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Form **990-EZ**

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

A For the 2008 calendar year, or tax year beginning September 1, 2008, and ending August 31, 2009

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Community Parks Improvement Committee, Inc.		D Employer identification number 39-1651709
		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number 715-344-0890
		Room/suite		
		City or town, state or country, and ZIP + 4 Stevens Point, WI 54481		F Group Exemption Number . . . ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G	Accounting method	☒ Cash	☐ Accrual
	Other (specify) ▶		

Website: ►

J Organization type (check only one) -	☒ 501(c) (3)	☐ (insert no)	☐ 4947(a)(1) or	☐ 527
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H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . **\$** 32,596.44

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	10,118.75
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,748.44
5 a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ 10,118.75 of contributions reported on line 1)	6a	19,729.25
b	Less direct expenses other than fundraising expenses	6b	17,079.06
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,650.19
7 a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	15,517.38
10	Grants and similar amounts paid (attach schedule)	10	18,500.00
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	52.65
16	Other expenses (describe State Annual Report, PO Box Fee)	16	54.00
17	Total expenses. Add lines 10 through 16	17	18,606.65
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,089.27
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	92,085.88
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 through 20	21	88,996.61

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	92,085.88	88,996.61
23	Land and buildings		
24	Other assets (describe ► _____)		
25	Total assets	92,085.88	88,996.61
26	Total liabilities (describe ► See grants (contributions payable) Sch. _____)	*	*
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,085.88	88,996.61

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28 See Attached Schedule

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ▶

29a

30

(Grants \$) If this amount includes foreign grants, check here ▶

30a

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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See Attached Schedule

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	X	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed ▶		
42a The books are in care of ▶ <u>Torren K. Pies</u> Telephone no ▶ <u>(715) 344-0890</u> Located at ▶ <u>1257 Main Street, Stevens Point, WI</u> ZIP + 4 ▶ <u>54481</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

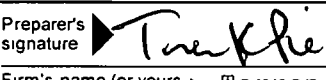
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ **Yes** ☒ **No**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(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				
Total number of other employees paid over \$100,000 ▶				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 ▶		

Sign Here	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.				
	 Signature of officer		January 13, 2010 Date		
Paid Preparer's Use Only	 Preparer's signature		1/13/10 Date	☐ Check if self-employed	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Torren K. Pies P.O. Box 228, Stevens Point, WI 54481			EIN ▶ 39-0856485	Phone no ▶ (715) 344-0890
	May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

Community Parks Improvement Committee, Inc.

Employer identification number

39-1651709

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

The organization is not a private foundation because it is (Please check only one organization)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,306.25	10,365.00	10,362.50	10,362.50	10,118.75	49,515.00
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,096.30	24,770.30	26,996.07	21,071.50	19,729.25	116,663.42
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	32,402.55	35,135.30	37,358.57	31,434.00	29,848.00	166,178.42
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)	32,402.55	35,135.30	37,358.57	31,434.00	29,848.00	166,178.42
						166,178.42

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	32,402.55	35,135.30	37,358.57	31,434.00	29,848.00	166,178.42
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,914.78	3,570.05	3,088.95	3,935.94	2,748.44	15,258.16
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,914.78	3,570.05	3,088.95	3,935.94	2,748.44	15,258.16
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	34,317.33	38,705.35	40,447.52	35,369.94	32,596.44	181,436.58
						181,436.58
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	91.5904 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	92.7846 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	8.4096 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	7.2154 %

- 19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Area for supplemental information with horizontal dashed lines.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization

Community Parks Improvement Committee, Inc.

Employer identification number

39-1651709

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☒ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

	(a) Event #1 High School Basketball Classic (event type)	(b) Event #2 High School Hockey Classic (event type)	(c) Other Events None (total number)	(d) Total Events (Add col (a) through col (c))
Revenue				
1 Gross receipts	25,273.00	4,575.00		29,848.00
2 Less Charitable contributions	10,118.75			10,118.75
3 Gross revenue (line 1 minus line 2)	15,154.25	4,575.00		19,729.25
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs	1,000.00	1,430.00		2,430.00
7 Other direct expenses	13,387.76	1,261.30		14,649.06
8 Direct expense summary Add lines 4 through 7 in column (d)				(17,079.06)
9 Net income summary Combine lines 3 and 8 in column (d)				2,650.19

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue	None	None	None	None
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine lines 1 and 7 in column (d)				None

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ► _____		
	Address ► _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
	Name ► _____		
	Address ► _____		
16	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

FORM 990EZ -- 2008**COMMUNITY PARKS IMPROVEMENT COMMITTEE, INC.
FEIN: 39-1651709**

Schedule for Part I, Line 6

The fund raising event (special event) of the corporation in the fiscal year 2008 is hosting a holiday high school basketball tournament and hockey tournament in Stevens Point, Wisconsin. The special event is substantially related to the exempt function of the organization given the recreational nature of the event and the contributions generated by the event to further the organization's exempt function.

Special Event

Gross Receipts	\$29,848.00
Less: Contributions (Line 1)	<u>10,118.75</u>
Gross Revenue	19,729.25
Less: Direct Expenses (Line 6b)	<u>17,079.06</u>
Net Income (Line 6a)	\$2,650.19

COMMUNITY PARKS IMPROVEMENT COMMITTEE, INC.

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Schedule for Part I, Line 10

Contributions Payable (Fiscal Year 2008).

1. \$10,000.00 contribution payable to the City of Stevens Point, Stevens Point, Wisconsin, for construction of park facilities to benefit disabled children, known as the KASH playground (payable over 2 years).
2. \$1,500.00 contribution payable to Stevens Point Youth Baseball Association, Inc., a nonprofit organization, Stevens Point, Wisconsin, for improvements to baseball fields located at parks in the City of Stevens Point (payable over 1 year).
3. \$1,500.00 contribution payable to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a baseball field at a City park (payable over 1 year).
4. \$1,000.00 contribution payable to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a City park (payable over 1 year).
5. \$6,000.00 contribution payable to Plover Whiting Youth Athletics, Inc., a nonprofit organization, Plover, Wisconsin, for improvements to baseball fields located at parks in the Village of Plover (payable over 2 years).
6. \$4,500.00 contribution payable to the Village of Plover, Plover, Wisconsin, for improvements to a Village baseball field located at a Village park (payable over 3 years).

Footnote:

The following contributions were actually paid in fiscal year 2008 from the grants payable liability and/or from commitments made in fiscal year 2008.

1. \$3,000.00 contribution paid to the Village of Plover, Plover, Wisconsin, for improvements to a Village park.
2. \$5,000.00 contribution to the City of Stevens Point, Stevens Point, Wisconsin, for construction of park facilities to benefit disabled children, known as the KASH playground.
3. \$3,000.00 contribution paid to the University of Wisconsin - Stevens Point, Stevens Point, Wisconsin, for improvements to basketball facilities located in the City of Stevens Point.
4. \$1,500.00 contribution paid to the Stevens Point Youth Baseball Association, Inc., a nonprofit organization, Stevens Point, Wisconsin, for improvements to baseball fields located at parks in the City of Stevens Point.

5. \$1,500.00 contribution paid to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a baseball field at a City park.
6. \$2,500.00 contribution paid to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to softball fields at a City park.
7. \$2,000.00 contribution paid to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a City park.

TOTAL CONTRIBUTIONS PAID IN FISCAL YEAR 2008: \$18,500.00

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Schedule for Part III

The Program Service Accomplishments are the grants described on the Schedule for Part I, Line 10. No expenses were incurred other than the Grant amount set forth on said Schedule. The services have resulted in improving the quality of life, especially from a recreational standpoint, by improving parks and recreation facilities in the City of Stevens Point, Village of Plover, County of Portage and its surrounding communities in Central Wisconsin. The services benefit all persons who live in or visit the communities, and reduces the burden on the municipal governments to improve said parks and recreation facilities.

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Schedule for Part IV

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
John L. Edgerton 1804 Conant Street Stevens Point, WI 54481	Director & President	\$0	\$0	\$0
Michael J. Disher 2616 Prais Street Stevens Point, WI 54481	Director & Vice President	\$0	\$0	\$0
Barbara A. Kranig 2024 Main Street Stevens Point, WI 54481	Director & Secretary	\$0	\$0	\$0
Torren K. Pies 1750 Ole River Road Stevens Point, WI 54481	Director & Treasurer	\$0	\$0	\$0
John G. Porter 625 Janick Circle West Stevens Point, WI 54481	Director	\$0	\$0	\$0
Gary Portzen 2201 Chippewa Drive Plover, WI 54467	Director	\$0	\$0	\$0
Frank O'Brien 2209 Falcons Cove Stevens Point, WI 54481	Director	\$0	\$0	\$0
Robert F. Decker 1830 California Avenue Stevens Point, WI 54481	Director	\$0	\$0	\$0
Theodore F. Schlafke 1544 Rosewood Circle Stevens Point, WI 54481	Director	\$0	\$0	\$0
Craig Shuler 3334 Dan's Drive Stevens Point, WI 54481	Director	\$0	\$0	\$0
Susan Placzek 601 N Michigan Avenue Stevens Point, WI 54481	Director	\$0	\$0	\$0
Scot Barton 3225 Nicolet Court Stevens Point, WI 54481	Director	\$0	\$0	\$0

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Schedule for Part V

The net income from special events as set forth on Line 6c of Part I is not an unrelated trade or business activity that should be reported on Form 990-T because the special events are substantially related to the exempt function of the organization given the events raise the contributions set forth on Line 1 of Part I, and further given the recreational nature of the events.