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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ 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 $500,000 and total assets less than $1,250,000 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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY BENEFIT TREE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
W3494 DUNDAS ROAD

City or town, state or country, and ZIP + 4
KAUKAUNA, WI 54130

D Employer identification number
20-0839777

E Telephone number
(920) 422-1919

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) ▶

I Website: ▶ WWW COMMUNITYBENEFITTREE ORG

J Tax-Exempt status (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 364,667

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	228,523
	2	Program service revenue including government fees and contracts		2	84,430
	3	Membership dues and assessments		3	
	4	Investment income		4	77
	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)		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 $ 53,679 of contributions reported on line 1)	6a	51,612	
	b	Less direct expenses other than fundraising expenses	6b	43,530	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	8,082
	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	25
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	321,137
Expenses	10	Grants and similar amounts paid (attach schedule)		10	283,861
	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	7,981
	14	Occupancy, rent, utilities, and maintenance		14	3,109
	15	Printing, publications, postage, and shipping		15	3,370
	16	Other expenses (describe ▶)		16	22,258
	17	**Total expenses.** Add lines 10 through 16 ▶		17	320,579
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	558
	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	10,699
	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	11,257

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 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	7,918	22	9,173
23	Land and buildings		23	
24	Other assets (describe ▶)	2,781	24	2,084
25	**Total assets**	10,699	25	11,257
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	10,699	27	11,257

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

What is the organization's primary exempt purpose?
TO ASSIST INDIVIDUALS AND THEIR FAMILIES WITHIN THE COMMUNITY DURING THEIR MEDICAL CRISIS THROUGH EDUCATION, SUPPORT, RESOURCES AND FINANCIAL ASSISTANCE THROUGH INDIVIDUAL BENEFITS

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, and other relevant information for each program title

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

28 hosted charitable golf outing as well as facilitated numerous other fundraisers planned by family and friends of an individual and their family who are going through a medical crisis in total, 29 individuals benefited from the golf outing and benefits held (Grants $ 283,861) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	291,680
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	291,680

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

(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

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

			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	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	Yes	
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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
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?	37b		
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 outstanding at the end of the period covered by this return?	38a		No
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 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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		No

41 List the states with which a copy of this return is filed ▶ WI

42a The organization's books are in care of ▶ HEIDI FREDERICKSON Telephone no ▶ (920) 422-1919

Located at ▶ W3494 DUNDAS ROAD KAUKAUNA, WI ZIP + 4 ▶ 54130

			Yes	No
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)?	42b		No
	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		No
	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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's 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				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's 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		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please 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
2010-08-16 — Date

karla wolfinger director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SCHENCK SC 200 E WASHINGTON ST PO BOX 1739 APPLETON, WI 549121739			EIN ▶ Phone no ▶ (920) 731-8111

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY BENEFIT TREE INC

Employer identification number
20-0839777

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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—2008.** 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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	51,146	387,264	604,620	297,986	228,523	1,569,539
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					84,430	84,430
3 Gross receipts from activities that are not an unrelated trade or business under section 513					51,612	51,612
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	51,146	387,264	604,620	297,986	364,565	1,705,581
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						1,705,581

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	51,146	387,264	604,620	297,986	364,565	1,705,581
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11	245	240	109	77	682
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11	245	240	109	77	682
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)					25	25
13 **Total support** (Add lines 9, 10c, 11 and 12)	51,157	387,509	604,860	298,095	364,667	1,706,288

14 **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

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99 960 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	99 960 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 040 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0 050 %

19a **33 1/3% support tests—2009.** 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—2008.** 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.** 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

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY BENEFIT TREE INC

Employer identification number
20-0839777

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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? Yes	No	**(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
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 GOLF OUTING (event type)	(b) Event #2 awareness night (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	74,668	6,546		81,214
	2 Less Charitable contributions	46,370	6,546		52,916
	3 Gross income (line 1 minus line 2)	28,298			28,298
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	24,071			24,071
	6 Rent/facility costs	6,400			6,400
	7 Food and beverages	29	4,576		4,605
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				35,076
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-6,778

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			13,814	13,814
Direct Expenses	2 Cash prizes			4,621	4,621
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			254	254
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				4,875
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				8,939

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities WI			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
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		No

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	**13a** 0 %		
b An outside facility	**13b** 100 000 %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ heidi frederickson			
Address ▶ w3494 dundas road kaukauna, WI 54130			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No
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**		No
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 ▶ $			

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TY 2009 Explanation of Non UBI

Name: COMMUNITY BENEFIT TREE INC

EIN: 20-0839777

Explanation: Special events are not regularly carried on and are performed withvolunteer labor.

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: COMMUNITY BENEFIT TREE INC

EIN: 20-0839777

Item No.	1
Class of Activity	FinaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	7,774
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

Item No.	2
Class of Activity	FinaNcial assistance to individual
Donee's Name	
Donee's Address	
Amount (FMV)	14,572
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

Item No.	3
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	11,994
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	4
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	10,244
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	5
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	15,798
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	6
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	27,941
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	7
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	11,644
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	8
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	5,631
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	9
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	12,836
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	10
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	24,082
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	11
Class of Activity	finaNcıal assıstance to ındıvıdual
Donee's Name	
Donee's Address	
Amount (FMV)	47,248
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

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TY 2009 Other Assets Schedule

Name: COMMUNITY BENEFIT TREE INC

EIN: 20-0839777

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	2,781	2,084

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TY 2009 Other Expenses Schedule

Name: COMMUNITY BENEFIT TREE INC

EIN: 20-0839777

Description	Amount
Miscellaneous expense	1,008
Advertising	2,248
Dues,memberships, AND LICENSE	689
Meeting expense	436
Depreciation and amortization	697
Supplies	7,893
Telephone Expense	978
Insurance expense	354
Seminars	136
other support expenses	7,819

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TY 2009 Other Revenues Schedule

Name: COMMUNITY BENEFIT TREE INC

EIN: 20-0839777

Description	Amount
MISCELLANEOUS INCOME	25

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TY 2009 Transfers Personal Benefits Contracts Declaration

Name: COMMUNITY BENEFIT TREE INC

EIN: 20-0839777

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 20-0839777
Name: COMMUNITY BENEFIT TREE INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
karla wolfinger W3494 dundas road kaukauna, WI 54130	president 30 00	0	0	0
thomas theroux -term ends june 201 W3494 dundas road kaukauna, WI 54130	vice-president 1 00	0	0	0
sheila oakley - term ends june 201 W3494 dundas road kaukauna, WI 54130	secretary 2 00	0	0	0
paula malueg - term ends sept 201 w3494 dundas road kaukauna, WI 54130	treasurer 2 00	0	0	0
denise belongea w3494 dundas road kaukauna, WI 54130	board of directors 1 00	0	0	0
charles butler -term ends sept 201 w3494 dundas road kaukauna, WI 54130	board of directors 1 00	0	0	0
heidi frederickson w3494 dundas road kaukauna, WI 54130	board of directors 30 00	0	0	0
julie thorpe - term ends dec 2011 w3494 dundas road kaukauna, WI 54130	board of directors 1 00	0	0	0

Community Benefit Tree, Inc.
EIN: 20-0839777
For the Tax Year Ended 12/31/09
Form 990-EZ, Part V, Line 34

The following Bylaws of Community Benefit Tree, Inc. are complete and accurate copies of the original documents.

Signature of officer

8-12-10
Date

BYLAWS
OF
Community Benefit Tree, Inc
Updated May 11th,2009

ARTICLE 1
Organization

1 Name and Legal Basis Community Benefit Tree Inc is a nonprofit faith-based organization incorporated under the laws of the State of Wisconsin governing nonprofit corporations
2 Purpose The purpose of the organization is to assists individuals and their families within the community during their medical crisis through education, support, resources and financial assistance through individual benefits (A K A - Celebration of Support)

ARTICLE 2
Board of Directors

1 Composition The membership of the board shall consist of not less than three members and not more than nine Their membership shall include representatives of the sponsoring group of the community served and of appropriate qualified individuals
2 Selection New applicants shall go through a three step process First is to fill out a board application and sign the expectation statement Second step shall be an informal meeting with at least two board members going through the expectations and CBT information The third step would be the interview by the board A new member shall be appointed by the vote of the remaining members
3 Officers The board of directors shall elect a president, a vice president, a secretary and a treasurer and such other officers and agents deemed necessary by the Board of Directors The initial officers shall be elected by the board of director(s) The directors shall continue to serve each year unless a director resigns
    1 Positions
    A **PRESIDENT** shall preside over board meetings and shall conduct the business of the board and shall act as an overseer of all standing committees
    B **VICE PRESIDENT** shall preside at meetings of the board in the absence of the president
    C **SECRETARY** The secretary shall attend meetings of the Board of Directors and shall keep, or cause to be kept, in a book provided for that purpose, a true and complete record of the proceedings of such meetings and hand to Executive Director at the calendar year

D **TREASURER** The treasurer shall be the financial officer of the Corporation, and will manage and oversee the corporate funds He or she shall keep records of account showing accurately at all times the financial condition of the Corporation He or she shall furnish to the President and the Board of Directors, on a monthly basis a statement of the financial condition of the Corporation, and shall perform such other duties as these By-laws may require or the Board of Directors may prescribe

2 Removal Any officer elected or appointed by the Board of Directors may be removed by such Board whenever in its judgment the best interest of the Corporation would be served thereby, but such removal shall be without prejudice to the contract rights, if any of the officer so removed A board member is allowed three absences during the year, if more than three meetings are missed in a 12 month period, the board will address the issue when the need arises

3 Vacancies Any vacancy occurring in any office because of death, resignation, removal, and disqualification or otherwise may be filled by the Board of Directors for the unexpired portion of the term

4 Powers and Duties The property, affairs and business of the Corporation shall be managed by the Board of Directors, which may exercise all such powers of the Corporation and do all such lawful acts as are not prohibited by statute, by the Articles of Incorporation or by these By-laws

5 Special Meeting Meetings of Board of Directors may be held at any time and place upon call by or at the request of the President, Vice President, Secretary or Treasurer, notice thereof being given to each Director at least three (3) prior thereto Notice will be given by electronic email or by telephone

4 Responsibilities

A The board is responsible for providing managing and planning to maintain adequate finances for the organization

B The board is responsible for overlooking Executive Director, volunteer staff, committees and volunteers

1 Committees The Board of Directors may, by resolution or resolutions passed by a majority of the whole Board, appoint an Executive Director may from time to time determine which committee or committees shall have and exercise such powers as the Board of Directors may by resolution determine A majority of the members of any committee shall constitute a quorum for the transaction of business, and each committee may make rules for the conduct of its affairs Committees are responsible to follow through with the tasks they are given and report back to the board The Board of Directors shall have the power at any time to change the membership of any committee,

to fill vacancies in it, or to discharge it The committees shall provided monthly minutes to the Executive Director for Board distributation

C The board shall conduct reviews of services, processing of applications for recipients, procedures and to maintain high standards of professionalism to recipients, sponsors, donators and to the general public To interpret the services and procedures to the community in order to broaden community support and understanding

D Agenda shall be emailed to board 24 hours prior to the Board meeting

E The board is to remember that Community Benefit Tree is a faith-based organization

F Quorum A majority of the number Board of Directors If a quorum is not presented the board meeting will be adjourned and rescheduled

G Action without a meeting Any action required or permitted to be taken by the Board of Directors at a meeting may be taken without a meeting if a consent in writing or through electronic format setting forth the action so taken, shall be approved by the majority of the directors

H [redacted]

I Regular meetings A regular meeting of the Board of Directors shall be held second Monday of each month, and if a legal holiday, then on the first following business day In the event that the regular meeting is not held on the date herein provided, a subsequent meeting may be held in lieu thereof, and any business transacted or elections held at such meeting shall have the same effect as if transacted or held at the regular meeting

ARTICLE 3
Rules of Procedure

(1) The current issue of Robert's Rules of Order shall govern procedures at meetings of the board and its standing committees when not in conflict with these bylaws

(2) Benefits Benefits can be approved by electronic format

ARTICLE 4
Amendments and Review

These bylaws may be altered, amended or repealed at any board meeting with the approval of majority of the membership of the board provided the proposed change was submitted at the immediate prior meeting of the

board and circulated to all members in writing at least one week prior to the meeting at which the vote is taken

ARTICLE 5
Governing Law

The corporation shall be governed by the laws of the State of Wisconsin Any matters not specifically addressed in these bylaws shall be governed by the provisions of state statutes, rules and regulation governing not for profit corporations as enacted by the State of Wisconsin