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CHANGE IN ACCOUNTING DERIOD

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

	rtment of t al Revenu	he Treasury e Service		► The						f the year m <i>irn to satisf</i> y				ents		li	ıspe	ction	
		2009 calend	ar year.				Jul				, 2009,				1160	- ,	3/,	, 2009	
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=	Amended Applicatio	n pending	Instruc- tions.					539	/3						aber ▶	•	<i>7</i> 11		
<u> </u>		ion 501(c)(3)	omani		_	_				iete muet	attach	. 1	G Accou	L			Cash [Accrual	
	• Sec.	1011 30 1 (0)(3)						or 990-E		ists must	attacii			(specify		עבעו	Ousii [/\cordar	
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ıv	Vebsit	e: ▶														_		orm 990,	
		mpt status (check o	only one) — 🗍 5	501(c) (.3) 4 (nsert no.)	49	47(a)(1) or	☐ 52	27		Z, or 99			•		
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		90-EZ or Forn	_						_		_		-	-				,	
		5b, 6b, and 7	_												<u> </u>				
_	art I									Fund B					ctions	for	Part I	1.)	
	1	Contribution													1			962	
	2	Program s	. •	. •						racts .					2				
	3	Membersh													3		_		
	4	Investmen	•												4			31	
	5a	Gross amo	ount fro	om sale	of ass	ets other	r than ir	nventorv			5a		-					~	
	b	Less: cost						-			5b		_						
	С	Gain or (lo				-					from li	ine 5	a)		5c			-	
ne	6	Special event																	
Revenue	а	Gross reve								ributions									
ě		reported o									6a		-						
_	b	Less direc	t expe	enses o	ther tha	an fundra	aising e	xpenses			6b		_						
	С	Net incom	e or (lo	ss) fro	m spec	al event	s and a	ctivities	(Subtra	act line 6t	from	line 6	ia)	,	6c				
	7a	Gross sate	s of in	ventory	, less r	eturns ar	nd allov	vances			7a								
	b	Less: cost	of goo	ds sol	d.						7b		7]				
	С	Gross prof	it or (lo	oss) fro	m sales	of inver	ntory (S	ubtract I	ıne 7b	from line	7a)				7c		-	-	
	8	Other reve	nue (de	escribe	▶ _				C-)	8				
	9_	Total reve	nue. A	Add line	es 1, 2,	3, 4, 5c,	6c, 7c,	and 8	[ם .		-		. ▶	9		<u>4/3, '</u>	993	
	10	Grants and	d simila	ar amo	unts pa	ıd (attacl	h sched	. (elut	// .	1	UEI	IVE	1	7 .	10				
	11	Benefits p	aid to d	or for n	nember	s		•	. // =	:/		_	بكري	<i>.</i> [11				
es	12	Salaries, o	ther co	ompen	sation, a	and emp	loyee b	enefits	. //හි	MAR	2· p	204	. નેઝ	7	12		_		
penses	13	Profession	al fees	and o	ther pay	yments t	o indep	endent o	contra	tors	· ~ . ~ .	201	U .[Q]		13		3,	000_	
	14	Occupanc	• .						. . "	MAG			છ		14				
Д	15	Printing, p								900	EN.	1:15	13F		15		•	-	
	16	Other expe	enses ((descril	be ▶ j	-node	<u> </u>	ng Ex	pen	ક્લ ે		M)	16			<u>442 </u>	
	17	Total exp						<u>· · · · · · </u>		·					17			442	
য়	18	Excess or													18		6,	<u>551 </u>	
Net Assets	19	Net assets								-) (mu	st agree	with				r ~	
Ž		end-of-yea	-	-		•		•			•	٠.			19		<u>137,</u>	_ الكـ	
Š	20	Other char													20				
	21	Net assets											file Co	. DOC	21	<u>ا</u>	14H.		
لبار ا	art II	Dalance	e one						(B) are	\$1,250,0	JUU Or	more							
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22		ash, savings										٠	L131	<u>. 57</u>		22	17	4.068	
23		ind and build	_									•	<u> </u>			23			
24		her assets (_)	127	.5/7		24	1411	1 020	
25 26		tal assets	_ /-				-		• •			٠.	137	, J		25 26	1416	1 <u>.068</u>	
20	7 IC 7 Na	otal liabilitie et assets ou	s (ues) fund l	halanc	es (line	27 of cr	olumo (R) must	agree	with line ?	21\	— '	12-	7 51-		20	141	4 060	

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

Cat No 10642I

Form 990-EZ (2009)



	.00 411 (1000)					, ugo -				
	Statement of Program Service Accomp			i)		Expenses				
What	What is the organization's primary exempt purpose? Provide scholarship grants. (Required for section 501(c)(3) and 501(c)(4)									
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										
	4947(a)(1) trusts, optional								
each	program title.				for ot	ners.)				
28	The Foundation provides	20, #2 <i>0</i> 00 sch	olac-hips	for						
	for post high school ed (Grants & O - Paid) If this amount i									
	For post high school ed	ncation				27				
_	(Grants \$-O- Paid) If this amount i	ncludes foreign grants, che	eck here	. ▶ 🗆	28a	37,442				
29 ^C	Due to short year.									
	·									
	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	. ▶ 🗆	29a					
30										
	•	••••••••	*							
		ncludes foreign grants, che	eck here	▶ □	30a					
31	Other program services (attach schedule)									
	(Grants \$) If this amount i	ncludes foreign grants, che	eck here	. ▶ 🗆	31a					
	Total program service expenses (add lines 28a th		<u> </u>	▶	32					
Par	List of Officers, Directors, Trustees, and Key			ted. (See the i	instruc					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and				
	(a) Name and address	devoted to position	enter -0)	deferred comper	nsation	other allowances				
	Michael McDonald	President	- 0 -	-0-		-0-				
E	10889 Pennyto, Barabas, WI 53913	Less than I hr.								
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Form 99	0-EŽ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
		<u></u>	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		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
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		×
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year?	37b		X ,
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		×
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9	ļ		
b	Gross receipts, included on line 9, for public use of club facilities	-		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	. ~~~		
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	X
41	List the states with which a copy of this return is filed. Wisconsin			
42a	The organization's books are in care of ▶ Joe Chenqueth Located at ▶ £ 10889 Penny Lane, Barriber, WI 53913 ZIP + 4 ▶	6 -3	55	. <u>8</u> 79.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	-	<u>×</u>
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		×
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		V
			\	

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) non- 47(a)(1) nonexempt cha nd 51.	exempt charit ritable trusts m	able trusts only. A ust answer question	ll sec ons 46	tion 5–49l	
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		X
	Did the organization engage in lobbying activitie				47		X
	Is the organization a school as described in section				48		X
	Did the organization make any transfers to an ex	•	-		49a		X
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five his	ghest compensated empl	oyees (other tha	n officers, directors, t			
	employees) who each received more than \$100, (a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Expensount a allowa	ise ind
		_					
	None						
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		1					
	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractor	on. If there is none, enter "l	None."	actors who each reco	eived (c) Coi		
	1.4	······					
	None						
d	Total number of other independent contractors	each receiving over \$100,	000 .▶				
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompa n of preparer (other than officer) is	anying schedules and based on all informa	statements, and to the bestion of which preparer has	st of my any kno	knowl	edge e
Sign Here	Signature of officer Toe Chenoweth. Type or print name and title	Secy/Treasure	· (03-12-7	<u> </u>		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	e instruc	:tions)
Use On	I Firm Straine for L			EIN ►			
	address, and ZIP + 4	n abaya Oan material		Phone no ▶	1 1/		
way th	e IRS discuss this return with the preparer show	n above? See instructions	·	▶ <u>L</u>	<u>√Yes</u> rm 99		No (2009)

Change In Accounting Period

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Forms USA Chariteble toundering 39 : 1 *9646* 5 5 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I **b** Type II c ☐ Type III-Functionally integrated **d** Type III-Other e D 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 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 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) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col above or IRC section. governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes

Total

'						
Schedule A (Form	990	or	990-	EZ)	2009

Page 2

Par	(Complete only if you chec					and 170(b)(1	l)(A)(vi) 	
	tion A. Public Support	T			r 			
Ca	lendakyear (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 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.							
	tion B. Total Support	L	l	<u> </u>	<u> </u>		L	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(0, 2000	(0, 200)	(0, 2000	(0) 2000	(1)	
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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .	<u> </u>	<u> </u>			, ,		
12	Gross receipts from related activities, etc.	. (see instruction	ons)\ .			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>	nd, third, fourth		rear as a section	on 501(c)(3)	
	tion C. Computation of Public Su	 		\		T : I		
14	Public support percentage for 2009 (line		=	1, čolumn (f))		14	<u> </u>	
15	Public support percentage from 2008 Sc			\		15	%%	
	33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	331/3 % support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % 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 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 private foundation. If the organization did	facts-and-circum ances" test The	nstances" test, o organization qua	check this box a	and stop here. cly supported or	Explain in Part ganization	IV how the ▶ □	

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.)

<u></u>	tion A Bublic Compart	d the box of	1 11116 9 01 1 6	u c 1. <i>j</i>			
	tion A. Public Support		C				· ·
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	82.306	93.987	82, <i>515</i>	69,122	43,962	371,892
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	82,306	93,987	82.515	69,122	43.962	371.892
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	Γ -					<u>-</u>
8	Public support (Subtract line 7c from						371,892
Sec	line 6.)			-			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	82,306	93.987	82.515	69,122	43,962	371,892
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	5679	3, 9 40	10,940	7.903	31	23 393
	sources	-3.0.7.7.	3,0 10	10, 110	- 24105		25,075
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	_	_	_	_	_	
С	Add lines 10a and 10b	5.679	3840	10,940	2903	.31	23,393
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.)	87.985	97.827	93,455	72,025	43,993	395,285
14	First five years. If the Form 990 is for organization, check this box and stop	here	<i>.</i>			ear as a section	
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •				T	all agai
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 s	Schedule A, Pa	art III, line 15	ne 13, column		15 16	<u>94.08%</u> 93.35%
Sec	tion D. Computation of Investmen					1 1	565
17	Investment income percentage for 200	•				17	5.92%
18	Investment income percentage from 20					18	6.65%
19a	17 is not more than 33% %, check this b	ox and stop he	e re. The organ	zation qualifie	s as a publicly	supported orga	anization ▶ 💢
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check the	s box and stop	here. The orga	nızatıon qualıfı	es as a publicly	supported orga	inization 🕨 🔲
20	Private foundation. If the organization	did not check	a box on line	14, <u>19a, or 19</u> t	, check this be	ox and see ins	tructions 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b;	tion. Complete this and Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
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