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SCANNED

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization Brewers Community Foundation Inc. Please B Check if applicable Doing Business As 39 1970152 Address change label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ✓ Name change Miller Park, One Brewers Way (414)902-4488 See Initial return City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-Milwaukee, WI 53214-3651 G Gross receipts \$ 1,174,671 Amended return F Name and address of principal officer Lynn Sprangers - same as above H(a) Is this a group return for affiliates? ☐ Yes Application pending H(b) Are all affiliates included? Yes No Tax-exempt status √ 501(c) (3)

√ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ L Year of formation 2000 M State of legal domicile WI Summary Part I 1 Briefly describe the organization's mission or most significant activities: Grant marketing organization, activities that support youth activities and the general well being of children. Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a). . . Activities & 4 1 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 5 Total number of employees (Part V, line 2a) 6 50 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 0 Prior Year Current Year OSC 965,584 1.094,567 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) APR 1 4 2010 31.435 19,814 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 86, 20, 10c Total revenue—add lines 8 through 11 (must equal Part VIII, column 28.009 26,981 11 1,141,362 1,025,028 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 984,086 1,111,985 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 35,035 102,909 1,019,121 1,214,894 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses Subtract line 18 from line 12 5,907 (73,532)Beginning of Current Year End of Year 799,713 718,898 20 Total assets (Part X, line 16) . 25,436 18,153 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 774,277 700,745 Part II Signature Block 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 Signature of officer Here Executive Director ecelia Gore Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) signature employed 🕨 🔲 Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no ► (May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Form 990 (2009)

Cat No 11282Y

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Par	t III Statement of Program Service Accomplishments
.1	Briefly describe the organization's mission: Grant marketing organization activities that support youth activities and the general well being of children.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 100,000 including grants of \$ 5,705) (Revenue \$ 0) Student Achiever Program recognizes students for their academic achievement while promoting an interest in sports.
4b	(Code:) (Expenses \$ 81,000 including grants of \$ 0) (Revenue \$ 0) Programs to provide local and disadvantaged children the opportunity to attend baseball games and to encourage their interest in sports.
40	(Code:) (Expenses \$ 64,750 including grants of \$ 0) (Revenue \$ 0)
40	Provide funds to help sponsor a scholarship program for disadvantaged youths.
	······································
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 96,380 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 342,130

1 1

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	\	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		✓_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			ł
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		-	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
	Did the organization maintain an office, employees, or agents outside of the United States?	1 Ta		-
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u>. </u>	1

Par	t V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5.000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		✓_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	·	1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization 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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	6-		
38	Part VI	37	 	
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

- Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1¢	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		·	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2b		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		√
b	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.		_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
b	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а		7a	1	-
	and services provided to the payor?	7b	1	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,	<u> </u>	
	required to file Form 8282?	7с		1
	in res, indicate the number of rorms 6262 med during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	,	1
9	Sponsoring organizations maintaining donor advised funds.		ست	
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		/
0	Section 501(c)(7) organizations. Enter:		·	;
а	Initiation fees and capital contributions included on Part VIII, line 12	1		}
b			-	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	aross morne from memoris of shareholders			
Ø	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			<u> </u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	t 1		Yes	No
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	 		
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		/
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a	1	
	of the governing body?	7b	_	1
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	10		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	1	ļJ
	The governing body?	8b	1	-
9	Each committee with authority to act on behalf of the governing body?	OD	-	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte		l	. •
	enue Code.)	<i>,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Yes	No
100	Does the erganization have local chapters, branches, or effiliates?	10a		7
	Does the organization have local chapters, branches, or affiliates?			<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10h	NA	
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	105	14 7.1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	/	
118			<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	724	-	
D	rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	ļ
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	NA	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	 		
	with a taxable entity during the year?	16a		├ ✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	<u> </u>		
	the organization's exempt status with respect to such arrangements?	16b	N/A	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Wisconsin			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recognization: Steve O'Connell, One Brewers Way, Milwaukee, WI 53214 (414) - 902 - 4439	rds o	f the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compared to the	mpensate	any o	cum	<u>ent</u>	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		ion (d		heck all that apply)			Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Lynn Sprangers									40.000	
Past President	5	✓		1				0	40,000	0
Wendy Selig - Prieb Board Chair	.1	1		1				0	0	0
Robert Quinn Board Treasurer	.1	1		1				0	0	0
Tyler Barnes Board Member	.1	1		1				0	0	0
Cecelia Gore Executive Director	25				1			0	23,450	0
										,

Pa	Section A. Officers, Directors, Inc.		Emp	поу			u mig	nes	r		T		
•	(A) Name and title	(B) Average	Positi	ion (d		C) kall	that ap	nh/)	(D) Reportable	(E) Reportable	_{E:}	(F) stimated	nt.
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	mount of other other opensation from the ganization definition	of ion ion ion ed
													·
									-				
									-				
										·			
													•
1b	Total		 -	٠.	•				0	0	,†		0
2	Total number of individuals (including but		to th	ose	lıst	ed a	above	e) wl	ho received me	ore than \$100,0	00 in		
	reportable compensation from the organization	ation ► 0											
												Yes	No
3	Did the organization list any former office							oye	•	•	3	\vdash	√
	employee on line 1a? If "Yes," complete S										<u> </u>		
4	For any individual listed on line 1a, is the state organization and related organizations											1 1	_
	individual										4		✓
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	pen	sati	on '	from	anv	unrelated org	anization for	5	\vdash	1
Se	ction B. Independent Contractors	res, comp	Jiele	301	1600	116	101 3	SUCI	r person		1 2	ll	V
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	lepe	ende	ent (contra	acto	rs that receive	d more than \$1	00,00	O of	_
	(A) Name and business add	dress							(B) Description of s	ervices		C) ensation)
No	ne.												
							_	-					
_								-					
_						_		t		1			
2	Total number of independent contractors (i to	those	list	ed above) who	received			-

Pari	VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns	114,825 12,500				
토		and similar amounts not included above	967,242			•	
a So		Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		1,094,567			
	- 		Business Code	1,001,007			
Program Service Revenue	С						
E S	e						
70gr		All other program service revenue .					
	3	Investment income (including dividends other similar amounts)	s, interest, and	19,814			
	5	Royalties	(ii) Personal				· · · · · · · · · · · · · · · · · · ·
	b c	Gross Rents Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	С	Less. cost or other basis and sales expenses . Gain or (loss)				 	
evenue	8a	Gross income from fundraising events (not including \$114,825 of contributions reported on line 1c).		-		,	
ď.		See Part IV, line 18 a	33,309		egrafia i e i ĝi		7-1-1
Other Re	b	Less: direct expenses b	33,309		. 3 . 4 . 6 . 3 . 3 . 3		
Ò	С	Net income or (loss) from fundraising e	vents ▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
		Less: direct expenses b Net income or (loss) from gaming activ			· · ·	<u> </u>	
		Gross sales of inventory, less			`	, , ,	
	b	returns and allowances a Less: cost of goods sold b	26,981		A Mark Sur A	** <u>*</u>	, ,
	С	Net income or (loss) from sales of inventor		26,981			
		Miscellaneous Revenue	Business Code				
	11a	***************************************		·	··· ·		
	b						
	H C	All other revenue			 .		
		Total. Add lines 11a–11d					
		Total revenue. See instructions.		1,141,362			

Pai	t IX Statement of Functional Expense				
•	Section 501(c)(3) and 50 All other organizations must complete col				(C), and (D).
Do 7b	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,111,985	258,360		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			, ,	-
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		,		
а	Management				
b	Legal				
С	Accounting	5,255		5,255	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		*		
g	Other				
12	Advertising and promotion			10.050	
13	Office expenses	96,022	83,770	12,252	
14	Information technology			.	
15	Royalties ,				
16	Occupancy	1,632		4 600	
17	Travel	1,032		1,632	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	 			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		,		
а					
b					
C					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,214,894	342,130	19,139	0
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

art X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
	Cash—non-interest-bearing	1,001	1	40,547
1	Savings and temporary cash investments	793,772	$\overline{}$	670,851
	Pledges and grants receivable, net	4.040	3	7.500
	Accounts receivable, net	4,940	4	7,500
	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of	· · · · · · · · · · · · · · · · ·		
1	Schedule L		5	
	Receivables from other disqualified persons (as defined under section			
	1958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
L	Part II of Schedule L		6	
	Notes and loans receivable, net		7	
2 8 H	nventories for sale or use		8	
~ 9 F	Prepaid expenses and deferred charges		9	
	and, buildings, and equipment: cost or 10a			
	other basis Complete Part VI of Schedule D			
b L	ess. accumulated depreciation 10b		10c	
	nvestments—publicly traded securities		11	
	nvestments-other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
13 h	nvestments-program-related. See Part IV, line 11		13	
	ntangible assets		14	
15 (Other assets. See Part IV, line 11		15	
16 7	Total assets. Add lines 1 through 15 (must equal line 34)	799,713		718,898
17 /	Accounts payable and accrued expenses	25,436		18,153
	Grants payable		18	
19 [Deferred revenue		19	
	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 F	Payables to current and former officers, directors, trustees, key			
<u> </u>	employees, highest compensated employees, and disqualified			
" F	persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
4	Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities. Complete Part X of Schedule D		25	
	Total liabilities. Add lines 17 through 25	25,436	26	18,153
g C	Organizations that follow SFAS 117, check here ► 🗸 and			
<u> </u>	complete lines 27 through 29, and lines 33 and 34.	474.057		400.004
ฐี 27 เ	Unrestricted net assets	174,257	27	129,821
ŏ 28 7	Temporarily restricted net assets	600,020	28	570,924
29 F	Permanently restricted net assets		29	
27 28 7 29 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
2 31 F	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
32 F	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
33	Total net assets or fund balances	774,277	33	700,745
34	Total liabilities and net assets/fund balances	799,713	34	718,898

Page	1	2

,		No						
	Cash 🛮 Accrual 🔲 Other							
1 Accounting method used to prepare the Form 990: 0								
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b Were the organization's financial statements audited by a	ın ındependent accountant?							
c If "Yes" to line 2a or 2b, does the organization have a comm	· 1 1 1							
the audit, review, or compilation of its financial statements a								
If the organization changed either its oversight process o	• • • • • • • • • • • • • • • • • • • •							
Schedule O.								
d If "Yes" to line 2a or 2b, check a box below to indicate whele	ther the financial statements for the year were							
issued on a consolidated basis, separate basis, or both:								
☑ Separate basis ☐ Consolidated basis ☐ Both co	onsolidated and separate basis							
3a As a result of a federal award, was the organization requi	• • • • • • • • • • • • • • • • • • • •							
the Single Audit Act and OMB Circular A-133?		✓						
b If "Yes," did the organization undergo the required audit	or audits? If the organization did not undergo the							
required audit or audits, explain why in Schedule O and	describe any steps taken to undergo such audits. 3b							

Form **990** (2009)

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.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number 1970152 Brewers Community Foundation Inc. 39 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.) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) 8 ☐ An organization that normally receives. (1) more than 33½ % 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 33/3 % 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 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (iv) is the organization (vi) Is the (vii) Amount of organization in colorganization (described on lines 1-9) in col (i) listed in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes Yes Nο 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 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 571,624 644,227 686,055 965,584 1,094,567 3,962,057 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 571.624 644,227 686.055 965.584 1.094,567 3.962.057 Total. Add lines 1 through 3 . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 1.596.053 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 2,366,004 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 571,624 644,227 686,055 965,584 1,094,567 3,962,057 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 20,562 36,401 34.905 31.435 19.814 143,117 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.) 4,105,174 Total support. Add lines 7 through 10 . 11 107,988 Gross receipts from related activities, etc. (see instructions) 12 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 49.14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 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 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

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

~	Alan A Bublic Comment	d the box of	11 11116 3 01 1 2				
	tion A. Public Support					1	T
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 .						ļ
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		·			•	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6				:		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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 organization, check this box and stop	here		nd, third, fourti	-		
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column	• • •	15	<u>%</u> %
Sec	tion D. Computation of Investmen	nt Income P	ercentage				
17 18	Investment income percentage for 200 investment income percentage from 20			-	olumn (f)) .	17	<u>%</u>
19a	33% % support tests – 2009. If the organism not more than 33% %, check this b	anization did n	ot check the b	ox on line 14, a		more than 331/3	%, and line
b	33\% % support tests—2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box or	line 14 or line	19a, and line	16 is more than	331/3 %, and
20			_	•			

Part IV	Supplemental Information. Complete this part to provide the explanations required	Page 4 by Part II, line 10;
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	See instructions.
Not applic	abie.	·····
		· · · · · · · · · · · · · · · · · · ·
		·····
•••••••		
		•••••••
		····

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

	of the organization			Employer identification number
	wers Community Foundation Inc.			39 : 1970152
Pai	Organizations Maintaining Dor the organization answered "Yes"	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Fund	ds or Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	1		0
2	Aggregate contributions to (during year)	100,000		0
3	Aggregate grants from (during year) .	112,581		0
4	Aggregate value at end of year	28,419		0
5	Did the organization inform all donors and funds are the organization's property, subj			
6	Did the organization inform all grantees, do used only for charitable purposes and not			
	purpose conferring impermissible private b			
Pa	rt II Conservation Easements. Comp	olete if the organization answered "Yes"		
1 2	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiz easement on the last day of the tax year.	., recreation or pleasure)	on of a	an historically important land area a certified historic structure in the form of a conservation
				Held at the End of the Tax Year
а	Total number of conservation easements.			2a
b	Total acreage restricted by conservation ea			2b
С	Number of conservation easements on a c			2c
d	Number of conservation easements include	• •		2d
3	Number of conservation easements modified the tax year ▶			
4	Number of states where property subject t	o conservation easement is located ▶		
5	Does the organization have a written policy violations, and enforcement of the conserv	y regarding the periodic monitoring, inspe	ection,	handling of
6	Staff and volunteer hours devoted to moni		ation e	easements during the year
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing conservation	easen	nents during the year
8	Does each conservation easement reporter 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		nts of	section Yes . No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva	he text of the footnote to the organization		
Pa		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8		er Similar Assets.
1a	If the organization elected, as permitted un art, historical treasures, or other similar asseprovide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	resea	rch in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to t (i) Revenues included in Form 990, Part V	held for public exhibition, education, or rehese items. 'Ill, line 1	eseard	ch in furtherance of public service,
	(ii) Assets included in Form 990, Part X .			▶ \$
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items:		
a h	Revenues included in Form 990, Part VIII, I	line 1		• \$

Page	2
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Par	rt III Organizations Maintai	ning Colle	ections	of Art, Hi	storica	Treasures,	or O	ther Similar	Ass	ets (co	ontinu	ıed)
. 3	Using the organization's acquisition collection items (check all that ap		on, and o	ther reco	rds, che	ck any of the	follow	ing that are a	sign	ııfıcant	use o	of its
а	Public exhibition			d		oan or exchar						
b	Scholarly research			е	□ 0	ther					·	
С	Preservation for future gener	rations										
4	Provide a description of the organ Part XIV.	nization's c	ollections	and exp	lain how	they further t	he or	ganization's e	exem	pt pur	pose	in
5	During the year, did the organizatio assets to be sold to raise funds rati	n solicit or r ner than to l	receive do be mainta	onations of nined as p	f art, hist art of the	orical treasure organization's	s, or o	other similar ction?			s 🗀	No_
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?											
b	If "Yes," explain the arrangement	ın Part XIV	and con	nplete the	followin	g table:		1				
							-		Amo	ount		
С	Beginning balance						1c	<u> </u>		···		
d	Additions during the year						1d					
е	Distributions during the year						1e	1				
f	Ending balance						1f	<u> </u>		П.,		1
	If "Yes," explain the arrangement	in Part XIV	•	·							es L	No
Par	rt V Endowment Funds.	<u> </u>		1		_						
		(a) Curr	ent year	(b) Pric	r year	(c) Two years b	аск	(d) Three years b	аск	(e) Four	years	Dack
1a	9 9 ,					 						
b	Contributions	I				-			-			
С	Net investment earnings, gains and losses											
d	Grants or scholarships			<u> </u>								
е	Other expenditures for facilities and programs											
f g				_								
2	Provide the estimated percentage	of the yea	r end ba	lance held	d as:							
а	Board designated or quasi-endov	vment ►		%								
b	Permanent endowment ▶	%										
С	Term endowment ▶	%										
3a	Are there endowment funds not in	the posses	sion of th	ne organiz	ation tha	it are held and	adm	nistered for th	ne	ı		
	organization by:									0-70	Yes	No
	(i) unrelated organizations									3a(i)	$\vdash \vdash \vdash$	
	(ii) related organizations									3a(ii)		
4	If "Yes" to 3a(ii), are the related of Describe in Part XIV the intended								•	3b		
	rt VI Investments—Land,						+ Y I	ine 10				
raı									I	/-/\ D		
	Description of investment	(a) Cost or ot (investm			st or other s (other)		ccumulated preciation		(d) Boo	k value	,
1a	Land								₩			
b	Buildings								-			
С	Leasehold improvements	· · ·							\vdash			
d									1			
e Tota			al Farm 2	00 8 1	001:	(D) trac 10(c))		<u> </u>	1-			
rota	al. Add lines 1a through 1e. (Column (u) must equ	ai Form 9	эυ, Раπ Х,	column	(b), iine 10(c))		<u> </u>	<u> </u>			

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives			
Closely-held equity interests			
Other			
			
	· · · · · · · · · · · · · · · · · · ·		
			
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related	d. See Form 990. Part X.	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation
(a) seed plan of an estimation type	(2) 2001. 72.00	Cost or end-of-year ma	rket value
_			
			·
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			····
Part IX Other Assets. See Form 990, Par	t Y line 15		
Tartix Other Assets. Gee Form 550, Fai	(a) Description		(b) Book value
	(4) 5 5 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(2) 24011 14125
	•		
	 		
	·		_
7.1. (0.1. (1.1.	(2) ((2)		
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990,		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
1. (a) Description of liability Federal income taxes	(b) Amount	┥	
rederal income taxes		-	
······································		┥	
		╡	
		7	
		†	
		7	
	-	7	
		7	
	 	7	
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			1

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4

Par	Reconciliation of Change in Net Assets from Form 99	0 to A	udited Financial Sta	tem	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,141,362
2	Total expenses (Form 990. Part IX, column (A), line 25)			2	1,214,894
3	Excess or (deficit) for the year. Subtract line 2 from line 1		L	3_	(73,532)
4	Net unrealized gains (losses) on investments			4	0
5	Donated services and use of facilities			5	0
6	Investment expenses			6	0
7	Prior period adjustments			7	0
8	Other (Describe in Part XIV.)			8	0
9	Total adjustments (net). Add lines 4 through 8			9	0
10	Excess or (deficit) for the year per audited financial statements. Com			10	(73,532)
Par	t XII Reconciliation of Revenue per Audited Financial St			T :	
1	Total revenue, gains, and other support per audited financial statement	ents .		1	1,174,671
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۔ م	I		
a	Net unrealized gains on investments			┨	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants		22 200	1	
d	Other (Describe in Part XIV.)		33,309		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1		3	1,141,362
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.5		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a 4b		1	
b	Other (Describe in Part XIV.)		<u> </u>	4c	_
5	Add lines 4a and 4b			5	
-	t XIII Reconciliation of Expenses per Audited Financial S				111111111111111111111111111111111111111
			<u> </u>	1	1,248,203
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •		H	1,2.10,200
a	Donated services and use of facilities	2a	l	1	
				1	į
b	Prior year adjustments	<u> </u>		1	
d	Other (Describe in Part XIV.)		33,309	1	
e	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e	33,309
3	Subtract line 2e from line 1	• •		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ	· · · · · · ·		
· a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIV.)	4b		1	
c	Add lines 4a and 4b			40	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	t I, line	18.)	5	1,214,894
Par	t XIV Supplemental Information				
and this	plete this part to provide the descriptions required for Part II, lines 3, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4 part to provide any additional information. Line 2d \$33,309 of fundraising direct expenses reported net on the	4b; and	Part XIII, lines 2d and		
XIII	Line 2d \$33,309 of fundraising direct expenses reported net on the	e 990 b	ut gross for GAAP.		
ВС	F is exempt from income taxes under Section 501(c)(3) of the Inter	nal Rev	renue Code. Accord	ingl	y, no provision for
inc	ome taxes is included in the accompanying financial statements. C	Ouring 1	the year ending Dece	emb	er 31, 2009, BCF
ado	pted Financial Accounting Standards Board Accounting Standard				
Inc	ome Taxes", which requires disclosure of uncertain tax positions v	which r	neet certain criteria	spec	cified in Section 740.

D	
Page	:

Part XIV	Supplemental Information (continued)
BCF's stati	us as a tax exempt organization is a tax position that requires consideration under Section 740. Management
has evaluat	ed the tax-exempt status of BCF and has determined that it is more likely than not that BCF's status would
be upheld i	n the event of an examination by a taxing authority. In addition, BCF does does not undertake any
activities th	at may give rise to unrelated business taxable income or the associated unrelated business income tax.
Therefore, r	no tax provision and no amounts for current or future tax assets or liabilities is reported for uncertain
tax provisio	ns.
•••••	
•••••	

SCHEDULE G (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization **Brewers Community Foundation Inc.** 1970152 39 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. \square Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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 services? LJ Yes LJ 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) fundraiser listed in col (i) (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (or retained by) or entity (fundraiser) from activity organization Yes No 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.

Pa	irt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza orm 990-EZ, line 6a. L	tion answered "Yes" to list events with aross r	o Form 990, Part IV, III eceipts greater than \$	ne 18, or r 5,000.	eported	i
_		,	(a) Event #1	(b) Event #2	(c) Other events	(d) Tota	l events	
	! !		Sausage Race	Aaron Event	5	(add col (a) through	1
			(event type)	(event type)	(total number)	col	(c))	
Revenue								
š.	1	Gross receipts	62,100	35,069	50,965		148	,134
æ	2	Less: Charitable						
		contributions		-				
	3	Gross income (line 1						
	-	minus line 2)	62,100	35,069	50,965	1	148	<u>,134</u>
	4	Cash prizes						
	5	Noncash prizes	-					
ses	6	Rent/facility costs						
Expe	7	Food and beverages						
Direct Expenses	8	Entertainment						
_	9	Other direct expenses	12,266	16,016	5,027		33	,309
	10	Direct expense summary Ad	d lines 4 through 9 in co	olumn (d)		(33,3	309)
	11	Net income summary. Comb	ine line 3, column (d), a	nd line 10	<u> </u>		114	,825
Pa	rt II			vered "Yes" to Form	990, Part IV, line 19,	or report	ed mor	re
	!	than \$15,000 on Form				F		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total col (a) th	gaming (a rough col	(c))
 Re	1	Gross revenue		-			· · · · · · · · · · · · · · · · · ·	
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs					.	
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summary	Combine line 1, colur	nn d, and line 7				
							Yes	No
9		ter the state(s) in which the o						
a		the organization licensed to o	perate gaming activitie	s in each of these state	es?	· · 9	a	<u> </u>
b		'No," explain: 		·				
		ere any of the organization's o	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar? 10	a	
D	" ii " 	'Yes," explain.		·				
11	 Do	es the organization operate g	aming activities with n	onmembers?			1	
12	ls :	the organization a grantor, be med to administer charitable	eneficiary or trustee of			entity		
		to darring of officiable	a			1	- 1	1

_	4
Page	•

•			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
	An outside facility		1	
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		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶	•		
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
ь ——	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 ▶ \$		_	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No '1545-0047

Open to Public Inspection

Employer identification number 1970152 39 ▶ Attach to Form 990. Name of the organization

% (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . (d) Amount of cash grant . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (p) EIN Brewers Community Foundation Inc. See Attachment. 1 (a) Name and address of organization or government Part II

Schedule I (Form 990) 2009

No 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations

Page 2

Schedule | Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. ·
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)				Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	To monitor the use of grant funds, each organization provides an accountability report to demonstrate the funds were used for their intended purpose.					
(b) Number of recipients				e this part to	on provides ar					
(a) Type of grant or assistance				Part IV Supplemental Information. Complete	To monitor the use of grant funds, each organizati					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

Open to Public Inspection

Brewers Communi	ly Foundation inc.				39 ;	19/0152
Governing docume	nts, conflict of inter	rest policy and fi	nancial stateme	nts are available	upon public re	quest.
	rest policy is monito			ayments to ensu	re payments to	any entities listed
as related interests	are within the conf	lict of interest po	olicy.			
Other program serv	vices are comprised					on of the
The 990 is reviewed	d in draft form by the	e officers prior to	o the final version	on being filed wi	th the IRS.	
		••••				
	•••••					
				•		
	•••••					

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Brewers Community Foundation Inc.

Related Organizations and Unrelated Partnerships

Open to Public 20**09**

OMB No 1545-0047

Employer Identification number Inspection

1970152

39

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 990.

Schedule R (Form 990) 2009 (f) Direct controlling (f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because It entity Public charity status (if section 501(c)(3)) (e) End-of-year assets e Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income Cat No 50135Y (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. None. (a) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Part II Part I

Page 2

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 · because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of	(a) (b) (c) (d) (e) (f) (f) siss and EN of Premary activity Legal Direct controlling Predominant Share of total income	(c)	(d) Direct controlling	(e) Predominant	(f) Share of total income		(g) Share of end-of-year	(h) Disproportionate		(j) General or
related organization		domicile (state or foreign country)	entity	income (related, unrelated, excluded from tax under				allocations?	amount in box 20 of Schedule K-1 (Form 1065)	
				512-514)				Yes No		Yes No
Milwaukee Brewers	Promotion of	1794	× 1	VIII.	*	V N	AUA AUA		3	
Baseball Club LP	Daseball	A	Į.	2	•	2	Y/N	W/H		A/N A/N
Miller Park, One Brewers Way										
Milwaukee, WI 53214 39-1136376										
								:		
					:					
Part IV Identification line 34 because	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization ar line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	nization ore relat	s Taxable as a	Corporation or treated as a co	Trust (Comple	ste if the orga ust during the	nization answe tax year.)	red "Yes	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	art IV,
(a) Name, address, and EIN of related organization	of related organization	_	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
Milwaukee Brewers Baseball Club Inc. Miller Park, One Brewers Way	II Club Inc. av		Pronotion of baseball	M	N/A	S Corp.		A/A	A/N	N/A
Milwaukee, WI 53214 37-0899413										
									Schedule R (Form 990) 2009	990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

	1a /
	A
· · · · · · · · · · · · · · · · · · ·	10 /
	, 1d
	1e
	,
	10
	11
	1
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	- + +
	> > = = = = = = = = = = = = = = = = = =
•	10
	, 1p /
	>
relationships and 1	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
(b) Transaction type (a-r)	(c) Amount involved
0	224,208
Sct	Schedule R (Form 990) 2009
	1 1 1

4 1 3 4

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (d) Name, address, and EIN of entity Primary activity (state or foreign section end-country) 501(c)(3) a	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)		(h) General or managing partner?
			Yes No	·	Yes No			Yes No
					_			
						Schedule R (Form 990) 2009	rm 990)) 2009

1 (a) Organization and Address	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non- cash assistance	(h) Purpose of grant or assistance
Boys and Grifs Club of Greater Milwaukee 1558 North 6th Streat Milwaukee, WI 53212	39-0806292	i	\$ 49,158 00	euou	N/A	N/A	To support general activities and the goals of the organization
Girl Scouts of Wisconsin Southeast Inc COO Denashs A Scott Cook & Franke SC 660 E Mason St Milwaukee, WI 53202	39-0692833	501 (6) (3)	8 7,800.00	norie	N/A	NIA	To support general activities and the goals of the organization
Habital for Humanity Milwaukee 223 N 30th St Milwaukee, Wi 53208	39-1496741	501 (c) (3)	00 000'9 \$	none	NIA	N/A	To support general activities and the goals of the organization
Yesterday's Negro League Foundation Greenberg and Hoeschn Trust Account 3127 W Wisconsin Ave Miwaukee, Wi 53208	39-1913557	170 (b) (1) (A) (w) S	3 7,000 00	none	NIA	N/A	To support general activities and the goals of the organization
Hunger Task Force, Inc 201 S. Hawley Court Milwaukee, Wi 53214	39-1345847	501 (c) (3)	34,392.00	none	N/A	N/A	To support general activities and the goals of the organization
Introput fallen Heroes Fund One Introput Square 46th St and 12th Ave New York, NY 10036	20-0366717	501 (a)	\$ 10,000 00	виои	NA	N/A	To support general activities and the goals of the organization
Sojoumer Family Peace Center Inc P.O. Box 080319 Miwaukee, VII 53208-8005	39-1276210	501 (c) (3)	\$ 2,000 00	none	NIA	N/A	To support general activities and the goals of the organization
United Way of Greater Milwaukee 221 W Vine St Milwaukee, WI 53212	39-080-61	501 (c) (3)	00 000'5 \$	виои	NIA	N/A	To support general activities and the goals of the organization
Susan G. Komen for the Cure-Mitwaukee 9200 W. Wisconsin Avenue Mitwaukee, Wi 53226	75-2844639	501 (c) (3)	\$ 25,000 00	none	N/A	N/A	To support general activities and the goals of the organization
Koos for Kids Inc 1104 William Street Recne, WI 53402	20-3335236	509 (a) (2)	8 6,000 00	PUOU	N/A	N/A	To support general activities and the goals of the organization
MACC Fund 10000 Innovation Dr. Suite 135 Milwaukee, VII 53226	39-1270290	501 (c) (3)	\$ 5,000 00	•иоп	N/A	N/A	To support general activities and the goals of the organization
Marcus Center For the Performing Arts Inc 929 N Water St Milwaukee, WI 53202	51-0532407	170 (b) (1) (A) (vi) S	\$ 12,500 00	виои	NIA	N/A	To support general activities and the goals of the organization

•

To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization
NIA	NIA	N/A	N/A	N/A	N/A	NIA	NIA	N/A	N/A	N/A	N/A	N/A
NIA	N/A	N/A	N/A	N/A	NIA	N/A	N/A	NIA	N/A	N/A	N/A	N/A
поле	none	попе	попе	none	none	none	none	none	none	none	none	поле
25,000 00	5,000 00	2 000 00	00 000'2	2 000 00	5,000 00	10 000 00	10,000 00	25,000 00	27 772 00	70 072 00	2 000 00	5,000 00
20-0618038 501 (c) (3) \$	39-1929112 501 (5) (3) [\$	39-1856240 501 (5) (3) 5	43-1570612 501 (c) (3) \$	39-1534049 501 (5) (3) 5	39-1590212 501 (c) (3) \$	39-0828861 501 (c) (3) 8	39-0806172 501 (c) (3) \$	56-2480934 501 (c) (3) \$	03-0556001 501 (c) (3) 8	75-1835298 501 (c) (3) [\$	39.1467388 501 (c) (3) s	39-6075557 501 (c) (3) 8
Money Savvy Generation Foundation 910 Sherwood Dr # 17 Lake bluff, IL 60044	Mihwaukee Public Schools Foundation Inc Recreation Division 5225 W Vitet St Milwaukee, WI 53208	MRA Chantes, LLC N72 W12922 Good Hope Road Menomonee Falls, WI 53051	Negro Leagues Baseiball Museum 1616 E. 18th St Kansas City, MO 64108	Aids Resource Center of Wisconsin 820 N Plankington Milwaukee, WI 53203	PAVE 135 W Wells Street Milwaukee, WI 53203	Milwaukee Urban League 435 W North Ave Milwaukee WM 53212-3146	La Crosse Area Family YMCA 1140 Main St La Crosse WI 54601-4124	Usher's New Look, Inc. 2775 Cruse Rd, Ste 901 Lawrenceville, GA 30044	Wille Wilson Baseball PO Box 34665 Kansas City, MO 64116	Susan G Komen Breast Cancer 5005 LBJ FWY STE 280 Dallas TX 75244	Tosa Baseball League Inc PO Box 26031 Wauwalosa, WI 53266	Boys Baseball of Janesville, Inc 1911 Peterson Ave Janesville Wisconsin

To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization	To support general activities and the goals of the organization
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NIA	NA	N/A	N/A	NIA	NIA	NIA	NIA	N/A	N/A	N/A	NIA
none	попе	Buou	euou	none	Puou	none	none	none	none	euou	none
6,694 00	11,400 00	10,000 00	58,679 00	8,000 00	5,000 00	5,000 00	5,000 00 [10,000 00	127,414 00	10,000 00	10 000 00
39-1963963 501 (c) (3) \$	39-154-3541 501 (c) (3) \$	39-1610233 501 (c) (3) \$	39-1143353 501 (c) (3) \$	39-1476965 501 (c) (3) \$	39-0128222 501 (c) (19) \$	33-1114575 501(c) (3) \$	39-6006078 107 (c) (1) \$	39.0988784 501 (c) (3) \$	81-0576905 501 (c) (3) \$	22.2882549 501 (c) (3) \$	39-0806339 501 (c) (3) \$
Sharp Literacy Inc % Marlene M Doerr 756 N Lincoln Memorial Dr - RM 311 Miwaukee Wi 53202-4019	Make-A-Wish Foundston of WI Inc 13199 West Hampton Ave Butler, WI 53007	Miwaukee Public Library Foundation Inc 814 W Milwaukee Avo Miwaukee, WI 53233-2309	United Cerebal Palsy of Southeastern WI Inc 7519 W Oklahoma Ave Milwaukee WI 53219-2861 193	Wisconsin Sports Development Corporation P.O. Box 7788 Madison, WI 53707-7788	Amencan Legon - Dept of Wisconsin 2930 Amencan Legion Drive Portage Wi 53901	Arts at Large Inc W4885 Valley Heights Dr Fredonia, Wi 53021	Village of Richfield 4128 Hubertus Rd Hubertus, WI 53033	Imapct Alcohol and Other Drug Abuse Services, Inc 1126 S 70th St RM 116 Miwaukee, WI 53214	Open Arms Home For Children Inc PO Px 2198 Litchfield Park, AZ 85340	Cily Year Inc 287 Columbus Ave Boston MA 02116-5114	Childrens Outing ASSN 909 E North Ave Milwaukee WI 53212-3447