws, any goods, services or funds provided to individuals or to organizations, in conjunction with our programs previously described, will be limited to benefit the residents of Clark County, Wisconsin and its communities. Other program limitations may apply based on donor advised criteria (field of study or a particular high school) or based on program goals and objectives (i.e. low-income needs, youth, or seniors). Recipients complete an application requesting goods, services or funds. Certain programs require formal proposals, the details of which are subject to change as determined by the committees, governing board, or other requirements necessary to adhere to any federal, state, or local government laws or regulations.

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**Part VI Your Members and Other Individuals and Organizations That receive Benefits From You**

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3. Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.

It is possible, that certain family members of Board Members or committee members, may be eligible for Educational Scholarships. It is also possible that Board Members or committee members (with identified Conflicts of Interest) are associated with organizations that could be eligible for funding from CCCF programs. In all circumstances, the terms of the CCCF Conflict of Interest Policy would outline the steps taken to assure that no advantage is given to any organization or family member related to any Board of Director or committee member of the Foundation. This would include the application, review, award or rejection, and/or follow-up process of any goods, services, or funds requested and/ or granted to such related persons or organizations.

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**Part VIII Your Specific Activities**

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4a. Do you or will you undertake **fundraising**? Attach a description of each fundraising program.  
Other (describe):

The Clark County Community Foundation, Inc. (CCCF) conducts the following fundraising activities:

1. Mail solicitations include one or more of the following written communications: a letter, brochure, reply form, donation remittance, acknowledgment of previous donation or other written correspondence.

2. Solicitations made via email are sent to previous or potential donors who consent to being contacted by email. Any of the written communication items listed in #1 above, are or could be converted to pdf documents and attached to an email message.

3. Personal contact with current and potential donors is routinely used to communicate current identified needs of Clark County Wisconsin citizens and communities (as per the Foundation's tax-exempt purpose) and available opportunities to contribute to the Foundation. Presentations to service clubs, community groups, leaders and others are also made as requested or arranged.

4. The Foundation periodically requests funding from other foundations (public or private). Funds requested would support the specific tax-exempt purpose and programs of the Clark County Community Foundation, Inc.

5. Telephone contact with donors and potential donors is normal course of business. Inbound calls are directed to the proper person within the Foundation to address their issues. Outbound calls are made in conjunction with formal and



6. The Foundations' website [www.clarkccf.org](http://www.clarkccf.org) has several areas that offer opportunities to donate, request information from or ask the Foundation to contact them directly.

7. Government grants are applied for, as approved by the Board of Directors. The demographics of Clark County, WI are such, that available government funds frequently match certain identified (disadvantaged) areas of need that are supported by the CCCF and the Foundation's charitable purposes.

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**Part VIII Your Specific Activities**

4d. List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

The Clark County Community Foundation, Inc. conducts fundraising activities in the State of Wisconsin. The Foundation fundraises for our own organization in support of the exempt purposes for which we were incorporated. The CCCF does not fundraise for other organizations, nor does any other organization fundraise for us or on our behalf.

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**Part VIII Your Specific Activities**

4e. Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.

The Foundation's policy is to receive and accept contributions or gifts from donors under the condition that they (the donor) agree and consent to all terms and conditions of the Foundation's Articles of Incorporation and Bylaws. The Foundation may maintain separate account(s) or fund information regarding these contributed assets and income produced. The donor shall be deemed to agree, that the contribution or gift of assets are now owned, held and administered by the Clark County Community Foundation, Inc.

Donors or donor advisory committee(s) may give directions or advice regarding the contribution or gifts made to the Foundation, but their oversight is limited under Section 5.02 of the Foundation Bylaws. Advice or direction that may be provided by donors include: 1) the field of charitable purpose or particular organizations to be supported, 2) the manner, amount, or timing of distributions, or 3) a name for a "memorial" or fund given, among other things.

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**Part VIII Your Specific Activities**

11. Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.

The Clark County Community Foundation, Inc., upon discussion and approval of the Board of Directors, will accept contributions of real property, personal property, and marketable equity securities. Additionally the Foundation may accept, at the discretion of the Board of Directors, unencumbered closely held securities, intellectual properties, works of art, royalties or collectibles, and any other assets that are given, conveyed, bequeathed, devised to or otherwise vested in trust to the Foundation, as per the Articles of Incorporation and corporate Bylaws.

In all instances, as per Section 5.02 of the corporate Bylaws, the Board of Directors shall have the power to modify (without donor consent) any donor direction, restriction or condition of the 1). timing of distributions of funds, 2). distribution of funds for any specified charitable purpose, or 3). distribution of funds to specified organizations, among other things, in order to comply with the Foundations investment policies and/or the corporation's tax-exempt charitable purposes.

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**Part VIII Your Specific Activities**

13b. Describe how your grants, loans, or other distributions to organizations further your exempt purposes.

Please refer to Form 1023 - Attachment #3 - "Part IV - Narrative Description of Your Activities" for a description of how Grants, LOANS, or other DISTRIBUTIONS to ORGANIZATIONS, further the exempt purpose of the Clark County Community Foundation, Inc.

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**Part VIII Your Specific Activities**

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13d. Identify each recipient organization and any **relationship** between you and the recipient organization.

Please refer to Form 1023 - Attachment # 3 - "Part IV - Narrative Description of Your Activities" for a list of RECIPIENT ORGANIZATIONS and any RELATIONSHIP between the recipient and the Clark County Community Foundation, Inc.

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**Part VIII Your Specific Activities**

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13e. Describe the records you keep with respect to the grants, loans, or other distributions you make.

Documentation will include name, address, contact information, 501(c)(3) status, affiliation or oversight by any other organization or governmental unit, financial statements and/or project (event) budget, as well as any agreements between the Foundation and the recipient organizations. A record of distributions to the recipient organization (forms, dates, dollar amounts paid, etc.) will as be kept on file for all GRANTS, LOANS OR OTHER DISTRIBUTIONS the Foundation makes.

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**Part VIII Your Specific Activities**

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13f. Describe your selection process, including whether you do any of the following:

- (i) Do you require an application form? If "Yes," attach a copy of the form.
- (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.

See Form 1023 - Attachment # 3 - "Part IV - Narrative Description of Your Activities" description of the Selection Process.

See Form 1023 - Attachment # 4 - CCCF - EDUCATIONAL SCHOLARSHIP APPLICATION

See Form 1023 - Attachment # 5 - CCCF - GRANT APPLICATION FORM

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**Part VIII Your Specific Activities**

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13g. Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.

The Foundation holds each recipient organization responsible for the monitoring and performance of their programs. The Clark County Community Foundation will request certain reports or information, from each recipient organization. This information will be reviewed by the appropriate committees with reports being made, periodically, to the Board of Directors. The results of all reviewed information will be available and considered for future funding to applicable organizations.