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SHORT TAX YEAR 1/1/10 - 7/31/10 STMT 6

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

A For the 2009 calendar year, or tax year beginning SHORT YR 1/1/10 - 7/31/10, 2009, and ending 7/31/10, 2010

- 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
CAMPUS WAY LTC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
308 E OAK CREST DRIVE
 City or town, state or country, and ZIP + 4
WALES WI 53183

D Employer identification number
20-5958136
E Telephone number
262-968-1981
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.CAMPUSWAY.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

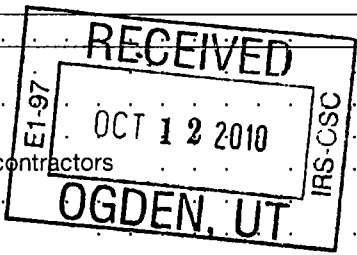
J Tax-exempt status (check only one) - 501(c) () ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	61,708	10	Grants and similar amounts paid (attach schedule)	18	14,041
2	Program service revenue including government fees and contracts	2	14,098	11	Benefits paid to or for members	19	2,837
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	20	
4	Investment income	4	2	13	Professional fees and other payments to independent contractors	21	16,878
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance		
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe ▶ SEE STMT 1)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16	17	101,778
a	Gross revenue (not including \$ <u>61,708</u> of contributions reported on line 1)	6a	76,150	6c		6c	40,001
b	Less direct expenses other than fundraising expenses	6b	36,149	7a	Gross sales of inventory, less returns and allowances	7a	10
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			b	Less cost of goods sold	7b	
7a	Gross sales of inventory, less returns and allowances			c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	10
8	Other revenue (describe ▶)			8	Other revenue (describe ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	115,819
10	Grants and similar amounts paid (attach schedule)			10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members			11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits			12	Salaries, other compensation, and employee benefits	12	62,556
13	Professional fees and other payments to independent contractors			13	Professional fees and other payments to independent contractors	13	954
14	Occupancy, rent, utilities, and maintenance			14	Occupancy, rent, utilities, and maintenance	14	2,036
15	Printing, publications, postage, and shipping			15	Printing, publications, postage, and shipping	15	2,979
16	Other expenses (describe ▶ SEE STMT 1)			16	Other expenses (describe ▶ SEE STMT 1)	16	33,253
17	Total expenses. Add lines 10 through 16			17	Total expenses. Add lines 10 through 16	17	101,778
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,041
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	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	2,837
20	Other changes in net assets or fund balances (attach explanation)			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	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	16,878



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	4,503	22 19,142
23	Land and buildings		23
24	Other assets (describe ▶)		24
25	Total assets	4,503	25 19,142
26	Total liabilities (describe ▶ SEE STMT 2)	1,666	26 2,264
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,837	27 16,878

9
6

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SEE STMT 3			
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.			
28	SEE STMT 4		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	23,196
29	SEE STMT 5		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,589
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
JOHN J CAVAIANI 823 E BRANDYBROOK, WALES, WI 53183	DIRECTOR, 40 HRS	23,553		13,300
CORRINE NARESKI 1030 RIVERKNOLL CIR, OCONOMOWOC, WI 53066	ADMINISTRATOR, 20 HRS	7,025		
RENEE RICHEE 235 MORRIS ST #2, PEWAUKEE, WI 53072	ADMINISTRATOR, 20 HRS	5,417		
DON DOUGLAS 804 WESTERN AVE, WATERTOWN, WI 53094	BOARD MEMBER, 1 HR	0		
JOHN SCHLOSSER 232 CYPRESS PT, NORTH PRAIRIE, WI 53153	BOARD MEMBER, 1 HR	0		
LARRY SCHMIDT 1834 N DAVIES DR, OCNOMOWOC, WI 53066	BOARD MEMBER, 1 HR	0		
JOANNE BARRETT 508 THOMAS RD, WALKES, WI 53183	BOARD MEMBER, 1 HR	0		
RALPH CAVAIANI W377S5318 W PRETTY LAKE RD, DOUSMAN, WI 53118	ADVISORY MBR, 1 HR	0		
GREG CAVAIANI 346 RIVERBLUFF, OCONOMOWOC, WI 53066	ADVISORY MBR, 1 HR	0		
DAVID FOLEY W266N2106 CATTAIL CRT, PEWAUKEE, WI 53072	ADVISORY MBR, 1 HR	0		

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	✓	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
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		✓
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?		✓
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?		✓
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		✓
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		✓
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ JOHN J CAVAIANI Telephone no. ▶ 262-968-1981 Located at ▶ 308 E OAK CREST DR, WALES, WI ZIP + 4 ▶ 53183		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country. ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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

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

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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

Sign Here

Signature of officer: *John J. Cavaiani* Date: *10/16/2010*

JOHN J CAVAIANI, DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

Preparer's identifying number (See instructions): _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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
CAMPUS WAY LTD

Employer identification number
20 : 5958136

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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		2007	2008	2009	10-7/31	10
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")		139,870	92,771	91,069	61,708	385,418
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		139,870	92,771	91,069	61,708	385,418
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		2007	2008	2009	10-7/31	10
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		139,870	92,771	91,069	91,708	385,418
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		67	302	16	2	387
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						385,805
12 Gross receipts from related activities, etc (see instructions)					12	335,278
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage		14	15
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))			%
15 Public support percentage from 2008 Schedule A, Part II, line 14			%
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 ▶ <input type="checkbox"/>			
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 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						
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						
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)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
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	%
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.** 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.

OTHER INCOME SOURCES: SPORTSMAN HUNT, SUMMER CAMP, WINTER RETREAT, PARADISE GOLF FUNDRAISER

Lined area for providing supplemental information, consisting of multiple horizontal dashed lines.

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	(b) Event #2	(c) Other events	(d) Total events
		SPORTSMAN HUN (event type)	PARADISE GOLF (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	40,328	15,967	18,922	75,217
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	40,328	15,967	18,922	75,217
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	29,757	2,405	3,822	35,984
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(35,984)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				39,233

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			3,240	3,240
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			4,168	4,168
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(4,168)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				(928)

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

			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 ▶ JOHN J CAVAIANI				
Address ▶ 308 E OAK CREST DRIVE, WALES, WI 53183				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
			15a	✓
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided ▶				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
17 Mandatory distributions.				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
			17a	✓
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Insurance	\$	94
Technology		1,999
Travel		150
Misc Fees and Charges		1,321
Office Supplies		1,359
Web Site		390
Misc		1,656
Winter Retreat		9,572
Summer Retreat		13,624
Leader		1,028
Other CW expenses		2,060
	\$	<u>33,253</u>

Statement 2
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Payroll Taxes Withheld	\$ 1,666	\$ 2,264

Statement 3
Form 990-EZ, Part III
Organization's Primary Purpose

Discipling students to be followers of Christ and His mission, to reach their campus now and their community for a lifetime.

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

In 2009 we expanded from 6 campuses to 9 campuses (50% increase). Total student directory of participating students has grown from 250 to 350 students (40% increase). Nearly 100 students attended our Summer and Winter Retreat. Many students attending our camp and retreat received Christ as their Savior. Others recommitted their lives to living for Jesus. Many students experienced victory over suicidal thoughts, depression, pornography, cutting, past abuse, and broken homes with the help of our staff, heavenly Father, Savior and Lord. The next full tax year will show additional accomplishments.

Statement 5
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

Campus Way is a Christian Ministry that trains and mentors gifted staff to develop & disciple a student leadership team & form a campus club. The mission of Campus Way is to disciple students to be followers of Christ & His mission to reach their campus now & their community for a lifetime. 4 new campus ministry staff were hired during the prior school year. We anticipate new staff additions during the next full tax year.

Statement 6
Form 990-EZ

We are filing a short tax year return as a transition year. We are changing our fiscal year to mimic the school year since our programs all run on a school year calendar. Therefore, our fiscal year going forward will be August 1 through July 31.
