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SCANNED JAN 1 I 2011

Form 990-EZ Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

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)

Sponsoning 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.

AUC 1, 2009 and ending JUL 31, 20

_		e 2009 calendar year, or tax year be	eginning AUG I, 20	09	and end	ing JUL :	<u>31, .</u>	2010		
В	Check if applicable	e Please C Name of organization				D Em	ployer i	identification number		
	Address change	use IRS ANTIGO OPTIMIS	ST CLUB-							
	Name change		OLARSHIP FOUNDAT	ION, IN	iC.	3	39-1534429			
	Initial	A	box, if mail is not delivered to street	···	P			number		
	Termin	1- Specific PO BOX 214			:		715-	623-3743		
	-Jated □Amend	Instruc-	rv. and ZIP + 4				oup Exe			
-	— return □ Applica □ pending	t i i	4409			1	imber ▶			
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	■ 26€	tion 501(c)(3) organizations and 4947(a)((i) nonexempt charitable trusts mu (Form 990 or 990-EZ).	ist attach a con	npietea			A vasii Accidai		
			(Furil 990 at 990-22).			Other (speci				
		e: ► <u>N/A</u>			 _	H Check		the organization is not		
		empt status (check only one) — X 50		4947(a)(1) or				dule B (Form 990, 990-EZ, or 990-PF)		
K (Check 🕨	•	n 509(a)(3) supporting organization	-			e than \$2	25,000 A Form 990-EZ or		
			but if the organization chooses to fil							
		s 5b, 6b, and 7b, to line 9 to determine gr					> \$			
P	art I	Revenue, Expenses, and C	Changes in Net Assets of	r Fund Bal	ances (S	See the instruction	is for Pa			
	1	Contributions, gifts, grants, and similar an	nounts received				1	32423.		
	2	Program service revenue including govern	nment fees and contracts				2			
	3	Membership dues and assessments					3			
	4	Investment income					4	11032.		
	5a	Gross amount from sale of assets other th	nan inventory STMT	' 2 5a		174193	•			
		Less cost or other basis and sales expens	•	5b		176851				
		Gain or (loss) from sale of assets other th					5c	-2658.		
ō		Special events and activities (complete ap	1							
en.	1	Gross revenue (not including \$			· gummy, o		1			
Revenue	1	reported on line 1)	or contribution	6a	1					
11		•	ing avagage	6b	 		1			
		Less direct expenses other than fundraisi			1		٠,			
		Net income or (loss) from special events a	•	1	1		6c			
		Gross sales of inventory, less returns and	allowances .	7a			-			
	i	Less cost of goods sold	(C b) 75 f (7-)	7b	1		┥,			
	1	Gross profit or (loss) from sales of invent	ory (Subtract line 7b from line 7a)			,	7c			
		Other revenue (describe	7. 10				8	40797.		
		Total revenue Add lines 1, 2, 3, 4, 5c, 6c		CILLY	4T 4		9	62850.		
	1	Grants and similar amounts paid (attach s		SIL	11 4		10	02030.		
	11	Benefits paid to or for members	ECEIVED				11	<u> </u>		
benses	12	Salaries, other compensation, and employ	yee benefits S				12	2220		
eü	13	Professional fees and other payments to i	ndependent contractors 🔾 🛚				13	3228.		
Exp		1971	EC 2 0 2010 ₩				14			
ш		Printing, publications, postage and shipp	oing 🖳				15	88.		
	16	Other expenses (describe	GDEN, UT	SEE	STATE	EMENT 1	16	385.		
	17	Total expenses. Add lines 10 through 16	005.3			<u></u>	17	66551.		
S	18	Excess or (deficit) for the year (Subtract II	ine 17 from line 9)				18	-25754.		
Net Assets	19	Net assets or fund balances at beginning	of year (from line 27, column (A))							
As		(must agree with end-of-year figure repor	ted on prior year's return)				19	589780.		
ē	20	Other changes in net assets or fund balan	ices (attach explanation)	SEE	STATE	EMENT 3	20	66767.		
	21	Net assets or fund balances at end of year	r Combine lines 18 through 20			<u> </u>	21	630793.		
P	art II	Balance Sheets. If Total assets	on line 25, column (B) are \$1,250,0	000 or more, file	e Form 990	instead of Form 9	99 0- EZ			
		(See the instructio	ns for Part II)		(A)	Beginning of year	r	(B) End of year		
22	Cas	h, savings, and investments				58978	0 . 22	630793.		
23		d and buildings					23	i		
24		er assets (describe)		24			
25		al assets			· /	58978	0 . 25	630793.		
26		al liabilities (describe)		0 . 26			
27		assets or fund balances (line 27 of colum	nn (B) must agree with line 21\		′ 🗀	58978				
932	171 08-10	LHA For Privacy Act and Paperwork		arate instructio	ns.			Form 990-EZ (2009)		

ANTIGO OPTIMIST CLUB-

Form 930-EZ (2009) RED ROBIN SCHOLARSHIP FOU			39-15344	Z9 rayez
Part III Statement of Program Service Accomplishmen	nts (See the instructions for I	Part III)	Ex	penses
What is the organization's primary exempt purpose? SEE STATEMENT	· 6		1 ' '	r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur		se manner describ	1) organizations and
the services provided, the number of persons benefited, and other relevan	•		for others)	7(a)(1) trusts, optional
28 THE ORGANIZATION RECEIVES CONTRIBUT			tor duting)	
PUBLIC, WHICH IT THEN PAYS TO COLLE	GES AND UNIVE	RSITIES TO	<u> </u>	
BE USED IN PROVIDING SCHOLARSHIPS.				
(Grants \$) If this amount includes foreign of		> _	28a	63020.
29 THE ORGANIZATION ALSO PROVIDES PLACE	UES AND AWARD		1	
CERTIFICATES FOR ACADEMIC ACHIEVEME	ENT.			
			_	
(O		>	29a	150.
(Grants \$) If this amount includes foreign (grants, check nere	·	[] [298]	130.
30				
		,		
(Grants \$) If this amount includes foreign	grants, check here	>	30a	
31 Other program services (attach schedule)				
(Grants \$) If this amount includes foreign of	granta abaak bara	>	312	
	grants, check here		▶ 32	63170.
32 Total program service expenses (add lines 28a through 31a)	lavaaa			
Part IV List of Officers, Directors, Trustees, and Key E	Employees. List each one ev	en if not compensated (
	(b) Title and average hours	(c) Compensation	(d) Contributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	to employee benefit plans &	account and
(a) Humb und address	position	-0-)	deferred	other allowances
	position	',	compensation	
CINDY KUHLS, 1900 WEST 10TH AVENUE,	VICE PRESIDEN	Tr	·	
ANTIGO, WI 54409	0.00	0.	0.	0.
		0.	<u> </u>	
REBECCA KASSIS, 813 DELEGLISE	SECRETARY	_		
STREET, ANTIGO, WI 54409	1.00	0.	0.	0.
CHAD MATUSZEWSKI	TREASURER		l	
PO BOX 107, ANTIGO, WI 54409	0.00	0.	0.	0.
PAUL PAYANT	PRESIDENT			
700 FIFTH AVENUE, ANTIGO, WI 54409	0.00	0.	0.	. 0.
700 TITTH AVENUE, ANTIGO, WI 34403	0.00			
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02-08-10			101	n 990-EZ (2009)

Form 990-EZ (2009)

RED ROBIN SCHOLARSHIP FOUNDATION, INC.

Pa	t V Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	 	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	ļ	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.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		ĺ	}
	and proxy tax requirements?	35a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A_
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch N	36	<u>L</u>	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	ľ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 O • , section 4912 O • , section 4955 O • ,			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		
	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			1
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1	X
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	100	1	1
Ü	Λ			
	or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
u	<u> </u>			
_	organization			
E	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		X
44	transaction? If "Yes," complete Form 8886-T	1 400		
41	List the states with which a copy of this return is filed \blacktriangleright WI The organization's books are in care of \blacktriangleright REBECCA KASSIS Telephone no \blacktriangleright 715-62	23-7	1123	3
423	Located at > 813 DELEGLISE STREET, ANTIGO, WI	5440	9	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
IJ	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	s No
	account)?	42b	+	X
	If "Yes," enter the name of the foreign country		1	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		X
ij	If "Yes," enter the name of the foreign country		٠	
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	. [
43	▶ 1 1	N/I	4	
	and enter the amount of tax-exempt interest received or accrued during the tax year		<u></u>	
			Ye	s No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.0	1.13
44		44		X
4E	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	177	+	+
45		45		X
	completed instead of Form 990-EZ		000-F	7 (2009

$\overline{}$	ANTIGO OPTIMIST CLUB— 990-EZ (2009) RED ROBIN SCHOLARSHIP FOU rt VI Section 501(c)(3) organizations and section 49 organizations and section 4947(a)(1) nonexempt charitable tri and 51.	47(a)(1) nonexempt	charitable trus		ection 5	
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in opposition to c	andidates for public		Ye	es No
	office? If "Yes," complete Schedule C, Part I	•	•		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Sched	dule C, Part II			47	X
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	•			48	X
	Did the organization make any transfers to an exempt non-charitable related or	ganization?		-	49a	<u> X</u>
	If "Yes," was the related organization a section 527 organization?			L.	49b	
	Complete this table for the organization's five highest compensated employees than \$100,000 of compensation from the organization. If there is none, enter "N		(c) Compensation	(d) Contributions	3	xpense
	(a) Name and address of each employee paid more than \$100,000 NONE	per week devoted to position	(c) components	benefit plans & deferred compensation	acco	unt and llowances
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independe	►nt contractors who each recei	ved more than \$100	000 of compensa	ation from	n the
	organization If there is none, enter "None" NONE			···		
	(a) Name and address of each independent contractor paid more the	an \$100,000	(b) Type of ser	vice (c) Compe	nsation
d	Total number of other independent contractors each receiving over \$100,000		>			
Sign Here	Signature of officer	ormation of which preparer has any	nts, and to the best of m knowledge	y knowledge and bei	5 (1	
	Type or print name and title	's dent			<u> </u>	
Paid Prepa Use O		12/14/00 em	eck if self-	parer's identifying nu	ımber (See 105755	•

BRETTINGEN, SMITS, NOVAK & BASTLE,

PO BOX 290

May the IRS discuss this return with the preparer shown above? See instructions

ANTIGO, WI 54409

EIN >

Phone >

(715) 623-7696

39-1136882

if self-employed), address, and ZIP + 4

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Name of the organization

ANTIGO OPTIMIST CLUB-

RED ROBIN SCHOLARSHIP FOUNDATION, INC.

Employer identification number 39-1534429

Part I	Reason f	or Public Chari	ty Status (All organiza	ations mus	t complete	this part) See instr	uctions.		
he organ	zation is not a	private foundation b	pecause it is (For lines 1	through 1	1, check o	nly one bo	ox)			
1	A church, con	vention of churches	, or association of churc	hes descr	bed in sec	tion 170(b)(1)(A)(i).			
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E)						
з 🔲			al service organization d		section '	170(Ь)(1)(A)(iii).			
4			perated in conjunction v					b)(1)(A)(iii). Enter the	e hospital's name,
رـــا ٣	city, and state		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•			•
5 🗔			penefit of a college or un	uversity ou	med or one	erated by	a governm	ental unit	described	in
3		(b)(1)(A)(iv). (Comple		iivoisity ovi	inca or op	orated by	a go romi	iorria, arm		
	•		•	لمحماس محماس		470/6\/4	\/A\/ ₆ .\			
6			ent or governmental unit							this described to
7 <u>X</u>			eives a substantial part o	ot its suppo	ort from a g	governme	ntar unit or	from the	general pu	IDIIC described in
. \Box	•	b)(1)(A)(vi). (Comple	•							
8	-		ection 170(b)(1)(A)(vi). (
9 🗀			eives: (1) more than 33 1							
			ictions · subject to certa							
			exable income (less sect	ion 511 tax	x) from bus	sinesses a	cquired by	tne orga	nization at	ter June 30, 1975.
		509(a)(2). (Complete					- 5004-144			
10			perated exclusively to tes							
11			perated exclusively for the							
			tions described in section) See sec	tion 509(a	a)(3). Onec	ck the box that
			organization and comple							T
·	a Type I			Тур						Type III - Other
e			t the organization is not							
			han one or more publicly						9(a)(1) or se	ection 509(a)(2)
f	If the organize	ation received a writ	ten determination from t	the IRS tha	at it is a Tyl	pe I, Type	II, or Type	: 111		
		rganization, check th							_	
9			rganization accepted ar							[v] v
	(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and (III) below,	Yes No
	the gove	erning body of the si	upported organization?				•			11g(i)
		•	n described in (i) above?							11g(ii)
			person described in (i)							11g(iii)
h	Provide the fe	ollowing information	about the supported or	ganization	(s).					
		1	(All) Torres of					for the	the	
(i) Name	of supported	(II) EIN	(iii) Type of organization		rganization	. , ,	u notify the	(vi) is organizati	on in col [(vii) Amount of
org	anızatıon		(described on lines 1-9		sted in your document?		r support?	(i) organiz U S	ed in the	support
			above or IRC section				т			
			(see instructions))	Yes	No	Yes	No	Yes	No	
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

ANTIGO OPTIMIST CLUB-

Schedule A (Form 990 or 990-EZ) 2009 RED ROBIN SCHOLARSHIP FOUNDATION, INC.

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 (f) Total (e) 2009 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received (Do not 264869. 47334. 32423. include any "unusual grants ") 57486. 89600. 38026. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 264869. 32423. 57486. 89600. 38026. 47334. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 118225. column (f) 146644. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2009 (f) Total (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 38026. 47334. 32423 264869. 89600. 57486. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 25825. 15234. 11032. 89562. 16583. 20888. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 354431. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 41.37 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 38.76 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ 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

39-1534429 Page 2

Calendar year (artical year leginant) (b) 2005 (b) 2006 (c) 2007 (d) 2008 (c) 2009 (f) Total of Cofts, generally, contributions, contributions, and commendation from contributions of the contribution of the commendation of the	Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for C	rganizations	Described in	Section 509(a)	(2) (Complete only	y if you checked the b	Page 3 ox on line 9 of Part I)
1 Gifs, grants, contributions, and membership fees received (i) not membership fees received (ii) not membership fees received (iii) not membership fees received (iii) not membership fees received (iii) not make the past to or expanded not subhall an ontition any undelet trade of buy-mess under section 513 1 Tax revenues leved for the organization's benefit and either past to or expanded on its behalf or expanded on the behalf of the organization's benefit and either past to or expanded on the behalf of the organization's benefit and either past to or expanded on the behalf of the organization's benefit and either past to or expanded on the behalf of the organization's benefit and either past to or expanded on the behalf of the organization's benefit and either past to or expanded on the behalf of the past to or expanded on the behalf of the past to or expanded on the behalf of the past to organization's benefit and either past to organization's limit second, third, fourth, or fifth tax year as a section Stifici(3) organization, organization's limit, second, third, fourth, or fifth tax year as a section Stifici(3) organization, organization's limit, second, third, fourth, or fifth tax year as a section Stifici(3) organization, or limit organization or limit tax year as a section Stifici(3) organization, or limit tax year as a section Stifici(3) organization, or limit tax year as a section Stifici(3) organization, or limit tax year as a section Stifici(3) organization, or limit tax year as a section Stifici(3) organization, or limit tax year as a section Stifici(3) organi	Section A. Public Support			r			
membership fees received (Do not include any "unusual grants"? 2. Gross receipts from admissions, merchandes and/or services performed, or facilities furnished in any activity that a related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues leved for the organization of section of the part of or expended on its behalf of the organization of section of the part of or expended on the behalf of the organization of section of the part of or expended on the behalf of the organization of the part of the organization organizati	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
include any "unusual grants") Gross recepts from activates performed, or facilities furnished in any activity that is related to the organization's bareelinesh propose 3 Gross recepts from activates that are not an unrelated trade or business under section 513 4 Tax revenuses leved 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'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 frough 5 7 A mounts included on lines 1, 2, and 3 s'received from disquillifed persons be accessed in linesh and a stream of the linesh and the services of th	1 Gifts, grants, contributions, and						
2 Gross receipts from admissions, morthandises add or services performed, or facilities furnished to the organization's take-kernet purpose of Gross receipts from admittes that are not an unrelated trade or business under section 513 d 4 Tax revenues level of for the organization's brent and to or expended on its behalf or the organization's brent and to or expended on its behalf or the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished the organization without charge furnished the organization without charge furnished from disqualided persons but severed to provide the organization without charge for more than a services of the organization without charge for more than a services of the organization without charge for more than a services of the organization without charge for more than a services of the organization without charge for more than a services of the organization without charge for more than a service organization or the organization without charge for more than a service organization or the organization organization or the organization organizat	membership fees received (Do not		}				
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Schedule A (Form 990 or 990-F7) 2009	20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th			▶ □

FORM 990-EZ	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
BANK FEES			-	180	— 1 .
LICENSES AND FILING F	EE			25	
OFFICE EXPENSE AND AW				150	
MEETING EXPENSE				30	
TOTAL TO FORM 990-EZ,	LINE 16		-	385	٠ =
FORM 990-EZ GAIN	(LOSS) FROM PUB	LICLY TRADED SEC	URITIES	STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
249.584 SHARES OF	·				
FID ADV STRAT INCOME	3000.	2899.	0.	101	1.
892.13 SHARES OF FID					
ADV DIVERS INTL	12275.	18362.	0.	-6087	7.
51.34 SHARES OF RSRV					
PRIMARY - R	43.	51.	0.	{	3.
152.57 SHARES OF					
RSRV PRIMARY - R	127.	153.	0.	-26	5.
36.85 SHARES OF RSRV	2.7	2.7	•	,	_
PRIMARY - R	37.	37.	0.	(0.
200 SHARES OF OSHKOSH CORP	F067	7261	0	1207	7
200 SHARES OF	5967.	7364.	0.	-1397	′ -
OSHKOSH CORP	6536.	7365.	0.	-829	a
300 SHARES OF	0550.	7505.	0.	-021	•
OSHKOSH CORP	9209.	11047.	0.	-1838	з.
300 SHARES OF					
OSHKOSH CORP	9685.	11047.	0.	-1362	2.
200 SHARES OF					
OSHKOSH CORP	7751.	9966.	0.	-2215	5 .
200 SHARES OF	7422	0175	^	7.4	_
OSHKOSH CORP 300 SHARES OF	7432.	8175.	0.	-743	ኃ.
ASSOCIATED BANC CORP	3714.	3417.	0.	297	7
500 SHARES OF	3/14•	3417.	0.	27	, ·
OSHKOSH CORP	18950.	4899.	0.	1405	1.
	•		, ,		
200 SHARES OF	7041	1959.	0.	5882	2.
	7841.				
OSHKOSH CORP 500 SHARES OF					
OSHKOSH CORP 500 SHARES OF GAMESTOP CORP	10688.	10311.	0.	377	7.
200 SHARES OF OSHKOSH CORP 500 SHARES OF GAMESTOP CORP 400 SHARES OF CISCO SYSTEMS INC			0.	371 719	

ANTIGO OPTIMIST CLUB-	RED ROBIN SC	HOLARS		39-1534429
2200 SHARES OF PROLIANCE INTL INC	4.	10613.	0.	-10609.
500 SHARES OF EXXON CORP	34444.	33818.	0.	626.
200 SHARES OF POWELL INC	20641.	20310.	0.	331.
400 SHARES OF ASSOCIATED BANC CORP	5358.	5286.	0.	72.
TO FORM 990-EZ, LINE 5	174193.	176851.	0.	-2658.
FORM 990-EZ OTHER CHA	NGES IN NET	ASSETS OR FUND	BALANCES	STATEMENT 3
DESCRIPTION				AMOUNT
NET UNREALIZED GAIN/LOSS	ON INVESTME	ENT		66767.
TOTAL TO FORM 990-EZ, LI	NE 20			66767.

FORM 990-EZ	CASH GRANTS AND ALLOCA	TIONS	STATEMENT	4
CLASS OF ACTIVITY/GRAN	TEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	Г
COLLEGE SCHOLARSHIPS		NONE NOTED	6285	50.
TOTAL INCLUDED ON FORM	990-EZ, LINE 10		6285	50.

STATEMENT FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

STATEMENT 6

990-EZ PG 2

PROVIDE SCHOLARSHIP AND AWARDS FOR ACADEMIC ACHIEVEMENT.