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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
WWCF Inc
Women With Courage Foundation Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
620 Park Ave E

City or town, state or country, and ZIP + 4
Ladysmith, WI 54848

D Employer identification number
20-3024172

E Telephone number
(715) 532-0116

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: ▶ N/A

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 ▶ $ 46,149

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	12,323
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	231
	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 $ _of contributions reported on line 1)	6a	33,595	
	b	Less direct expenses other than fundraising expenses	6b	16,162	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	17,433
	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	29,987
Expenses	10	Grants and similar amounts paid (attach schedule)		10	32,000
	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	125
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	298
	16	Other expenses (describe ▶)		16	590
	17	**Total expenses.** Add lines 10 through 16 ▶		17	33,013
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,026
	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	45,638
	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	42,612

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	44,393	22	41,367
23	Land and buildings		23	
24	Other assets (describe ▶)	1,245	24	1,245
25	**Total assets**	45,638	25	42,612
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	45,638	27	42,612

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

What is the organization's primary exempt purpose?
The purpose of the organization is to provide monetary assistance to individuals battling cancer

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 In 2009 WWCF provided monetary assistance to 64 individuals being treated for cancer (Grants $ 32,000) If this amount includes foreign grants, check here . . . ▶ ☑	**28a**	
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
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**	

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		No
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		No
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			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

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

42a The organization's books are in care of ▶ Bonnie Pratt Telephone no ▶ (715) 532-5604

Located at ▶ 611 E Phillips Ave Ladysmith, WI ZIP + 4 ▶ 54848

			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?		No

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
2010-05-13 — Date

Bonnie Pratt Treasurer
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)
Barbara Gindt	2010-05-13	☑	

Firm's name (or yours if self-employed), address, and ZIP + 4: H R Block Company Franchise, 802 W 9th St N, Ladysmith, WI 54848
EIN ▶
Phone no ▶ (715) 532-6966

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
WWCF Inc
Women With Courage Foundation Inc

Employer identification number
20-3024172

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 ")	21,495	10,997	14,656	8,671	12,323	68,142
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		24,566	27,454	28,351	33,595	113,966
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	21,495	35,563	42,110	37,022	45,918	182,108
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						182,108

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	21,495	35,563	42,110	37,022	45,918	182,108
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14	97	93	296	231	731
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14	97	93	296	231	731
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)				928		928
13 **Total support** (Add lines 9, 10c, 11 and 12)	21,509	35,660	42,203	38,246	46,149	183,767

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	99 100 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 400 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	

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

Additional Data

Software ID:
Software Version:
EIN: 20-3024172
Name: WWCF Inc
Women With Courage Foundation 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
Ellen Allison N5565 Hilltop Rd Ladysmith, WI 54848	President 10 00	0	0	0
Linda Wise 509 E 9th St S Ladysmith, WI 54848	Vice President 1 00	0	0	0
Kathy Mai 214 W 3rd St N Ladysmith, WI 54848	Secretary 10 00	0	0	0
Bonnie Pratt 611 E Phillips Ave Ladysmith, WI 54848	Treasurer 10 00	0	0	0

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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
WWCF Inc
Women With Courage Foundation Inc

Employer identification number
20-3024172

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 . . . . . ▶				31,095		31,095

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 Banquet and games (event type)	(b) Event #2 Mardi Gras Walk/Run (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	29,667	1,428		31,095
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	29,667	1,428		31,095
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	8,278	1,696		9,974
	6 Rent/facility costs				
	7 Food and beverages	3,711			3,711
	8 Entertainment				
	9 Other direct expenses	1,287	527		1,814
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				15,499
	11 Net income summary Combine lines 3, column d, and line 10 ▶				15,596

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			2,500	2,500
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			638	638
	4 Rent/facility costs				
	5 Other direct expenses			25	25
	6 Volunteer labor	☐ Yes % ☑ No	☐ Yes % ☑ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				663
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				1,837

			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**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
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 Grants and Similar Amounts Paid Schedule

Name: WWCF Inc
Women With Courage Foundation Inc
EIN: 20-3024172

Item No.	1
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	PO Box 202 Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-06

Item No.	2
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5565 Hilltop Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-03

Item No.	3
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	711 Court St Hawkins, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-12

Item No.	4
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N6123 Co Rd X E Glen Flora, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-12

Item No.	5
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N2259 Cty Rd G Conrath, WI 54731
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-03

Item No.	6
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	221 Adams Ave Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	7
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W4224 Walrath Rd Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	8
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N4896 Homestead Rd Hawkins, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	9
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	601 E 3rd St S Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-03

Item No.	10
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W11695 River Edge Ln Bruce, WI 54819
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-10

Item No.	11
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N334 Squaw Pt Rd Holcombe, WI 54745
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	12
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N2318 Pioneer Rd Sheldon, WI 54766
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	13
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	715 E 9th St S Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-09

Item No.	14
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	616 Miner Ave W Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-05

Item No.	15
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W9649 Strom Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-03

Item No.	16
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N2432 Cty Rd G Conrath, WI 54731
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-05

Item No.	17
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	PO Box 63 Tony, WI 54563
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-05

Item No.	18
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5997 Fetke Rd Bruce, WI 54819
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-03

Item No.	19
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	820 German St Hawkins, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-07

Item No.	20
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5424 Thatcher Rd Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	21
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W10744 CTH H Bruce, WI 54819
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-01

Item No.	22
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N6038 Thronson Dr Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-06

Item No.	23
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	505 E Menasha Ave Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	24
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W12977 Hwy 8 Bruce, WI 54819
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-03

Item No.	25
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	700 College Ave 245 Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-01

Item No.	26
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5252 Polack Ave Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-12

Item No.	27
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N4305 Sisters Farm Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-09

Item No.	28
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N1060 Market Rd Sheldon, WI 54766
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	29
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W4622 Birch Rd Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-09

Item No.	30
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	114 E 9th St S Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-07

Item No.	31
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	618 E Worden Ave Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-06

Item No.	32
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5058 Rocky Ridge Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	33
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W597 Pioneer Rd Hawkins, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	34
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	PO Box 217 Ladysmtih, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	35
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	PO Box 201 Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-12

Item No.	36
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	500 W Fritz Ave Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-12

Item No.	37
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W1042 Cranberry Rd Hawkins, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-02

Item No.	38
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W9542 cty Rd A Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	39
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W9495 Port Arthur Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-09

Item No.	40
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	318 S Main St Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	41
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W3462 Circle Dr Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	42
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W3462 Circle Dr Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	43
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W3772 Hwy 8 Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-05

Item No.	44
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W94707 US Hwy 8 Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-03

Item No.	45
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	707 E 11th St N Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-05

Item No.	46
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N6126 Cth X WW Tony, WI 54563
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-05

Item No.	47
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5087 Rangeline Rd Tony, WI 54563
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-01

Item No.	48
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W10019 Squaw Pt Rd Holcombe, WI 54745
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-06

Item No.	49
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	906 Blackburn Bruce, WI 54819
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-06

Item No.	50
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W3520 Circle Rd Glen Flora, WI 54526
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-08

Item No.	51
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W7452 Old 8 Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	52
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	503 S Coleman Apt 1 Bruce, WI 54819
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	53
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W6697 Mae West Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-12

Item No.	54
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W1440 Hwy 8 Hawkins, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-02

Item No.	55
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	PO Box 141 Hawkins, WI 54530
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-01

Item No.	56
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5399 Walnut St Tony, WI 54563
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	57
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N5399 Walnut St Tony, WI 54563
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-10

Item No.	58
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W12248 Martindale Lane Bruce, WI 54819
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-09

Item No.	59
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	N2723 Cty Rd W PO 11 Weyerhaeuser, WI 54895
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	60
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	214 E 8th St S Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	61
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	412 E Sain Ave Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	62
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	612 W Lake Ave Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

Item No.	63
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	1115 Oakwood Drive Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-04

Item No.	64
Class of Activity	Medical Reimbursement
Donee's Name	
Donee's Address	W106 80 Old 14 Rd Ladysmith, WI 54848
Amount (FMV)	
Purpose of Payment to Affiliate	Help with medical expenses associated with cancer
Relationship	none
Description	cash
Book Value	500
How BV Determined	cash
How FMV Determined	cash
Date of Gift	2009-11

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TY 2009 Other Assets Schedule

Name: WWCF Inc
Women With Courage Foundation Inc
EIN: 20-3024172

Description	Beginning of Year Amount	End of Year Amount
Easels	84	84
Laptop Computer	957	957
Shelves	145	145
Ticket Cage	59	59

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TY 2009 Other Expenses Schedule

Name: WWCF Inc
Women With Courage Foundation Inc
EIN: 20-3024172

Description	Amount
Office Expense	73
Insurance	507
State Fee	10