

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **Greater Menomonee Area Community Foundation, Inc**
 Number and street (or P O box if mail is not delivered to street address): **PO Box 53**
 City or town: **Menomonee** State or country: **WI** ZIP + 4: **54751**

D Employer identification number: **39-1819945**

E Telephone number: **715-232-8019**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Web site: ▶

J ORGANIZATION TYPE (check only one) 501(c)(3) (insert no) 4947(a)(1) OR 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.

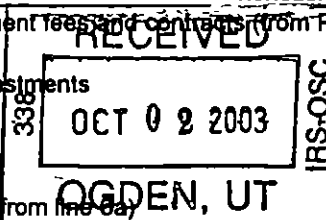
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 141,123

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN: ▶

M Check if the organization is NOT required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	96,872	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d TOTAL (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		96,872
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		4,716
	5 Dividends and interest from securities	5		2,071
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
	7 Other investment income (describe: Unrealized losses on investments)	7		-59,052
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	0 8c	0	
	9 Special events and activities (attach schedule)	9		
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	76,516	
	b Less direct expenses other than fundraising expenses	9b	50,416	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		26,100
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
	11 Other revenue (from Part VII, line 103)	11		20,000
	12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		90,707
	13 Program services (from line 44, column (B))	13		36,903
	14 Management and general (from line 44, column (C))	14		29,732
	15 Fundraising (from line 44, column (D))	15		8,973
	16 Payments to affiliates (attach schedule)	16		
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))	17		75,608
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		15,099
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		503,937
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		519,036



SCANNED OCT 07 '03

Net Assets

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 22,219 noncash \$)	22,219	22,219		
23	Specific assistance to individuals (attach schedule)	6,500	6,500		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	30,409	7,602	15,205	7,602
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	2,326	582	1,162	582
30	Professional fundraising fees	0			
31	Accounting fees	1,915		1,915	
32	Legal fees	0			
33	Supplies	1,487		1,487	
34	Telephone	1,628		1,628	
35	Postage and shipping	1,599		1,599	
36	Occupancy	0			
37	Equipment rental and maintenance	776		776	
38	Printing and publications	3,317		3,317	
39	Travel	0			
40	Conferences, conventions, and meetings	531		531	
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	0			
43	Other expenses not covered above (itemize) a	0			
b	Insurance	1,831		1,831	
c	Marketing	789			789
d	Office	281		281	
e		0			
f		0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15	75,608	36,903	29,732	8,973

JOINT COSTS Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? **Promote philanthropy and manage gifts to enhance quality of life**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses <small>Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.</small>
a Major projects which were either undertaken or continuing during 2002 included a variety of community projects including a Veteran's Memorial and playground equipment. These projects benefited the Greater Menomonie area. Scholarships are given to area students and grants given to area non-profit organizations. (Grants and allocations \$ 28,719)	36,903
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	36,903

Part IV Balance Sheets (See page 24 of the instructions)

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	302,835	46	421,239
	47 a Accounts receivable	47a 0		
	b Less allowance for doubtful accounts	47b 0	0	47c 0
	48 a Pledges receivable	48a 6,083		
	b Less allowance for doubtful accounts	48b 0	8,542	48c 6,083
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54 0
	55 a Investments - land, buildings, and equipment basis	55a 0		
	b Less accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments - other (attach schedule)		763,949	56 402,571
	57 a Land, buildings, and equipment basis	57a 0		
	b Less accumulated depreciation (attach schedule)	57b 0	0	57c 0
58 Other assets (describe <input type="checkbox"/>)		0	58 0	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		1,075,326	59	829,893
Liabilities	60 Accounts payable and accrued expenses		1,339	60
	61 Grants payable		6,000	61 5,500
	62 Deferred revenue		564,050	62 305,357
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe <input type="checkbox"/>)		0	65 0
66 TOTAL LIABILITIES (add lines 60 through 65)		571,389	66	310,857
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		93,840	67 121,133
	68 Temporarily restricted		163,705	68 158,416
	69 Permanently restricted		246,392	69 239,487
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		503,937	73	519,036
74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		1,075,326	74	829,893

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	4,716	
96	Dividends and interest from securities			14	2,071	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income			14	-59,052	
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events			14		26,100
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b	Administrative services			14		20,000
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		-52,265	46,100
105	TOTAL (add line 104, columns (B), (D), and (E))					-6,165

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	Events allowed community members to learn more about the organization and purpose within the community
103(b)	Organization provides administrative services to another nonprofit organization

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entries (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

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.

Please [Signature] Date 9-24-02

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002

Name of the organization: **Greater Menomonee Area Community Foundation, Inc**
Employer identification number: **39-1819945**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None paid in excess of \$50,000				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None paid in excess of \$50,000		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)	X	
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the SUPPORT SCHEDULE in Part IV-A)

11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)

12 An organization that normally receives (1) MORE THAN 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) NO MORE THAN 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the SUPPORT SCHEDULE in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) USE CASH METHOD OF ACCOUNTING

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	104,261	191,049	270,401	131,771	697,482	
16 Membership fees received					0	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18,342	16,415	4,230	2,568	41,555	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0	
23 Total of lines 15 through 22	122,603	207,464	274,631	134,339	739,037	
24 Line 23 minus line 17	122,603	207,464	274,631	134,339	739,037	
25 Enter 1% of line 23	1,226	2,075	2,746	1,343		
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11	a Enter 2% of amount in column (e), line 24				26a 14,781	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					26b 188,784	
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 739,037	
d Add Amounts from column (e) for lines	18 41,555	19 0			26d 230,339	
	22 0	26b 188,784			26e 508,698	
e Public support (line 26c minus line 26d total)					26f 68.83%	
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))						
27 ORGANIZATIONS DESCRIBED ON LINE 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.						
(2001) _____ (2000) _____ (1999) _____ (1998) _____						
c Add Amounts from column (e) for lines:	15 0	16 0			27c 0	
	17 0	20 0	21 0			27d 0
d Add Line 27a total	0	and line 27b total			27e 0	
e Public support (line 27c total minus line 27d total)					27f 0	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27g 0.00%	
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%	
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))						
28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.						

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures	0	0
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		0	0
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45					0
46					0
47					0
48					0
49					0
50					0

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Pledges	1	8,542	6,083		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges receivable		8,542	6,083	0	0

Line 56 (990) - Other Investments

		Beginning	End
		1 Mutual Funds	1
2 Stocks/securities	2	511,282	155,644
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other investments		763,949	402,571

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

- * If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box
 - * If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form)
- NOTE DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868**

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)
NOTE FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

TYPE OR PRINT	Name of Exempt Organization Greater Menomonie Area Community Foundation, Inc	EMPLOYER IDENTIFICATION NUMBER 39-1819945
	Number, street, and room or suite no If a P O box, see instructions PO Box 53	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions Menomonie, WI 54751	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- * 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 EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2003 to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year _____ or tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason - Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0

c BALANCE DUE Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature <u>Michael F. Felt</u> CPA	Title CPA	Date <u>5/15/2003</u>	Form 8868 (12-2000)
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For Paperwork Reduction Act Notice, see instruction (0-ITA)

GREATER MENOMONIE AREA COMMUNITY FOUNDATION, INC 39-1819945
ATTACHMENT TO 990 AND SCHEDULE A

Part II Line 22 Grants and Allocations

Menomonie High School	\$2,400
Caddie Woodlawn	1,000
Literacy Volunteers of Dunn Cty	1,500
Menomonie Chamber of Commerce	500
Boy Scout Troop 23	1,500
Merry Mixers of Colfax	1,000
River Country Resources	704
Dunn County Humane Society	750
Ridgeland Community Center	2,500
Dunn County Interfaith Caregivers	815
Village of Knapp	950
Leave a Legacy, Inc	7,500
Chippewa Valley Technical College	600
Very Special Arts	500

Total Grants and Allocations \$22,219

Part II Line 23 Specific Assistance to Individuals

Laura Kneeland	\$1,000
905 North Shore Circle Menomonie, WI 54751	
Shawn Scheffler	\$ 250
E7372 County Road E Menomonie, WI 54751	
Luke Wilsey	\$ 250
E6319 730 th Avenue Menomonie, WI 54751	
Angela Hanson	\$2,000
E10093 590 th Avenue Elk Mound, WI 54739	
Michael Hanson	\$2,000
E10093 590 th Avenue Elk Mound, WI 54739	
Lindsey Weier	\$1,000
3303 Wilson St Lot A9 Menomonie, WI 54751	

Total \$ 6,500

No individual was related in any way to any person with an interest in the organization

Detail of Line 9 Special Events	Travel Dinner	Golf Event	Indianhead Dinner	DARC	Total
Gross Revenue	\$13,025	\$19,264	\$10,356	\$33,871	\$76,516
Direct Expenses	\$ 5,510	\$ 9,241	\$2,670	\$32,995	\$50,416
Net Income From Special Events	\$ 7,515	\$10,023	\$7,686	\$ 876	\$26,100

SCHEDULE A PART III Q 3

Certain funds provide scholarship monies to students who wish to further their education at a college or technical school. Recipients are chosen based upon merit and meeting certain conditions such as pursuing their education in a chosen field.

Greater Menomonie Area Community Foundation Board of Directors
April 2003

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