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Form **990-EZ**

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

	Department of the Treasury Internal Revenue Service 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									
	A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20							_		
_	Check if applicable Please C Name of organization D Em						D Employe	er identification number	_	
	Address c	100		Performing	Arte Cen	te-	20	1803405		
=	Name cha	ange print or			ed to street address)	Room/suite	E Telepho		_	
=	initial retu Terminate	14°	P.O. Box 6206	613			608	829-985	3	
=	Amended	Specific	City or town, state or country.					Exemption	_	
=		on pending tions.	Middleton Wi	T 5356	2-06 13			Number ►		
	• Sec	tion 501(c)(3) organ	izations and 4947(a)(1) non			G Acco	unting Meth	nod: 🛛 Cash 🗌 Accru	Jal	
			ompleted Schedule A (Form	•			(specify)	•		
			^			H Chec	k ⊳ ⊠ift	he organization is not		
ı V	Vebsit	te:▶ www.	. triendspacapri	9				h Schedule B (Form 990,	١,	
J T	ax-exe	empt status (check	`	(insert no) □	4947(a)(1) or 🔲 5	990-6	EZ, or 990-F	PF).		
K	Check I	▶ ☐ if the organ	nization is not a section 509(a	i)(3) supporting organ	nization and its gros	s receipts are	normally no	ot more than \$25,000. A		
	orm 9	90-EZ or Form 990 r	eturn is not required, but if t	he organization cho	oses to file a return	, be sure to file	a complete	e return.		
LA	dd line:		ne 9 to determine gross receipt					\$		
P	art I	Revenue, Ex	penses, and Changes	in Net Assets	or Fund Balane	ces (See the	instructi	ions for Part I.)		
	1		ifts, grants, and similar an					1 1,577		
	2	Program service	revenue including govern	nment fees and co	ntracts		🗀	2 23,962		
	3	Membership due	es and assessments				· · <u> :</u>	3 0		
	4	Investment incor					<u> </u>	4 113		
	5a		om sale of assets other th	•	<u>5a</u>					
	b		ner basis and sales expens							
Ф	С		m sale of assets other tha					ic O		
Revenue	6		ctivities (complete applicable par			ning, check here	▶□			
ě	а	Gross revenue (r		of cor	1	1				
ď	١.	reported on line	•							
	b		enses other than fundrals	•		 				
	_ C		oss) from special events a		b b	line ba)		Sic O	—	
	7a	Less: cost of go	ede sold			+		\$ *		
	C	•	oss) from sales of invento			<u>.</u>		7c 0		
	8		lescribe ► Returned pa			······································		8 4,300	—	
	9		Add lines 1, 2, 3, 4, 5c, 6c		w. gear, 2hs	urune ye		9 29.952	_	
	10		ar amounts paid (attach s		Hached			10 1.020		
	11	Benefits paid to					🗔	11 0	_	
S	12	Salaries, other c	ompensation, and employ	vee benefits			🗔	12 0	_	
use	13	Professional fee	s and other payments to i	ndependent contr	ractors		🗔	13 19.569	_	
Expenses	14		t, utilities, and maintenance					14 1,260		
ũ	15	Printing Potablica	tions postage, and shipp	ing			🖪	15 8,427		
	16	Other expenses	(describe - Lasurance Add lines 109hrough 16	Sales Tax Fo	od, Miscellanea) લ ડ)	16 5,549		
	17	Tetal expenses	Add lines 109hrough 16	<u> </u>	<u></u>		. ▶ 1	17 35,825		
হ	18	Excess of (defici	it) for the year (Subtract lir	ne 17 from line 9)			🔟	18 (5,873)		
Se	19	Net lassets or fu	ind balances at beginning	g of year (from lin	ne 27, column (A)) (must agre	e with	72 .02		
Š		end-of year figure	re reported on prior year's net assets or fund balan	s return)			· · <u> 1</u>	19 32,098		
Net Assets	20							20 💍		
	21	Net assets or fur	nd balances at end of yea	r. Combine lines 1	18 through 20	more fie T-	. > 2	21 26, 22 4	,	
ľ	art II	Dalance She	(See the instructions f		16 01,750,000 OL		ginning of ye		<u>. </u>	
^-		ach covings and	investments	•						
22			investments				32,098	22 26,224 23 8		
23 24		ther assets (descri				· ·	0		_	
25		•	be ►			一' 	1,098	25 26,224		
26		otal liabilities (des				· · \ —		26		
27	, No	et assets or fund	balances (line 27 of colu	mn (B) must agree	e with line 21)	<u> </u>	2 0 9 8			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Cat No 10642I

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Christine Caumon		0	0	ව
Mundy Beisman	I .	0	0	б
Kathy Holt		0	0	0
Steven Koch		0	O	6
Tom Zindaus		0	O	O
Kathy DeMets		0	0	Ö
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	See Atlache	d	-	
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			Form	990-EZ (200

Part	Other Information (Note the statement requirements in the instructions for Part V.)	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	Yes No
0.4	description of each activity	33 X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34 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 why the organization did not report the income on Form 990-T.	
а	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 X
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	7.2
b 38a	Did the organization file Form 1120-POL for this year?	37b X
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b O Section 501(c)(7) organizations. Enter:	
b	Initiation fees and capital contributions included on line 9	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	
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 X
С	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	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	
е	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 40-	List the states with which a copy of this return is filed. None	- 621
42a	The organization's books are in care of ► Jerry E Mond/ Telephone no. ► 65 Located at ► 6317 Mendota Ave, Middleton, WE 53562 ZIP+4 ► 536	8 831 67 62
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	Yes No
	account)?	42b X
С	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: ▶	42c X
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	▶□
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes 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 X
	For	m 990-F7 (200

	Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) non- 47(a)(1) nonexempt cha nd 51.	exempt charital	ble trusts only. A st answer questio	Il section ns 46–49b						
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 48 48 18 the organization a school as described in section 170(b)(1)A(h)(i)? If "Yes," complete Schedule E 48 49 24 49 24 49 24 49 24 49 24 49 24 49 24 49 24 49 24 49 24 24	46	Did the organization engage in direct or indirect	t political campaign activi	ties on behalf of c	or in opposition to	Yes No						
48 is the organization a school as described in section 170(b)(1)(4)(b)(1) if "Yes," complete Schedule E. 48 49b Was produced to produce the produced organization make any transfers to an exempt non-chartable related organization? 49b Was produced by the produced organization as section 527 organization? 49b Was produced by the produced organization as section 527 organization? 49b Was produced by the produced by the produced organization is the produced by the produced organization in the produced by the produced organization in the produced by the produced organization. If there is none, enter "None." 49b Was produced by the produced organization in the produced produced organization. If there is none, enter "None." 49c Compensation from the organization. If there is none, enter "None." 49c Compensation or the produced organization is produced by the produced organization. If there is none, enter "None." 49c Compensation organization is produced by the produced organization is produced by the produced organization. If there is none, enter "None." 49c Compensation organization is produced by the produced organization is produced by the produced by the produced organization is five highest compensated undependent contractors who each received more than \$100,000 or compensation from the organization. If there is none, enter "None." 49c Compensation												
Did the organization make any transfers to an exempt non-chartable related organization?			•	•								
b if "Yes," was the related organization a section 527 organization? Complete this table for the organization strok 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 of compensation from the organization. If there is none, enter "None." (b) Total and sverage devoted to postune devoted to post												
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 of compensation and devoted to postion (b) Title and swenge hours per devoted to postion (c) 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 midependent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each midependent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Type of service (c) Compensation (d) Total number of other independent contractor paid more than \$100,000 of compensation from the organization of the paid of the pai				_								
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 (e) C												
(a) Name and address of each employee paid more than \$100,000 Manual Property Ma		employees) who each received more than \$100.	,000 of compensation from	the organization.	If there is none, ent	ter "None."						
f Total number of other employees paid over \$100,000 ▶		· · ·	hours per week	(c) Compensation	employee benefit plans &	account and						
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. d Total number of other independent contractors each receiving over \$100,000 . ▶ ○ Under penalties of penjury. 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 Paid Preparer's Signature of officer Jerry E. Mend J. Treasurer Type or print frame and trile Date Check if signature Freparer's identifying number (See instructions) series of employed by pour fielders, and ZP+4 Phone no ▶		None										
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. d Total number of other independent contractors each receiving over \$100,000 . ▶ ○ Under penalties of penjury. 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 Paid Preparer's Signature of officer Jerry E. Mend J. Treasurer Type or print frame and trile Date Check if signature Freparer's identifying number (See instructions) series of employed by pour fielders, and ZP+4 Phone no ▶												
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d Total number of other independent contractors each receiving over \$100,000 ▶		\$100,000 of compensation from the organization	on. If there is none, enter "I	None."								
d Total number of other independent contractors each receiving over \$100,000 . Under penalties of penjury, 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 May 13, 2010			paid more than \$100,000	(b) T	/pe of service	(c) Compensation						
Under penalities 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 Aug 13, 2010												
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 May 13 2010	d	Total number of other independent contractors	each receiving over \$100,0		0							
Signature of officer Date Date		Under penalties of penjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompa n of preparer (other than officer) is	nying schedules and si based on all informatio	atements, and to the bes in of which preparer has a	t of my knowledge any knowledge						
Preparer's Use Only Water Albert 190 distribution of the property of the pro	Sign Here	Signature of officer Jerry E. Mendl, T	reasurer		May 13	2010						
Preparer's Use Only Water Albert 190 distribution of the property of the pro	 Daid	Preparer's	Date	Check if	Preparer's identifying num	ber (See instructions)						
Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no ▶		signature		self- employed ▶ □		·						
yours in sein-terriphoyed, address, and ZIP + 4 Phone no	•	Firm s name (or		' · · · · · · · · · · · · · · · · · · ·	IN ►							
Manufacture Alexander and Manufacture and Manu		yours it sen-employed), address, and ZIP + 4										
	May th	e IRS discuss this return with the preparer show	n above? See instructions	<u> </u>	<u>.</u> . ▶ □	Yes No						

SCHEDULE A (Form 990 or 990-EZ)

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 Open to Public Inspection

Name of the organization Employer identification number Friends of the Performing Arts 20: 1803405 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 described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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 331/3 % 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 331/3 % 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). 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 Dy 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (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? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) FIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of

organization		(described on lines 1-9 above or IRC section (see instructions))	in col (i) listed in your governing document?		the organization in col (i) of your support?		organization in col (i) organized in the US?		support
	 -		Yes	No	Yes	No	Yes	No	
otal									

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) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (e) 2009 7 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc (see instructions) 12 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 %_ 16a 33\% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33\% % or more, check this box .▶ □ b 33\% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% % or more, check this 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 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 checke	ed the box of	n line 9 of Pa	irt I.)		·	
	tion A. Public Support			T	,		
Ca	alendar 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.")	20, 23 7	17,368	5,463	3,203	1,577	47,848
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	39,927	52,333	57,701	37, 668	23,962	211,591
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	1			_		-
6	Total. Add lines 1 through 5	60,164	69,701	63,164	40,871	25,539	259,439
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	5,000	2,500	2,000	1,500	500	11,500
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	O	0	0	O	0	٥
С	Add lines 7a and 7b	5,000	2,500	2,000	1,500	500	11,600
8	Public support (Subtract line 7c from line 6)						247,939
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	60,164	69,701	63,164	40,871	25,539	259,439
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62	163	225	201	113	764
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	_	•	_	-	-	·
С	Add lines 10a and 10b	62	163	225	201	113	764
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.)	<u> </u>		<u>ب</u>	-	_	
13	Total support. (Add lines 9, 10c, 11, and 12.)	60,226	69,864	63,389	41,072	25,652	260,203
14	First five years. If the Form 990 is for toganization, check this box and stop I	here		nd, third, fourth	•		, , , , taga
Sec	tion C. Computation of Public Sup		-				
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	ie 13, column	(f))	15	%
16	Public support percentage from 2008 S			· · · · · ·	<u>.</u>	16	%_
	tion D. Computation of Investmen				<u> </u>		
17	Investment income percentage for 2009				olumn (f)) .	17	%
18	Investment income percentage from 20					18	
19a	33\% % support tests - 2009. If the orga 17 is not more than 33\% %, check this be	inization did no	or check the boreshi	ox on line 14, a zation qualifies	ing line 15 is m	nore than 33/3 9	%, and line
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not d	check a box on	line 14 or line	19a, and line 10	6 is more than 3	33½ %, and
20_	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions ►

Schedule A (Form 990 or 990-EZ) 2009						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.					
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Form 990EZ Part I Line 10

Description of Grant	Grantee	Amount	Relationship
Scholarship Koch Family 2009	Sarah Lemon 2519 Middleton Beach Road Middleton, WI 53562	\$500 00	None
Scholarship 2009	Austin Messer 921 Chautauqua Trail Madison, WI 53719	\$500 00	None
Charitable Donation	Middleton Outreach Ministry	\$20 00	None
TOTAL		\$1,020 00	

Form 990EZ Part IV

Friends of the PAC Board Members

(A) Name	(B) Title	(C)	(D) Contributions to	(E) Expense
Address	Ave Hours	Compensation	employee benefits &	account & other
	Per week		deferred compensation	allowances
Kris Richgels	President &	0	0	0
4565 Hackberry Court	Director			
Middleton, WI 53562	20			
Stephanie Lent	Vice President &	0	0	0
6905 Donna Drive	Director			
Middleton, WI 53562	15			
Jerry Mendl	Treasurer &	0	0	0
6317 Mendota Ave	Director			
Middleton, WI 53562	15			
Valerie Hoch	Secretary &	0	0	0
7712 Westchester Dr	Director			
Mıddleton, WI 53562	15			
Christine Cannon	Director	0	0	0
6218 South Ave	10			;
Middleton, WI 53562				
Mındy Bergman	Director	0	0	0
4002 Shawn Trail	5			
Middleton, WI 53562				
Kathy Holt	Director	0	0	0
1524 Fargo Ct.	15			
Middleton, WI 53562				•
Steven Koch	Director	0	0	0
1201 N High Point Road	10			
Middleton, WI 53562				
Tom Zindars	Director	0	0	0
5414 Larkspur Road	5		-	
Middleton, WI 53562				
Kathy DeMets	Director	0	0	0
4770 Enchanted Valley Road	10			
Middleton, WI 53562				