



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2009 calendar year, or tax year beginning 01-01-2009

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LAKE COUNTRY CARING INC		D Employer identification number 39-1983510
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 591	Room/suite	E Telephone number (262) 367-6670
		City or town, state or country, and ZIP + 4 HARTLAND, WI 53029		F Group Exemption Number

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ☐

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 246,669

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	236,772
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	9,897
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here ☐			
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8	Other revenue (describe ☐ _____)		8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ☐		9	246,669	

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	159,840
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	525
	14	Occupancy, rent, utilities, and maintenance	14	14,766
	15	Printing, publications, postage, and shipping	15	113
	16	Other expenses (describe  _____)	16	8,549
	17	Total expenses. Add lines 10 through 16 	17	183,793

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	62,876
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	614,457
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	677,333

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	284,621	22	354,667
23	Land and buildings	316,395	23	309,172
24	Other assets (describe  _____)	13,441	24	13,494
25	Total assets	614,457	25	677,333
26	Total liabilities (describe  _____)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	614,457	27	677,333

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? A PUBLIC CHARITY TO ASSIST PERSONS IN NEED BY PROVIDING CLOTHING AND HOUSEHOLD ITEMS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (attach schedule) ☐			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☒		32	183,793

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ SUSAN STROMEI Telephone no ▶ (262) 646-3764 N3W29721 BLODWEN DRIVE Located at ▶ WAUKESHA, WI ZIP + 4 ▶ 53188		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-05-14 Date		
	SUSAN STROMEI TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KEVIN HAUT CPA	Date 2010-05-14	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EMANUELE AND HAUT CPAs SC 142 E CAPITOL DR HARTLAND, WI 53029			EIN
					Phone no (262) 367-1040
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization LAKE COUNTRY CARING INC	Employer identification number 39-1983510
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(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?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	155,438	330,932	339,899	224,666	236,772	1,287,707
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	155,438	330,932	339,899	224,666	236,772	1,287,707
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6.)						1,287,707

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	155,438	330,932	339,899	224,666	236,772	1,287,707
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,096	2,972	4,685	6,109	9,897	24,759
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	1,096	2,972	4,685	6,109	9,897	24,759
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	156,534	333,904	344,584	230,775	246,669	1,312,466
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	98.110 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	98.680 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.890 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.320 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 39-1983510
Name: LAKE COUNTRY CARING INC

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 DISTRIBUTIONS OF DONATED CLOTHING AT THE CARING HOUSE TO INDIVIDUALS AND FAMILIES IN NEED THERE WERE 4,150 VISITS TO LAKE COUNTRY CARING DURING THE YEAR (Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	37,008
29 DISTRIBUTION OF DONATED CLOTHING TO OTHER CHARITABLE, TAX-EXEMPT ORGANIZATIONS SURPLUS CLOTHING WAS DISTRIBUTED TO SEVERAL OTHER ORGANIZATIONS (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	122,832
30 DISTRIBUTIONS OF HYGIENE, PERSONAL CARE PRODUCTS AND LAUNDRY SOAP AT THE CARING HOUSE (Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	5,569
OPERATION AND AVAILABILITY OF THE CARING HOUSE LOCATED IN HARTLAND, WI OPEN TO THE PUBLIC TUESDAY, THURSDAY AND SATURDAY FROM 9 00 AM UNTIL NOON IN 2009, VOLUNTEERS WORKED 10,406 HOURS RECEIVING DONATIONS, SORTING AND DISPAYING CLOTHING AND ASSISTING INDIVIDUALS AND FAMILIES IN NEED (Grants \$ 0) If this amount includes foreign grants, check here ☐		18,384

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARY SCHUMAN 1717 NAGAWICKA ROAD HARTLAND, WI 53029	DIRECTOR 15 00	0	0	0
PATRICIA RAUCH N21 W24236 CUMBERLAND 25K PEWAUKEE, WI 53072	DIRECTOR 10 00	0	0	0
SHIRLEY KRAUSE 322 RIVERVIEW DRIVE 1 DELAFIELD, WI 53018	SECRETARY 8 00	0	0	0
CARRIE GLAPINSKI 41 W CEDAR VALLEY ROAD DELAFIELD, WI 53018	PRESIDENT 15 00	0	0	0
PATRICIA HUMMEL N53 W35838 HILLVIEW DRIVE OCONOMOWOC, WI 53066	DIRECTOR 8 00	0	0	0
DONNA TRYON W284 N53039 ROOSEVELTS QUAY PEWAUKEE, WI 53072	VICE PRESIDENT 5 00	0	0	0
SUSAN STROMEI N3 W29721 BLODWEN DRIVE WAUKEHSA, WI 53188	TREASURER 8 00	0	0	0
ANN HENNINGS 162 EVELYN AVENUE DELAFIELD, WI 53018	DIRECTOR 5 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** LAKE COUNTRY CARING INC**EIN:** 39-1983510

Item No.	1
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	FATHER GENE'S HELP CENTER
Donee's Address	702 SOUTH HIGH POINT ROAD MADISON, WI 53719
Amount (FMV)	1,200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-02

Item No.	2
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	GOODWILL INDUSTRIES
Donee's Address	1400 NIKE DRIVE WAUKESHA, WI 53186
Amount (FMV)	22,800
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-05

Item No.	3
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	NEXT DOOR FOUNDATION
Donee's Address	2545 N 29TH STREET MILWAUKEE, WI 53210
Amount (FMV)	1,416
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-01

Item No.	4
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	MILWAUKEE RESCUE MISSION
Donee's Address	830 N 19TH STREET MILWAUKEE, WI 53223
Amount (FMV)	20,784
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-02

Item No.	5
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	SALVATION ARMY
Donee's Address	313 BANK STREET WAUKESHA, WI 53188
Amount (FMV)	41,832
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-06

Item No.	6
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	ST ANTHONY'S PARISH
Donee's Address	W280 N2101 PROSPECT AVENUE PEWAUKEE, WI 53072
Amount (FMV)	5,520
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-07

Item No.	7
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	ST VINCENT DE PAUL
Donee's Address	9601 W SILVER SPRING DRIVE MILWAUKEE, WI 53225
Amount (FMV)	21,984
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-12

Item No.	8
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	TEEN CHALLENGE
Donee's Address	PO BOX 25324 MILWAUKEE, WI 53225
Amount (FMV)	2,040
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-02

Item No.	9
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	MILWAUKEE LITERACY CENTER
Donee's Address	PO BOX 511121 MILWAUKEE, WI 53203
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-10

Item No.	10
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	
Donee's Address	
Amount (FMV)	37,632
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-03

Item No.	11
Class of Activity	HUMANITARIAN- CLOTHING/FURNISHINGS
Donee's Name	SALEM LUTHERAN CHURCH
Donee's Address	2400 N CRAMER STREET MILWAUKEE, WI 53211
Amount (FMV)	1,632
Purpose of Payment to Affiliate	
Relationship	NONE
Description	USED CLOTHING
Book Value	
How BV Determined	
How FMV Determined	ESTIMATED MARKET VALUE @ \$2 PER POUND
Date of Gift	2009-09

TY 2009 Other Assets Schedule

Name: LAKE COUNTRY CARING INC

EIN: 39-1983510

Description	Beginning of Year Amount	End of Year Amount
INVENTORY	10,344	11,328
Other Depreciable Assets	3,097	2,166

TY 2009 Other Expenses Schedule**Name:** LAKE COUNTRY CARING INC**EIN:** 39-1983510

Description	Amount
OFFICE & COMPUTER SUPPLIES	2,928
VOLUNTEER MATERIALS & PROGRAM EXPENSE	5,569
BANK FEES	52

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: LAKE COUNTRY CARING INC

EIN: 39-1983510

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.