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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2009Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A** For the 2009 calendar year, or tax year beginning Jun 1, 2009, and ending May 31, 2010

| | | | | |
|--|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization ALTRUSA INTERNATIONAL FOUNDATION, INC. OF GREEN BAY | | D Employer identification number 39-1593989 |
| | | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number (920) 336-7674 |
| | | P. O. BOX 5521 | | F Group Exemption Number 9381 |
| | | City or town, state or country, and ZIP + 4 DE PERE WI 54115 | | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

I Website: ► **WWW.GREENBAYALTRUSA.COM**

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

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **160,046.**

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 | 53,814. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 70,966. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | 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 <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 35,266. |
| EXPENSES | 6b | Less: direct expenses other than fundraising expenses | 6b | 15,211. |
| | 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 20,055. |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | 7b | Less: cost of goods sold | 7b | |
| | 7c | 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 | 144,835. |
| | 10 | Grants and similar amounts paid (attach schedule) RECEIVED See L-10 Stmt | 10 | 2,971. |
| | 11 | Benefits paid to or for members | 11 | |
| ASSETS | 12 | Salaries, other compensation, and employee benefits | 12 | 38,835. |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 16,072. |
| | 15 | Printing, publications, postage, and shipping | 15 | 1,818. |
| | 16 | Other expenses (describe ► See Other Expenses Statement) | 16 | 32,833. |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 92,529. |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 52,306. |
| 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 | 920,408. | |
| 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 | 972,714. | |

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

(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 17,751. | 8,897. |
| 23 Land and buildings | 414,167. | 402,061. |
| 24 Other assets (describe ► See L-24 Stmt) | 488,737. | 562,000. |
| 25 Total assets | 920,655. | 972,958. |
| 26 Total liabilities (describe ► See L-26 Stmt) | 247. | 244. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 920,408. | 972,714. |

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

Form 990-EZ (2009)

P 12

| Part III Statement of Program Service Accomplishments (See the instructions.) | | Expenses | |
|--|--|--|---------|
| What is the organization's primary exempt purpose? TO PROVIDE SCHOLARSHIPS AND FINANCIAL SUPPORT TO OTHER 501(C)3 ORGANIZATIONS | | (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.) | |
| 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, or other relevant information for each program title. | | | |
| 28 | Operate the Altrusa House, a "home away from home" for families of patients at area hospitals. | | |
| | (Grants \$ 89,558.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 89,558. |
| 29 | Donations were made to several 501(c)3 charities | | |
| | (Grants \$ 1,971.) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 1,971. |
| 30 | SCHOLARSHIPS GIVEN TO HIGH SCHOOL GRADUATES TO FURTHER THEIR EDUCATION AT A UNIVERSITY OF THEIR CHOICE | | |
| | (Grants \$ 1,000.) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 1,000. |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 92,529. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.) | | | | |
|--|--|---|---|--|
| (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 and deferred compensation | (e) Expense account and other allowances |
| LORI BEIRL 1240 SHADOW RIDGE WAY, APT. 1 DE PERE WI 54115 | PRESIDENT 5.00 | 0. | 0. | |
| MARY HANZEL 1226 MC CORMICK ST. GREEN BAY WI 54301 | VICE PRESIDENT 2.00 | 0. | 0. | |
| CHRISTINA PETERSON 2765 ALTAIR STREET GREEN BAY WI 54311 | 2ND VICE PRES 1.00 | 0. | 0. | |
| NANCY STELLPFLUG 1988 TYLER LANE DE PERE WI 54115 | SECRETARY 2.00 | 0. | 0. | |
| TORI SZKODZINSKI 2670 SHAG BARK LANE GREEN BAY WI 54313 | CORRESPONDING SECRETARY 1.00 | 0. | 0. | |
| NANCY FRIEBEL 720 EAU CLAIRE PLACE DE PERE WI 54115 | TREASURER 8.00 | 0. | 0. | |
| HEATHER WEININGER 1300 ALPINE DR., UNIT 402 GREEN BAY WI 54311 | DIRECTOR 1.00 | 0. | 0. | |
| RENEE VERBONCOUER 1995 TYLER LANE DE PERE WI 54115 | DIRECTOR 1.00 | 0. | 0. | |
| CLAIRE STEINFELDT 936 REDLEY COURT GREEN BAY WI 54303 | DIRECTOR 1.00 | 0. | 0. | |
| MARILYN DAY 3440 SHAWANO AVE. GREEN BAY WI 54313 | DIRECTOR 1.00 | 0. | 0. | |
| CHERI CORCORAN 2102 ROCK RIVER COURT DE PERE WI 54115 | EXECUTIVE DIRECTOR 40.00 | 30,000. | 0. | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instrs 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 | | X |
| 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| 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? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | | X |
| 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? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b | | X |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e | | X |
| 41 List the states with which a copy of this return is filed ▶ | | |

42a The organization's books are in care of ▶ Nancy Friebe Telephone no ▶ (920) 336-7674
 Located at ▶ 720 Eau Claire Place De Pere WI ZIP + 4 ▶ 54115-3675

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

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 a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year **43**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

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

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

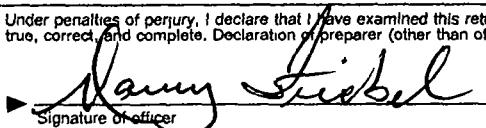
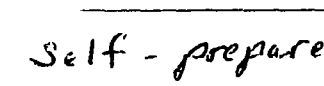
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE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

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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

| | | | | |
|---------------------------------|---|---|--|-------------------------------------|
| 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 | | 10/01/10 Date | |
| | Nancy Friebe Type or print name and title. | | Treasurer | |
| Paid Preparer's Use Only | Preparer's signature |  | Date | 10/01/10 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | Check if self-employed | <input checked="" type="checkbox"/> |
| | | | Preparer's Identifying Number (See instructions) | |
| | | WI 54115-3675 | EIN | |
| | | | Phone no | |

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

BAA

Form 990-EZ (2009)

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 |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | 86,114. | 59,833. | 63,623. | 53,398. | 53,814. | 316,782. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | |
| 4 Total. Add lines 1-through 3 | 86,114. | 59,833. | 63,623. | 53,398. | 53,814. | 316,782. |
| 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. | | | | | | 316,782. |

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 | 86,114. | 59,833. | 63,623. | 53,398. | 53,814. | 316,782. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 44,346. | 94,386. | -20,110. | -167,429. | 70,966. | 22,159. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 338,941. |
| 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 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 | 93.46 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 104.57 % |

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal yr 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 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

Department of the Treasury
Internal Revenue Service

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.

2009

Open to Public Inspection

Name of the organization

Employer identification number

ALTRUSA INTERNATIONAL FOUNDATION, INC. OF GREEN BAY

39-1593989

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have 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?

☐ Yes ☐ 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.

[illegible]

- 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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 <u>Golf Outing</u> (event type) | (b) Event #2 <u>Dinner Show</u> (event type) | (c) Other Events <u>BOOYAH SALE</u> (total number) | (d) Total Events (Add col. (a) through col. (c)) |
|--------------------|---|--|--|--|--|
| | | | | | |
| REVENUE | 1 Gross receipts | 18,978. | 7,790. | 5,802. | 32,570. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 18,978. | 7,790. | 5,802. | 32,570. |
| DIRECT EXPENSES | 4 Cash prizes | 200. | | | 200. |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 2,843. | 2,541. | | 5,384. |
| | 8 Entertainment | | 150. | | 150. |
| | 9 Other direct expenses | 5,838. | 783. | 1,807. | 8,428. |
| | 10 Direct expense summary. Add lines 4- through 9 in column (d) | | | | 14,162. |
| | 11 Net income summary. Combine lines 3, column (d) and line 10 | | | | 18,408. |

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) |
|--------------------|---|---|---|---|--|
| | | | | | |
| REVENUE | 1 Gross revenue | 0. | 0. | 0. | 0. |
| | 2 Cash prizes | | | | |
| DIRECT EXPENSES | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Combine lines 1, column (d) and line 7 | | | | 0. |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES NO

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address of the third party:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

Form 990-EZ
Part II

Other Assets and Liabilities

2009

| | |
|--|--|
| Name as Shown on Return ALTRUSA INTERNATIONAL FOUNDATION, INC. OF GREEN BAY | Employer Identification No 39-1593989 |
|--|--|

| | Beginning of Year | End of Year |
|---|----------------------|----------------|
| Line 24 - Other Assets: | | |
| FUNDS AT GREATER GREEN BAY COMMUNITY FOUNDATION | 488,737. | 562,000. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Totals to Form 990-EZ, Part II, line 24 | 488,737. | 562,000. |

| | Beginning of Year | End of Year |
|--|----------------------|----------------|
| Line 26 - Total Liabilities: | | |
| PAYROLL TAX WITHHOLDINGS | 247. | 244. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Totals to Form 990-EZ, Part II, line 26 | 247. | 244. |

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

| | |
|------------------------|---------|
| CLEANING ALTRUSA HOUSE | 4,030. |
| LIABILITY INSURANCE | 5,261. |
| MISCELLANEOUS | 160. |
| LAUNDRY SERVICE | 4,500. |
| OFFICE SUPPLIES | 165. |
| EQUIPMENT REPAIRS | 340. |
| HOUSE SUPPLIES | 697. |
| TELEPHONE | 1,251. |
| Depreciation | 15,618. |
| VOLUNTEER RECOGNITION | 325. |
| SUBSCRIPTIONS | 240. |
| INTERNET ACCESS | 246. |

| | |
|-------|---------|
| Total | 32,833. |
|-------|---------|

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| GRANT | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>ALTRUSA INTERNATIONAL FOUNDATION</u> <u>332 S MICHIGAN AVE., SUITE 1123</u> <u>CHICAGO IL 60604</u> | NONE | 250. |

If property other than cash was given, the following additional information needs to be provided:

 Description of Property _____
 Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|--------------|
| GRANT | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ASHWAUBENON GIRLS SOFTBALL ASSOC PARKVIEW ROAD GREEN BAY WI 54304 | NONE | 250. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| GRANT | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> HABITAT FOR HUMANITY 811 PACKERLAND DRIVE GREEN BAY WI 54303 | NONE | 195. |

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|--------------|
| GRANT | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> LITERACY GREEN BAY 424 S MONROE AVE. GREEN BAY WI 54301 | NONE | 150. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| GRANT | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> | | |
| | NEW CURATIVE REHABILITATION, INC. | NONE | |
| | 701 CURRY LANE | | |
| | GREEN BAY WI 54308 | | 500. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| GRANT | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> | | |
| | SALVATION ARMY | NONE | |
| | VELP AVE | | |
| | GREEN BAY WI 54303 | | 250. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| EDUCATION | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> | | |
| | TANK ELEMENTARY SCHOOL | NONE | |
| | 814 S OAKLAND AVE. | | |
| | GREEN BAY WI 54303 | | 196. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| GRANT | Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> VARIOUS ORGANIZED CHARITIES MAKE A DIFFERENCE DAY GREEN BAY WI 54301 | NONR | 180. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Purpose of Payment FINANCIAL SUPPORT

| Class of Activity | Grantee's Name and Address | Grantee's Relationship | Amount Given |
|-------------------|---|------------------------|--------------|
| EDUCATION | Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> VARIOUS COLLEGE STUDENTS GREEN BAAY WI 54301 | NONE | 1,000. |

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

| | |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV | How FMV Determined |

Supporting Statement of:

Form 990-EZ/Line 14

| Description | Amount |
|----------------------------|---------|
| PAINTING INTERIOR OF HOUSE | 4,090. |
| BUILDING REPAIRS | 1,181. |
| UTILITIES | 10,801. |
| Total | 16,072. |

Supporting Statement of:

Form 990-EZ/Line 23, Column (A)

| Description | Amount |
|--------------------------------|-----------|
| BUILDING & IMPROVEMENTS | 533,153. |
| FURNISHINGS | 82,277. |
| LANDSCAPING | 14,909. |
| PARKING LOT | 5,000. |
| LESS: ACCUMULATED DEPRECIATION | -221,172. |
| Total | 414,167. |

Depreciation and Amortization
(Including Information on Listed Property)

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

2009Attachment
Sequence No **67**

Name(s) shown on return

ALTRUSA INTERNATIONAL FOUNDATION, INC. OF GREEN BAY

Identifying number

39-1593989

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | \$250,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | \$800,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ | 13 | |

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

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

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

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

| | | | |
|----|---|----|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | 14,916. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/> | | |

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|------------------------|-------------------|---------------|-------------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | 3,512. | 5.0 yrs | HY | 200 DB | 702. |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property . . . | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 27.5 yrs | MM | S/L | |
| | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

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

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

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 15,618. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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

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

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

| 24a Do you have evidence to support the business/investment use claimed? | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24b If 'Yes,' is the evidence written? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------------|---|----------------------------|--|------------------------------|-----------------------------|---|---------------------------------|--|------------------------------|-----------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | | | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | | 25 | | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. | | | | | | | | 28 | | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. | | | | | | | | 29 | | | |

Section B – Information on Use of Vehicles

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

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

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

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

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

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