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8580 10/01/2010 8 14 AM

**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)

Open to Public

Dep	partment of the	é Treasury Service	benefit trust or private foundation)  The organization may have to use a copy of this return to satisfy state reporting re	equirements	Open to Public inspection
	For the 2009	9 calendar y	ear, or tax year beginning 07/01/09 , and ending 06/30/10	rquirellients.	mspecuon
В	Check if applicat	ole Please	C Name of organization	D Empl	oyer identification number
X	Address change	use IRS label or	WISE RESOURCES INC		
	Name change	print or	Doing Business As	39-	-1972441
$\overline{\sqcap}$	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)  Room/suite		hone number
$\tilde{\sqcap}$	Termination	Specific	5005 PACKER DRIVE	$-\frac{715}{1}$	5-848-1776
논		instruc-	City or town, state or country, and ZIP + 4	G Gross rec	eipts\$ 146,209
닖	Amended return		WAUSAU WI 54401		
	Application pend	ung	e and address of principal officer BERT LANG		s a group return for tes? Yes X No
			03 PACKER DRIVE	affiliat H(b) Are al includ	li affiliates
			USAU WI 54401		attach a list. (see instructions)
$\overline{}$	Tax-exempt s		501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		, dices a net (eee metabone)
<u>j</u>	Website: ▶			H(c) Group	exemption number
ĸ	Type of organiza	ation X Cor	poration Trust Association Other ▶ L Year of formation		M State of legal domicile
P	art I	Summai	у		
	1 Briefl	y describe t	he organization's mission or most significant activities		
ë			DBSOLETE INVENTORY & OFFICE FURNITURE, RE-PACKAGE AND	DISTRIB	UTE
Activities & Governance	TO	OTHER	NON-PROFIT ORGINIZATIONS.		
Veri					
တိ			If the organization discontinued its operations or disposed of more than 25% of its net	assets	8
<b>مخ</b>	1	-	members of the governing body (Part VI, line 1a) endent voting members of the governing body (Part VI, line 1b)	4	8
/itie	1	-	employees (Part V, line 2a)	5	<del>_</del>
Ćţì	I		volunteers (estimate if necessary)	6	
4	7a Total	gross unrel	ated business revenue from Part VIII, column (C), line 12	7a	
	b Net u	nrelated bu	siness taxable income from Form 990-T, line 34	7b	0
				r Year	Current Year
ne ne	1			16,796	144,871
Revenue	l .		revenue (Part VIII, line 2g)	2,166	1,338
Re	1		ne (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,100	+,555
	ı			18,962	146,209
	T		ar amounts paid (Part IX, column (A), lines 1–3)		
	J		or for members (Part IX, column (A), line 4)		
es	15 Saları	es, other co	ompensation, employee benefits (Part IX, column (A), lines 5=10)		
nse	16a Profe	ssional fund	Iraising fees (Part IX, column (A), line PCE CEIVED		
Expens	b Total	fundraising			<del></del>
Ш		expenses (	Part IX, column (A), lines 11a-10, 11f-24f) Add lines 13-17 (must equal Partix) column (A), line 25)	157,353	165,899
	1	· ·		27,353	165,899
	19 Rever	nue less ex	Jenses Subtract line to north line 14	- 38 , 391 Current Year	-19,690 End of Year
ets	20 Total	assets (Par	t X, line 16)  OGDEN, UT  Beginning of	66,509	49,069
Ass	21 Total		art X, line 26)	51,320	53,570
Se L	31		d balances Subtract line 21 from line 20	15,189	-4,501
6		Signatui	e Block		
-	<b>I</b>	Under penali	ies of perjury, I declare that I have examined this return, including accompanying schedules and statemen is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ts, and to the be	est of my knowledge
Sig	•	and Deleta		Ion proparor na	1 11 1
Sig	gn		Jana Fort		2/2/10
He	re	✓ Signatui	Strafficer best Lang President	Date	' '
		Type or	print name and title		
\$	id eparer's		M. 4. // M. Ch	eck if	Preparer's identifying number
Pa	id	Preparer's signature	sel / lousier		(see instructions) P00370456
Pre	eparer's –		GASSNER COMPANY, S.C.	EIN D	39-1336018
gş,	e Only	Firm's name if self-employ	(or yours	Phone	
		address, and		no_	715-845-9231
			turn with the preparer shown above? (see instructions)		Yes No
For		t and Paper	work Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2009)

Form 990 (20	09) WISE RESOURCES	INC	39-1972441	Page <b>2</b>
Part III		Service Accomplishments		
COLLE	describe the organization's mission	n NTORY & OFFICE FU	RNITURE, RE-PACKAGE AND	DISTRIBUTE
the prio	organization undertake any signifi r Form 990 or 990-EZ? " describe these new services on s	cant program services during the y	rear which were not listed on	Yes X No
services		make significant changes in how i	t conducts, any program	Yes X No
4 Describ Section	e the exempt purpose achievement 501(c)(3) and 501(c)(4) organizat	nts for each of the organization's th	ree largest program services by expenses are required to report the amount of grants and am service reported	
4a (Code.	) (Expenses \$	147,545 including grants	s of \$ ) (Revenue \$	144871 )
SEE #				•
4b (Code	) (Expenses \$	, including grants	of\$ ) (Revenue \$	)
			·	
_				
4c (Code.	) (Expenses \$	including grants	s of \$ (Revenue \$	
				,
4d Other pr	rogram services (Describe in Scho	edule O )		
(Expens		including grants of \$	) (Revenue \$	
	ogram service expenses ▶	165,899		

Form 990 (2009) WISE RESOURCES INC
Part IV · 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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?			2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			}		ļ
	candidates for public office? If "Yes," complete Schedule C, Part I			3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					[
	Schedule C, Part II			4	-	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)					ł
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			5	<u> </u>	<b>.</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have					ĺ
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1		
_	complete Schedule D, Part I			6	├	X
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_	├	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					7.
_	complete Schedule D, Part III			8_	<del> </del>	X
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,"			1 _		
	complete Schedule D, Part IV			9	<del> </del>	X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or			1 40	ł	x
	quasi-endowments? If "Yes," complete Schedule D, Part V			10	├	
1	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	x	ļ
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		٠		<del> </del> -	
•	Schedule D, Part VI					
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				Ì	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				1	
	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 related in Part X, line 15 that is 5% or more of its total asset	s				
•	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					
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	es				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			1		
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>		
	Schedule D, Parts XI, XII, and XIII	_		12	<u> </u>	X
2A	Was the organization included in consolidated, independent audited financial statements for the tax year?			0		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A				
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			13	ļ	X
4a	Did the organization maintain an office, employees, or agents outside of the United States?			14a	<b> </b>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			[	ĺ	İ
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b	<del> </del>	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				ļ	٠,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			15	<del>├</del>	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1	[	
_	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			16	-	X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1	}	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	•		17	<del> </del>	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			40		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18		1
,	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			19		x_
	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20	<del> </del>	X
,	DIG THE OTGENIZATION ODERATE ONE OF MODE MOSDITARS FILE 185. COMDITION SCHOOLS IT			, 40		

Form 990 (2009) WISE RESOURCES INC 39-1972441 Page 4 Checklist of Required Schedules (continued) Yes No 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 12 if "Yes," complete Schedule I, Parts I and II X 21 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 X 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 X 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 X 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 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 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 X 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 X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? X If "Yes." complete Schedule L. Part III 27 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV 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, 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 36 organization? If "Yes," complete Schedule R, Part V, line 2 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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

37

38

X

X

38

Part VI

	Statements Regarding Other IRS Filings and Tax Compliance				
1.	Enter the number reported in Day 2 of Farm 4000, April 10 april 17			Yes	No
14	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			
b	U.S Information Returns. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a -0~		1	,
C		1b — 0-			l
·	Did the organization comply with backup withholding rules for reportable payments to vendors and re gaming (gambling) winnings to prize winners?	portable			·
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1c		X
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a - 0^			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		2b		ĺ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				<u> </u>
	instructions)				,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv			
	this return?	,	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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 fin				
	account)?		4a		х
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		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi	arding			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is	_		
	required to file Form 8282?	1 1	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal	7.		
	benefit contract?	not2	7e		
† 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of published status respectively and the appropriate file Form 2000 as required?		7f 7g		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	•	<u> </u>		
h		, 43	7h		
8	required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				<del></del>
0	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		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	!	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	1	9b		
0	Section 501(c)(7) organizations. Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		ĺ	-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		:	
1	Section 501(c)(12) organizations. Enter				,
а	Gross income from members or shareholders	11a			,
b	Gross income from other sources (Do not net amounts due or paid to other sources against			: ]	. 1
	amounts due or received from them )	11b	- 1	. 1	,
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	990	(2009)

Form 990 (2009) WISE RESOURCES INC

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			
			Yes	No
1a	Enter the number of voting members of the governing body  1a 8		:	
b	Enter the number of voting members that are independent 1b 8			
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	j		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1 1		
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>kev</u>	renue Code.)	<del></del> -		
		40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	x	
14.	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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		X
b		15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a			1	
	with a taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			,
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	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 records of the			
	organization ► ROBERT & TERI LANG 5003 PACKER DRIVE	_•	_	
W	AUSAU WI 54401	715-84	<u>8 - 1</u>	<u>776</u>

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Form 990 (2009) WISE RESOURCES INC

Form 990 (2009)

# 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."

[X] Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A) Name and Title	(B) Average	Posi	tion (	chec	C) k all t	hat a		(D) Reportable	(E) Reportable compensation	(F) Estimated amount of			
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
JAN CARLSON													
DIRECTOR	1.00	X						0	0	0			
CLYDE SAHN										_			
DIRECTOR	1.00	X						0	0	0			
DAVE LASZEWSKI									_				
DIRECTOR	1.00	X			L	_		0	0	0			
RANDY SCHNEEBELI		1				l	l			_			
DIRECTOR	1.00	X			<u> </u>			0	0	0			
JIM WENINGER	l.					}				_			
DIRECTOR	1.00	X			L	<u> </u>		0	0	0			
ROBERT LANG						1				_			
PRESIDENT	10.00			X	L			0	0	0			
WALTER WOODTHORP		ļ ,	}			}	,			_			
VP	5.00			X				0	0	0			
TERRI LANG			\ '					_	_				
SEC/TREAS	10.00	<u> </u>		X		L_		0	0	0			
							1		!				
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			Ш		L								
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	n A. Officers	, Directors, Trus	stee	s, Ke			yee	s, ar	nd Highest Compensated	Employees (continued)			
` (A) Name and T	itle	(B) Average hours per	<b>-</b>		(chec		that a		- componention	(E)  Reportable compensation		(F) timated tount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the anization I related nizations	ı
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			_	_	_	_	-	_		<u> </u>			
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	- <del></del>		<u> </u>	_		_	_	_			<del> </del>		
			_					L	·		<u> </u>		
			L										
1b Total 2 Total number of	ındıvıduals (ın	cluding but not li	ımıte	d to	thos	e lıs	ted a	bov	re) who received more than	\$100,000 in	<u> </u>		
reportable compo	•	-										Yes	s No
									oyee, or highest compensat	ted	3	,	x
employee on line 4 For any individua the organization	al listed on line	e 1a, is the sum	of re	port	able	com	pens	satro	on and other compensation s," complete Schedule J fo	from r such			1
individual									ny unrelated organization fo		4	-	X
services rendere	d to the organ	nization? If "Yes,"									5	<u>-                                    </u>	X
	ble for your fiv	e highest compe	ensa	ted i	ndep	end	ent o	conti	ractors that received more	than \$100,000 of			
		(A) business address				_		<u> </u>	Descrip	(B) tion of services		(C) Compens	sation
		<del></del> -					-						
	-		_				ed to	tho	se listed above) who receiv	ed			<del>,, ,</del> ,
more than \$100,0	000 in compe	nsation from the	orga	<u>niza</u>	tion	<u> </u>	-				F	0 om <b>99</b> (	0 (2009)

Part '	Att Statement of Day		INC		33-13/2441		Page 9
rait	VIII `Statement of Rev	enue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
វីវិសិ 1	Federated campaigns	1a	······································			<del></del>	7 2, 0, 0, 0, 0, 0, 4
≥ =(	b Membership dues	1b					,
S, g	Fundraising events	1c		,			<i>'</i>
	d Related organizations	1d					
E, C	Government grants (contributions)	1e			,	•	
52	f All other contributions, gifts, grants,	· · · ·					
蓬림	and similar amounts not included above	1f	144,871				,
들음 ,	Noncash contributions included in lines 1a						
ଓଳା 🖁	Total. Add lines 1a-1f	J-11 V	•	144,871	<i>"</i>		,
<u>a</u>	. Total / Ido Inios Tu / I		Busn. Code	222,012		<u>-</u>	
9 2a			Dusii. Code			************************************	
رَ الْجُ	5		}	<del></del>		<del></del>	
3			<del> </del>	<del></del>	<del></del>	<del></del>	<del> </del>
<u> </u>	1		<del></del>		<del></del>	- <del>-</del>	<del></del>
SE				<del></del>		<del></del>	<del></del> _
g d	f All other program convector	2010	<del></del>	<del></del>			
옵 .	f All other program service reve Total. Add lines 2a–2f	enue	<u></u>		·,,	<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>
<del></del>	Investment income (including	duudond	<del></del>	- <del></del>	- <del></del>	<del></del>	
3		uiviaena	s, interest, and	1,338	1,338	•	
4	other similar amounts)		. hand mraaaada	1,330	1,330	<del></del>	
1 '	Income from investment of ta	х-ехетірі	bond proceeds		· · · · · · · · · · · · · · · · · · ·		
5	Royalties	γ	(v) Porgonal				
	(i) Real	<del></del>	(ii) Personal	į			
66	<del></del>		<del></del>				,
, t	· <del> </del>			]			
٩	· · · · · · · · · · · · · · · · · · ·				j		
72			<b>&gt;</b>				
1	sales of assets (i) Securities	s	(ii) Other			, ,	
i	other than inventory						
6	Less cost or other	1	Ì				
ĺ	basis & sales exps						
	Gain or (loss)			İ	i		
	Net gain or (loss)	r	<b>&gt;</b>				
¥ l	Gross income from fundraising evo	ents					
Ē	(not including \$	1	{				
<u>\$</u>	of contributions reported on line 10	;)	}			:	
<u> </u>	See Part IV, line 18	a				!	
$\sim$ 1	Less: direct expenses	ь∟		ļ		,	
_   G	Net income or (loss) from fund	_	events •				
) 9a	Gross income from gaming activities	es	}	j			
J	See Part IV, line 19	a		j			
	Less direct expenses	b∟					
	: Net income or (loss) from gan		rities . ►	[			<del></del>
10a	a Gross sales of inventory, less	•	1				
[	returns and allowances	a L		ĺ			
	Less cost of goods sold	<b>b</b> [_		- 1		*	~
<u>                                     </u>	Net income or (loss) from sale				<del></del>	<del>-,,-,-,-</del>	<del></del>
<u> </u>	Miscellaneous Revenu	e	Busn. Code		, 1		
112	• •						
b	•		\ <del></del>		<del></del>		
6	•		<u> </u>				L <del> </del>
d	•		L			, ,	
1 -	Total. Add lines 11a-11d		<b>&gt;</b>				
12	Total Revenue. See instruction	ons	▶↓	146,209	1,338	0	Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

D	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	l otal expenses	expenses	management and general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	 			
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,	<del></del>		<del></del>	<del></del>
_	trustees, and key employees				
6	Compensation not included above, to disqualified			·	<del></del>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		į		
7	Other salaries and wages	<del></del>		<del></del>	
8	Pension plan contributions (include section 401(k)	<del></del>			
•	and section 403(b) employer contributions)		ļ		
9	Other employee benefits				
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)	<del></del>			<del></del>
b			·	<del></del>	<del> </del>
c	Accounting				
ď	·	·			
e	Professional fundraising services See Part IV, line 17			· ·	<del></del>
f	Investment management fees	· · · · · · · · · · · · · · · · · ·		<del> </del>	
g					-
12	Advertising and promotion				
13	Office expenses	1,931	1,931	· · · · · · · · · · · · · · · · · · ·	
14	Information technology				
15	Royalties				
16	Occupancy	10,745	10,745		<del></del>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_		
19					
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,678	5,678		
23	Insurance				
-	1			-	,
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	PURCHASES FOR DONATION	104,306	104,306		
b	TRUCKING	28,002	28,002		
С	VOLUNTEER EXPENSE	7,006	7,006		
đ	INSURANCE	5,094	5,094		
e	WAREHOUSE	3,137	3,137		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	165,899	165,899		
26					<del></del>
-	SOP 98-2. Complete this line only if the			Ì	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

_ <u>P</u>	art )	Balance Sheet		<del></del>		гт	<del></del>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		<u> </u>		1	
	2	Savings and temporary cash investments	Ļ	54,877	2	43,125	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		····	4		
	5	Receivables from current and former officers, director					
	]	employees, and highest compensated employees. C	omplete Part II of	1			
		Schedule L		<u> </u>		5	
	6	Receivables from other disqualified persons (as defined the second secon					
	(	4958(f)(1)) and persons described in section 4958(c)			,		
s	l	Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net	•	<u> </u>		7	
\se	8	Inventories for sale or use		Ĺ		8	
•	9	Prepaid expenses and deferred charges		. [_	·	9	
	10a	Land, buildings, and equipment, cost or					
		other basis Complete Part VI of Schedule D	10a	73,487			
	ь	Less accumulated depreciation	10b	67,543	11,632	10c	5,944
	11	Investments—publicly traded securities			<del></del>	11	<del></del>
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		Ĺ	- <del></del>	13	
	14	Intangible assets		. L		14	
	15	Other assets. See Part IV, line 11		L		15	
	16	Total assets. Add lines 1 through 15 (must equal line	e 34)		66,509	16	49,069
	17	Accounts payable and accrued expenses		Ĺ		17	
	18	Grants payable .		Ĺ		18	
	19	Deferred revenue		L	<del></del>	19	
	20	Tax-exempt bond liabilities		<u></u>		20	
es	21	Escrow or custodial account liability Complete Part I	V of Schedule D	L.	·	21	
≝	22	Payables to current and former officers, directors, tru	stees, key				
Liabilities		employees, highest compensated employees, and di	squalified				
Ë		persons. Complete Part II of Schedule L		Ĺ	51,320	22	53,570
	23	Secured mortgages and notes payable to unrelated t	hird parties			23	
	24	Unsecured notes and loans payable to unrelated third	d parties	<u>L</u>		24	- <del></del>
	25	Other liabilities Complete Part X of Schedule D				25	<del></del>
	26	Total liabilities. Add lines 17 through 25			51,320	26	53,570
es		Organizations that follow SFAS 117, check here	and				
2		complete lines 27 through 29, and lines 33 and 34.				:	
<u> </u>	27	Unrestricted net assets		L		27	
ã	28	Temporarily restricted net assets				28	
nd	29	Permanently restricted net assets		Ĺ		29	
Fu		Organizations that do not follow SFAS 117, check	here ▶ X				
0		and complete lines 30 through 34.		ŀ			•
ts	30	Capital stock or trust principal, or current funds		L		30	
se	31	Paid-in or capital surplus, or land, building, or equipment	nent fund	L		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income	e, or other funds	Ĺ	15,189	32	-4,501
Net Assets or Fund Balances	33	Total net assets or fund balances		Ļ	15,189		-4,501
Z	34	Total liabilities and net assets/fund balances			66,509	34	49,069

Form **990** (2009)

orn	990 (2009) WISE RESOURCES INC	39-1972441		Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990.	sh X Accrual Other			
	If the organization changed its method of accounting from a pi	rior year or checked "Other," explain in			
	Schedule O				
2a	Were the organization's financial statements compiled or review	ewed by an independent accountant?	2a_	L	X
þ	Were the organization's financial statements audited by an inc	dependent accountant?	2b		X
¢	If "Yes" to line 2a or 2b, does the organization have a committe	ee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements an	d selection of an independent accountant?	2c		ļ
	If the organization changed either its oversight process or sele	ection process during the tax year, explain in			
	Schedule O.				
þ	If "Yes" to line 2a or 2b, check a box below to indicate whethe	r the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both con	solidated and separate basis			
3a	As a result of a federal award, was the organization required to	o undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	
b	If "Yes," did the organization undergo the required audit or aud	fits? If the organization did not undergo the	{	ĺ	ľ
	required audit or audita, evalois why in Cahadula O and decar	the any stone taken to undergo such audits	3h	l l	l

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

			WISE RESOUR	CES INC			_			39	<u>-197</u>	2441		_	
P	art l	Reas	on for Public Charity	Status (Al	organizations	s must o	complet	e this	part.)	See ir	struc	tions.			
Γhe	orga	nization is not	a private foundation becau	se it is: (For lin	es 1 through 11,	check onl	y one box	:)							
1		A church, co	nvention of churches, or as	sociation of ch	urches described	ın sectioi	170(b)(1	I)(A)(i).							
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach	Schedule E)										
3	$\sqcap$	A hospital or	a cooperative hospital serv	spital service organization described in section 170(b)(1)(A)(iii).											
4	П			<del>-</del>		described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and stat								•	-		·		
5		• .	•	of a college or	university owned	or operat	ed by a o	overnme	ental uni	t descri	hed in				
•	ш	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			ction 170(b)(1)(A)(iv). (Complete Part II) ederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	H	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )													
•	ш														
8	$\Box$														
9	X	_	ion that normally receives (				contribut	ione me	mharch	un fees	and or	000			
3			activities related to its exer												
			gross investment income a		•										
		• •	the organization after June 3			•			() 110111 1	Jusines	003				
10			_	•	,	•		•							
11	H	-	ion organized and operated ion organized and operated	•	•	•				. Out th					
٠,	Ш	-	one or more publicly suppor	-	· ·	•			-						
			neck the box that describes	=							Section	•			
		a Type	<del></del> 1		Type III-Function			d		e III–Ot	hor				
e	$\Box$		this box, I certify that the org	_											
-	Ш	•	r than foundation managers	•								1			
			section 509(a)(2)	and other tha	n one of more pur	biloly oup	ontog org	,,	.,,, 4000		0000.01	•			
f			ation received a written dete	ermination from	n the IRS that it is	a Tyne I	Type II	or Type	III รมถอด	ortina					
'		. •	check this box	Similation noi	it the into that it is	, а турст,	1300,	o. 1,po	00pp	Jg					$\Box$
_		•	t 17, 2006, has the organiza	tion accepted	any gift or contrib	ution from	any of th	16			•				ш
g		following per	<del>-</del>	ition accepted	any girt or contrib	ation non	i any or a								
		• .	n who directly or indirectly c	ontrole either	alone or together	with nere	ne descr	ibed in (	iιλ				۲	Yes	No
			below, the governing body o		<u> </u>	with perso	3/13 00301		,			111	g(i)		
		• •	member of a person descri	* *	-								g(ii)		
			controlled entity of a person										g(ni)		
h			following information about	•								نت	17//		
_	Name	e of supported	(is) EIN	·	of organization	(IV) is the	organization	(v) Did v	ou notify	(vi)	s the	(vii)	Amou	int of	
1.7		anization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	ed on lines 1–9		sted in your	the organ	nization in	organizat	ion in col	s	uppo		
				1	r IRC section	governing	document?		of your port?		zed in the S ?				
				(see in	structions))	Yes	No	Yes	No	Yes	No				
_			<del> </del>	<u> </u>	<del> </del>	ļ —									
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_		<del></del>						<b>, ,</b> -	ļ						
ota	ŀ				* ;					1	,				

Schedule A (Form 990 or 990-EZ) 2009 WISE RESOURCES INC 39-1972441 Page 2 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) (c) 2007 (d) 2008 (a) 2005 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 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 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 shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (c) 2007 (d) 2008 (e) 2009 (a) 2005 (b) 2006 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 % Public support percentage from 2008 Schedule A, Part II, line 14 15 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 16a and stop here. The organization qualifies as a publicly supported organization 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

Sec	tion A. Public Support	ecked the box of	on line 9 of Pa	1( 1.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(B) 2000	(0) 2007	(4) 2000	(6) 2009	(1) 10tai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	223,620	146,677	132,077	116,796	144,871	764,041
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					1,338	1,338
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	223,620	146,677	132,077	116,796	146,209	765,379
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			l	1		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	<u> </u>					
C	Add lines 7a and 7b	<del></del>			<del></del> }	<del></del>	
8	Public support (Subtract line 7c from line 6)						765,379
_	tion B. Total Support			<del> </del>			
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	223,620	146,677	132,077	116,796	146,209	765,379
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234	515	6,953	2,166	1,325	11,193
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	234	515	6,953	2,166	1,325	11,193
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0:	
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,		}	}	1	}	
	and 12.)	223,854	147,192	139,030	118,962	147,534	776,572
14	First five years. If the Form 990 is for the organization, check this box and stop here	e		rth, or fifth tax year	r as a section 501(	c)(3) 	▶ □
Sec	tion C. Computation of Public Su			<del></del> _		<del></del>	
15	Public support percentage for 2009 (line 8,		-	n (f))		15	98.56%
16	Public support percentage from 2008 Sche					16	<u>%</u>
<u>Sec</u>	tion D. Computation of Investme			<del></del>		<del></del>	
17	Investment income percentage for 2009 (li			column (f))		17	1%
18	Investment income percentage from 2008					18	%_
19a	33 1/3 % support tests—2009. If the organ						⊾ ভি
	17 is not more than 33 1/3 %, check this b						. <b>X</b>
b	33 1/3 % support tests—2008. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check the						I H
20	Private foundation. If the organization did	HOLCHECK & DOX OF	1 mic 14, 198, 0/ 1	DU, CHECK HIS DOX	and see motructio	***	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization Employer identification number WISE RESOURCES INC 39-1972441 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2ď Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

_	dule D (Form 990) 2009 WISE RESOU		10-4		972441	Page 2
<u>Pē</u>	3.3424					ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)		•	-	ricant use of its	
а	Public exhibition	d 🔲 Loar	or exchange prograi	ns		
b	Scholarly research	e [_] Othe	er			•
С	Preservation for future generations					
4	Provide a description of the organization's coll Part XIV	ections and explain hov	v they further the orga	inization's exempt	purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art be maintained as part of	, historical treasures, if the organization's c	or other similar ollection?		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am		-	ation answere	d "Yes" to For	m 990, Part
1a	Is the organization an agent, trustee, custodial			her assets not		
	included on Form 990, Part X?	·				Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follows	ng table:		·	
			-			Amount
С	Beginning balance				1c	
d	Additions during the year		•		1d	
е	Distributions during the year				1e	
f	Ending balance	•			1f	
2a	Did the organization include an amount on For	rm 990, Part X, line 21?				Yes No
_ b	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form 990, F	Part IV, line 10	
		(a) Current year	(b) Prior year	(c) Two years bac	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships		<del></del>			
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year	end balance held as.		<del></del>	·	<del>,</del>
а	Board designated or quasi-endowment	%				
	Permanent endowment ▶ %					
С	Term endowment ▶%					
3a	Are there endowment funds not in the possess	sion of the organization	that are held and adn	ninistered for the		
	organization by	-				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations i	listed as required on Sc	hedule R?			3b
4	Describe in Part XIV the intended uses of the	organization's endowme	ent funds.	•		
Pa	rt VI Investments—Land, Buildir			0, Part X, line	10.	
	Description of investment	(a) Cost or other basis (investment)		ner (c) A	Accumulated preciation	(d) Book value
1a	Land					
	Buildings	<del> </del>				
	Leasehold improvements					
	Equipment		73	,487	67,543	5,944
	Other .					
	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, c	olumn (B), line 10(c)	)	<b></b>	5,944
		<del></del>			Caba	dula D (Form 990) 2009

Part VII Investments—Other Securities. See Form 99	90. Part X. line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year marke	t value
Financial derivatives			
Closely-held equity interests			
Other			
	·		<del></del>
·	·	<del></del>	
	·	<del>                                     </del>	<u></u>
	· }	<del> </del>	<del></del>
	· <del> </del>	<del> </del>	
	·	<del></del>	
	·	<del> </del>	<del></del>
	<del> </del>	-	······································
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	00.5.44.5.40		
Part VIII Investments—Program Related. See Form 9			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
<del></del>	<u> </u>	Cost or end-of-year marke	value
		<u> </u>	
		<u> </u>	
		<del> </del>	
	<del> </del>	<del> </del>	
· · · · · · · · · · · · · · · · · · ·	<del> </del>	† - <del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<del> </del>		
Part IX Other Assets. See Form 990, Part X, line 15.		<u> </u>	
<u> </u>			<del></del>
(a) Description			o) Book value
(a) Description			o) Book value
(a) Description			o) Book value
(a) Description			o) Book value
(a) Description			b) Book value
(a) Description			o) Book value
(a) Description			o) Book value
(a) Description			b) Book value
(a) Description			b) Book value
(a) Description			o) Book value
(a) Description			o) Book value
			o) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)			o) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. See Form 990, Part X, line 2			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25. <b>(b)</b> Amount		o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			o) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. See Form 990, Part X, line 2			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2			o) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  (a) Description of liability			o) Book value

	dule D (Form 990) 2009 WISE RESOURCES INC	39-1972		Page 4
_Pa	art XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial State	tements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	2d	_	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	(		<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIV )	4b	7	
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	5	<del></del>
	rt XIII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses pe	r Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7 (	
c	Other losses	2c	7	
d	Other (Describe in Part XIV.)	2d	7	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[ [	1	<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIV )	4b	7	
	Add lines 4a and 4b		4c	
			5	
	rt XIV Supplemental Information	. <del> </del>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par	t III lines 1a and 4: Part IV lines 1h		
	tb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part			
	art to provide any additional information.	Ann, mice 2d and 15 7 nee complete		
ıııs p	art to provide any additional information.			
<b>.</b> -				
	<del> </del>			
		. <b></b>		

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public

Name of the organization WISE RESOURCES	TNC					Emplo				num	ber	
Part I Excess Benefit Transactions (se Complete if the organization answered "Y	ection 501					ly)						
(a) Name of disqualified person				(b) Description of transaction (c) Co					Correct			
				<u> </u>		<del></del>				Yes	+'	<u> </u>
											1	
2 Enter the amount of tax imposed on the organization under section 4958	_				g the year		<b>▶</b> \$					
Part II Loans to and/or From Intereste			organizati	on		<del></del>	<b>▶</b> \$					
Complete if the organization answered "Y			0, Part IV,	line 26, or Form	n 990-EZ, Pai	t V, line 38a.	<del></del>					
(a) Name of interested person and purpose	or tro	oan to om the zation?		) Onginal ipal amount	(d) Bala	ince due	(e) In (	iefault?	(f) App by bo- comm	ard or	(g) W agreer	
	То	From			ļ		Yes	No	Yes	No	Yes	No
ROBERT LANG GENERAL SUPPORT	x					53,570		x	X		X	
				<u> </u>								
		1 1	<del></del>			<del></del>						
		$\vdash$			<del> </del>	<u> </u>						
										L		
					]							
			<u>-</u> .									
l'otal		<u> </u>		▶ \$	L \$	53,570		L				L
Part III Grants or Assistance Benefittin Complete if the organization answered "You									·			
(a) Name of interested person			$\neg$	telationship betwe	en interested pe anization	erson and the	(c) A	moun	t and t	pe of	assist	ance
			_									
Part IV Business Transactions Involvin Complete if the organization answered "Yo					or 28e				-	<u> </u>		
(a) Name of interested person	(b) I	Relation ested p	nship betwe person and	en (c) A	mount of saction	(d) Descr	ption o	of trans	saction	<u> </u>	of of c	ues?
		orga	nization			<del></del>					Yes	No
						<del></del>					-	

SCHEDULE O (Form 990) Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

WISE RESOURCES INC

Employer identification number 39-1972441

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PRESIDENT AND DIRECTORS REVIEW COPY BEFORE FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

## **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Attachment ► See separate instructions. ► Attach to your tax return. Name(s) shown on return Identifying number WISE RESOURCES INC 39-1972441 Business or activity to which this form relates INDIRECT DEPRECIATION 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. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 2 3 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If marned filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 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 instr.) 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 5,678 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 0 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (e) Convention (f) Method (a) Classification of property (business/investment use placed in репод only-see instructions) 19a 3-year property b 5-year property С 7-year property 10-year property 15-year property 20-year property S/L 25 yrs g 25-year property S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM S/L Nonresidential real 39 yrs property 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 S/L 12 yrs

Summary (See instructions.) Part IV

21 Listed property. Enter amount from line 28

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

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2009)

5,678

S/L

21

22

MM

40 yrs

40-year

Forms			•
990	1	990-PI	Ξ

# Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons For calendar year 2009, or tax year beginning 07/01/09, and ending 06/30/10

2009

Name						Employer Identification Number
WISE	RESO	JRCES	INC			39-1972441
_FORM	990,	PART	X, LINE 22	- ADDITIONAL	INFORMATION	
		N	lame of lender	-	Tıl	de .
(1) ROI	BERT I		diffic of feffder	<del></del>	PRESIDENT	
(2)			<del></del>	<del></del>		
(3)						
(4)						
(5)						
(6)			·			
(7)			· <del>-</del> -	· · · · · · · · · · · · · · · · · · ·		
(8)						
(9)					·	
(10)		<del></del>			······································	······································
	<u>-</u>			·		·····
	Original a	mount		Maturity		Interest
	borrowe	<u>.a</u>	Date of loan	date	Repayment terms ON DEMAND	rate
(1)			<del></del>	<del>                                     </del>	ON DEMAND	0.000
			<del></del>			<del></del>
(4)				<del> </del>		
(5)				<del>                                     </del>		
(6)				<del>                                     </del>	<del></del>	
(7)				<del> </del>		
(8)	_	• • • • •	<del></del>	<del> </del>		
(9)		<del></del> -				
(10)	-					
					_	
(1) NON	TT2	Security	provided by borrower		Purpose of GENERAL SUPPORT	f loan
	<u> </u>	<del></del>	<del></del>		GENERAL SUPPORT	
(2)						<del></del>
(3)						
(4) (5)			<del></del>	<del></del>	<del></del>	
(6)						· · · · · · · · · · · · · · · · · · ·
(7)						
(8)	-		<del></del>			
(9)						
(10)			<del></del>			
					,	
					Balance due at	Balance due at
	C	onsideration	on furnished by lender		beginning of year	end of year
(1)	<u> </u>				51,320	53,570
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)				·····		<del> </del>
<u>(9)</u>						
(10) Totals				<del></del>	51,320	53,570
I Utals	_				<u> </u>	