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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
NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
101 S BROADWAY

City or town, state or country, and ZIP + 4
CASSOPOLIS, MI 49031

D Employer identification number
38-2799970

E Telephone number
(269) 445-9184

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 HAUNTED ORG

J Tax-Exempt status (check only one)— ☑ 501(c) (4) ◀(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 ▶ $ 412,308

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	425
	2	Program service revenue including government fees and contracts	2	410,339
	3	Membership dues and assessments	3	
	4	Investment income	4	118
	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		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	1,426
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	412,308
Expenses	10	Grants and similar amounts paid (attach schedule)	10	55,683
	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	10,460
	14	Occupancy, rent, utilities, and maintenance	14	543
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	366,021
	17	**Total expenses.** Add lines 10 through 16 ▶	17	432,707
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,399
	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	106,468
	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	86,069

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	92,985	22	73,129
23	Land and buildings		23	
24	Other assets (describe ▶)	13,483	24	12,940
25	**Total assets**	106,468	25	86,069
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	106,468	27	86,069

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

What is the organization's primary exempt purpose?
THE ORGANIZATION BENEFITS THE COMMUNITY BY PROVIDING ENTERTAINMENT PROCEEDS FROM AN ANNUAL PROJECT ARE DONATED TO THE VARIOUS ORGANIZATIONS THAT HELP TO STAFF THE EVENT

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 AN ANNUAL HAUNTED HOUSE IS STAFFED BY VOLUNTEERS FROM LOCAL ORGANIZATIONS IT PROVIDES ENTERTAINMENT FOR THE COMMUNITY AND ANY PROCEEDS IN EXCESS OF EXPENSES ARE DONATED TO ORGANIZATIONS WHICH HELP TO STAFF THE EVENT (Grants $ 55,683) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	82,795
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**	82,795

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		
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 ▶ JAMES K SMITH Telephone no ▶ (269) 445-9184

Located at ▶ 101 S BROADWAY CASSOPOLIS, MI ZIP + 4 ▶ 49031

			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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

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

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 — 2010-03-12 — Date

PETER KARLOWICZ SECRETARY — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ REBECCA L MOORE CPA	Date 2010-03-24	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ACCOUNTING CONSULTANTS PC PO BOX 695 DOWAGIAC, MI 49047			EIN ▶ Phone no ▶ (269) 782-3957

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

Additional Data

Software ID:

Software Version:

EIN: 38-2799970

Name: NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ

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
DONALD G KIRKENDALL 2542 REESE DRIVE NILES,MI 49120	PRESIDENT 0	0		
JOE A LEACH 1406 SYCAMORE NILES,MI 49120	VICE PRESIDE 0	0		
PETER M KARLOWICZ 101 S BROADWAY CASSOPOLIS,MI 49031	SECRETARY 0	0		
JAMES K SMITH 1508 ROLLING HILLS NILES,MI 49120	TREASURER 0	0		
MICHAEL KESSLER 2431 YANKEE NILES,MI 49120	DIRECTOR 0	0		

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
NILES HAUNTED HOUSE C/O PETER M KARLOWICZ	INDIRECT DEPRECIATION	38-2799970

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	543

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	543
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2009 Compensation Explanation

Name: NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ
EIN: 38-2799970

Person Name	Explanation
DONALD G KIRKENDALL	
JOE A LEACH	
PETER M KARLOWICZ	
JAMES K SMITH	
MICHAEL KESSLER	

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ
EIN: 38-2799970

Item No.	1
Class of Activity	
Donee's Name	SEE LISTING ATTACHED
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Assets Schedule

Name: NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ
EIN: 38-2799970

Description	Beginning of Year Amount	End of Year Amount
BUILDING & ADDITION	21,197	21,197
LESS ACCUMULATED DEPRECIATION	7,714	8,257
	13,483	12,940

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TY 2009 Other Expenses Schedule

Name: NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ
EIN: 38-2799970

Description	Amount
EXPENSES	
TRAVEL	2,361
LOCAL MILEAGE REIMBURSED	7,635
RESEARCH AND DEVELOPMENT	190
SUPPLIES/MISCELLAENOUS	249
TELEPHONE	420
LAWN MAINTENANCE BELL RD	210
CONTRACT SERVICES	4,123
CREDIT CARD FEES	1,254
INSURANCE	722
MANAGEMENT CONTRACT	339,452
SPONSOR & VOLUNTEER RECOG	9,149
POSTAGE & DELIVERY	36
BANK SERVICE CHARGES	50
DUES & FEES	170

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TY 2009 Other Revenues Schedule

Name: NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ
EIN: 38-2799970

Description	Amount
SPONSORSHIPS	1,000
OTHER MISCELLANEOUS	426

NILES HAUNTED HOUSE
C/O PETER M KARLOWICZ
101 S BROADWAY
CASSOPOLIS MI 49031

NILES HAUNTED HOUSE 2009 DONATIONS

NAME OF GROUP/ORGANIZATION	DONATION
AMERICAN CANCER SOCIETY	$375 00
ANCILLA COLLEGE WOMEN'S BASKETBALL	$70 00
ANIMAL SERVICE LEAGUE	$225.00
BARB'S ANGELS (AMERICAN CANCER SOCIETY)	$140..00
BERRIEN COUNTY ANIMAL SERVICE	$100 00
BERRIEN COUNTY CIVITAN	$60 00
BERRIEN COUNTY SHERIFF - RESERVE DIVISION	$2107 50
BERRIEN COUNTY YOUTH FAIR	$1500 00
BERRIEN SPRINGS DRAMA CLUB	$425 00
BERRIEN SPRINGS HIGH SCHOOL BAND	$1,100 00
BETA SIGMA PHI	$750 00
BETHEL COLLEGE (SCHOLARSHIP)	$500 00
BOY SCOUT ADVENTURE CREW	$160 00
BOY SCOUT TROOP #541	$1425 00
BOY SCOUT TROOP #550	$300 00
BOY SCOUT TROOP #555	$2,500 00
BRANDYWINE HIGH SCHOOL PROJECT GRADUATION	$50 00
BRANDYWINE HISTORY CLUB	$70 00
BRANDYWINE ROCKET FOOTBALL	$750 00
BUCHANAN COLLEGE CLUB	$50 00
BUCHANAN HIGH SCHOOL DRAMA CLUB	$900 00
BUCHANAN HIGH SCHOOL JUNIOR CLASS	$450..00
CASS COUNTY ANIMAL CONTROL	$70.00
CASS COUNTY RABBIT ASSOCIATION	$215.00
CASSOPOLIS CHURCH OF GOD YOUTH	$250.00
CASSOPOLIS HIGH SCHOOL PROJECT GRADUATION	$50.00

CLAY HIGH SCHOOL RUGBY TEAM	$670 00
COLOMA HIGH SCHOOL GIRLS SOCCER	$145 00
CUBBIE'S FOR CURE (AMERICAN CANCER SOCIETY)	$175.00
DOWAGIAC HIGH SCHOOL BAND BOOSTERS	$385 00
ELKHART FOP LITTLE LEAGUE	$1,350.00
FIRST CHRISTIAN CHURCH	$875 00
FOUR FLAGS AREA CHAMBER OF COMMERCE	$75 00
FOUR FLAGS AREA COUNCIL ON TOURISM	$50 00
GIRL SCOUT SENIOR TROOP	$2,100 00
HAUNTERS FOR HOPE (AMERICAN CANCER SOCIETY)	$1,500 00
HOPE UNITED METHODIST CHURCH CAMP SCHOLARSHIP	$1 050 00
HOSPICE AT HOME	$350 00
IVCC-AITP	$40 00
LAKE MICHIGAN COLLEGE BASEBALL	$1,350 00
LAKE MICHIGAN COLLEGE SOFTBALL	$1,450.00
LAKESHORE HIGH SCHOOL STAGE CREW	$1 700.00
LAKESIDE UNITED METHODIST CHURCH	$15 00
LASALLE AMBASSADORS	$1,375.00
LETTER CARRIER'S ASSOCIATION FOR MUSCULAR DYSTROPHY	$460.00
LUCKY DOG SPEEDWAY CHARITIES	$300 00
MAKE A WISH FOUNDATION	$2,200.00
MICHIANA PARENTS MULTIPLES	$315 00
MICHIANA STING	$600.00
MILANO'S CANCER FUND	$100 00
MISS NILES-BRANDYWINE	$1,000 00
NEW BUFFALO FIRE FIGHTERS	$1,000 00
NILES BASEBALL LEAGUE	$150 00

NILES DRAMA CLUB	$1,900.00
NILES HIGH SCHOOL BAND BOOSTERS	$2,100 00
NILES HIGH SCHOOL NATIONAL HONOR SOCIETY	$200 00
NILES HIGH SCHOOL PROJECT GRADUATION	$140 00
NILES HIGH SCHOOL TECHNICAL CREW	$185 00
NILES HIGH SCHOOL VIKING JOURNAL	$135 00
NILES HIGH SCHOOL VOCAL MUSIC	$700.00
NILES ROCKET FOOTBALL	$375.00
NILES-BUCHANAN Y M C A	$700 00
NORTHSIDE HEADSTART/EARLY LEARNERS	$325.00
OAKLAWN	$85.00
OPTIMIST SOCCER LEAGUE	$200.00
PARCHMENT GIRL SCOUTS	$5,000.00
PAW PAW PUBLIC SCHOOLS	$125 00
PET REFUGE	$450 00
PETS CONNECT	$120.00
PORTAGE MANOR ACTIVITIES FUND	$425.00
POSITIVELY DANCE	$1,300 00
R B MINISTRIES	$630 00
REINS OF LIFE	$325 00
RILEY HIGH SCHOOL GAPP	$365 00
SALVATION ARMY	$235 00
SOUTHWESTERN MICHIGAN COLLEGE (SCHOLARSHIPS)	$1,250 00
SOUTHWESTERN MICHIGAN VOLUNTEER CENTER	$400 00
ST JUDE'S RESEARCH HOSPITAL	$350 00
ST MARK'S CHURCH	$600 00

TRINITY LUTHERN CHURCH	$325.00
UNIVERSITY OF MICHIGAN (SCHOLARSHIP)	$600.00
VIKING EXPLORERS	$450.00
WE CAN RIDE	$415.00
TOTAL	$55,682.50

WPDOCS\HHDOCS\2009 DONATIONS IRS
01/22/10 ncs