



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue Service

► 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

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning		Sep 1	, 2008, and ending Aug 31		, 2009
B Check if applicable:		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		New Berlin Magic, Inc. Number and street (or P O box, if mail is not delivered to street address) 13735 West Pleasant View Dr.		Room/suite q	Telephone number (262) 860-0920
				City or town, state or country, and ZIP + 4 New Berlin WI 53151	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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
I Website: ► www.newberlinmagic.org				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no.) 4947(a)(1) or 527					
K Check ► <input type="checkbox"/> 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				► \$ 98,097.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	29,420.
	2 Program service revenue including government fees and contracts	2	39,452.
	3 Membership dues and assessments	3	29,225.
	4 Investment income	4	
	5a 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) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a 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	98,097.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	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	
	16 Other expenses (describe ► See attached expense detail)	16	55,942.
	17 Total expenses (add lines 10 through 16)	17	55,942.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,155.
ASSETS	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	15,152.
	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	57,307.
	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.)		

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15,853.	22
23 Land and buildings	0.	23
24 Other assets (describe ► See L-24 Stmt)	1,605.	24
25 Total assets	17,458.	25
26 Total liabilities (describe ► Payables)	2,306.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,152.	27

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

Form 990-EZ (2008)

TEEA0812 01/14/09

99

SCANNED JUL 1 2010

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

What is the organization's primary exempt purpose? **Providing Youth Athletic Programs**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

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

28 Fielded 15 baseball and softball teams benefitting approximately 180 boys and girls participating in both league and tournament play.

(Grants \$ 0 .) If this amount includes foreign grants, check here

28a 29, 445.

29 Operated girls and boys baseball/softball tournaments which drew teams from Southwest Wisconsin.

(Grants \$ 0.) If this amount includes foreign grants, check here

29a 26, 497.

30

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

30 a

31 Other program services (attach schedule)

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

31 a

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

32 55,942.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

Part V | Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

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

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. **See L-35 Stmt**

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► _____; section 4912 ► _____; section 4955 ► _____

b 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

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

41 List the states with which a copy of this return is filed ► **Wisconsin**

42a The books are in care of ► **Craig Stuckart** Telephone no. ► **(262) 860-0920**

Located at ► **13735 West Pleasant View Dr. New Berlin WI ZIP + 4 53151**

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)?

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 a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

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

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

	Yes	No
46	X	

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47	X
----	---

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48	X
----	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	X
-----	---

b If 'Yes,' was the related organization(s) a section 527 organization?

49b	
-----	--

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 and 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 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► 
Signature of officer

► 5-13-10
Date

► Craig Stuckart
President

Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See Instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Schott, Bublitz & Engel, SC 16655 W. Bluemound Rd Brookfield WI 53005-5935	EIN ►	Phone no. ► (262) 827-1700	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No
Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

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**

Department of the Treasury
Internal Revenue Service

Name of the organization

New Berlin Magic, Inc.

Employer Identification number

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 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 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 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 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?

b Provide the following information about the organizations the organization supports.

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

h Provide the following information about the organizations the organization supports.

Total

BAA 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 'unusual grants.') ▶						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf ▶						
3 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 ▶						
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 section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ▶	14	%
15 Public support percentage for 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 the 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 '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. ▶ 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 ▶

BAA

Schedule A (Form 990 or 990-EZ) 2008

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 yr 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 "unusual grants.")	7,816.	24,470.	23,975.	19,950.	29,420.	105,631.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	27,780.	28,525.	30,815.	28,875.	29,225.	145,220.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	39,393.	40,741.	43,728.	33,740.	39,452.	197,054.
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	74,989.	93,736.	98,518.	82,565.	98,097.	447,905.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						447,905.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	74,989.	93,736.	98,518.	82,565.	98,097.	447,905.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
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.)						447,905.
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00 %
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		► <input checked="" type="checkbox"/>
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 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		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

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)

Name as Shown on Return
New Berlin Magic, Inc.

Employer Identification No.
39-2031292

Line 24 - Other Assets:	Beginning of Year	End of Year
Receivables	1,605.	175.
Prepays	0.	25,000.
Totals to Form 990-EZ, Part II, line 24	1,605.	25,175.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Explanation Statement

Form/Line: Form 990-EZ, Part V

Line 35

Explanation of: Not Reporting Income on Form 990-T

All of the revenue reported on line 2 was from program services (the operation of baseball and softball tournaments) which are directly related to the exempt purpose of the organization.

New Berlin Magic, Inc. did not have any unrelated business income, and thus form 990-T was not filed.

NEW BERLIN MAGIC, INC. 39-2031292

August 31, 2009 Form 990EZ

Part 1 Line 16

ATTACHMENT: EXPENSE DETAIL

Expense Description	Amount
<u>General Program Expenses:</u>	
Administrative Expense	600.52
Concession Expense	36.96
Fundraising Expense	4,932.90
Equipment Expense	9,888.79
Insurance Expense	729.00
League Expense	7,880.00
Legal Expense	775.00
Parking Expense	1,013.09
Rental Practice Field Expense	1,410.00
Team Expenses	588.70
Tryout Expense	71.46
Umpire Expense	90.00
Uniforms Esxpense	<u>1,428.70</u>
Total General Program Expenses	29,445.12
<u>Baseball Tournament Expense:</u>	
Awards & Trophies Expense	1,350.00
Concession Expense	5,573.87
Equipment Expense	395.16
Other Tournament Operation Expense	643.48
Refund Expense	325.00
Team Expense	249.60
Tournament Registration	2,250.00
Umpire Expense	<u>15,710.00</u>
Total Tournament Operation Expenses	26,497.11
TOTAL EXPENSES REPORTED ON LINE 16	55,942.23

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WISCONSIN SUPPLEMENT TO FINANCIAL REPORT ON FORM OTHER THAN FORM #308

This form requires a Federal Form 990 or other supporting document, and 2 different signatures.

PLEASE TYPE OR PRINT IN INK

NAME OF ORGANIZATION New Berlin Magic, Inc.	WISCONSIN REGISTRATION NUMBER 7862-800
ADDRESS (NUMBER AND STREET) OR P.O. BOX 13735 West Pleasant View Dr.	FEDERAL EMPLOYER I.D. NUMBER 39-20131292
CITY OR TOWN, STATE, ZIP CODE New Berlin, WI 53151	ORGANIZATION'S DAYTIME PHONE NUMBER (262) 860-0921
INDICATE ORGANIZATION TYPE <input type="checkbox"/> Civic & Social Action <input type="checkbox"/> Health Services <input type="checkbox"/> Culture <input checked="" type="checkbox"/> Education & Research <input type="checkbox"/> Human Services <input type="checkbox"/> Other	ACCOUNTING METHOD <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Other (Specify)

ACCOUNTING PERIOD Beginning Date _____ Ending Date _____

1. Public Support	1	98,097
(Enter total direct public support such as: contributions, gifts, grants-but not government grants-and bequests received directly from the public. This line includes indirect public support, such as: contributions received through solicitation campaigns conducted by federated fund-raising agencies like United Way, or affiliate organizations.)		
2. Other Revenues	2	
3. Total Revenue (line 1 plus line 2)	3	98,097
4. Expenses:		
a. Expenses Allocated to Program Services	4a	55,942
b. Expenses Allocated to Management and General	4b	
c. Expenses Allocated to Fund-raising	4c	
d. Expenses Allocated to Payments to Affiliates	4d	
e. Total Expenses	4e	55,942
5. Excess or Deficit (line 3 minus line 4e)	5	42,155
6. Net Worth at Beginning of Year	6	15,152
7. Other Changes in Net Assets	7	42,155
8. Net Worth at End of Year	8	57,307

PLEASE TYPE OR PRINT IN INK

NAME OF INDIVIDUAL TO CONTACT REGARDING INFORMATION ON THIS FORM Craig Stuckart	DAYTIME TELEPHONE NUMBER (262) 860-0920
ADDRESS (NUMBER AND STREET) 13735 West Pleasant View Dr.	
CITY OR TOWN, STATE, ZIP CODE New Berlin, WI 53151	

Wisconsin Department of Regulation & Licensing

ADDITIONAL QUESTIONS	YES	NO
9. Did your organization receive contributions over \$400,000 during the fiscal year? If so, you must file an audited financial statement and the opinion of an independent certified public accountant on the financial statement. If your organization received over \$200,000 in contributions, a review by an independent certified public accountant is required.		X
10. Have you attached a list of all officers, directors, trustees and the principal salaried employees? Include their name, address, title, and the date their term ends. Compensation must be clearly stated.	X	See Form 990 EZ
11. For solicitation in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization? If yes, indicate name and address.		X
12. Has there been a name change of the organization, change of address of the principal office or any branch office located in Wisconsin, change in the accounting period, change in the names of the persons within the organization who have final authority for custody or final distribution of contributions, or change in the articles, by-laws or statement of purpose? If yes, and not already submitted within 30 days, as required, give changes and attach document. If a corporation, and the name has changed, you must attach a copy of the name change amendment.		X
13. Is your organization authorized by any other governmental authority to solicit contributions? If yes, provide name and address of governmental authority.		X
14. Has your organization ever had its authority to solicit contributions denied, suspended, revoked or enjoined by a court or other governmental authority? If yes, attach an explanation.		X
15. Do you intend to accumulate an increasing surplus in net worth, rather than spend current revenue on the organization's stated purpose? If yes, attach an explanation.		X
16. Did the organization make a grant, award, or contribution to any organization in which any of its officers or directors hold an interest; or was it a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director receive anything of value not reported above as compensation? If yes to any of the above, attach an explanation.		X
17. Does your organization solicit contributions under any name other than the name listed in the first blank space on the reverse side? If yes, list here any additional name(s).		X

DESCRIBE THE CHARITABLE PURPOSES FOR WHICH CONTRIBUTIONS WILL BE USED OR ATTACH A DOCUMENT WHICH PROVIDES SUCH INFORMATION.

CERTIFICATION - TWO DIFFERENT SIGNATURES ARE REQUIRED BY LAW

We swear and affirm that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct and complete.

Date	Title	Signature of President or Authorized Officer
5-13-10	President	

Date	Title	Signature of Chief Fiscal Officer
5-14-10	Treasurer	