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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning September 1 , 2009, and ending August 31, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Community Parks Improvement Committee, Inc.

Number and street (or P O box, if mail is not delivered to street address): P.O. Box 228 — Room/suite:

City or town, state or country, and ZIP + 4: Stevens Point, WI 54481

D Employer identification number: 39-1651709

E Telephone number: 715-344-0890

F Group Exemption Number ▶

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

G Accounting method [X] Cash [ ] Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) - [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 33,606.46

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	10,237.50
	2	Program service revenue including government fees and contracts		2	0.00
	3	Membership dues and assessments		3	0.00
	4	Investment income		4	2,003.96
	5a	Gross amount from sale of assets other than inventory	5a 0.00		
	5b	Less cost or other basis and sales expenses	5b 0.00		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming check here ▶ ☐			
	6a	Gross revenue (not including $ 10,237.50 of contributions reported on line 1)	6a 21,365.00		
	6b	Less direct expenses other than fundraising expenses	6b 17,981.95		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	3,383.05
	7a	Gross sales of inventory, less returns and allowances	7a 0.00		
	7b	Less cost of goods sold	7b 0.00		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	0.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	15,624.51
Expenses	10	Grants and similar amounts paid (attach schedule)		10	18,500.00
	11	Benefits paid to or for members		11	0.00
	12	Salaries, other compensation, and employee benefits		12	0.00
	13	Professional fees and other payments to independent contractors		13	0.00
	14	Occupancy, rent, utilities, and maintenance		14	0.00
	15	Printing, publications, postage, and shipping		15	216.39
	16	Other expenses (describe ▶ State Annual Report, PO Box Fee)		16	54.00
	17	**Total expenses.** Add lines 10 through 16 ▶		17	18,770.39
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,145.88
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	88,996.61
	20	Other changes in net assets or fund balances (attach explanation)		20	0.00
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	85,850.73

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

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	88,996.61	22	85,850.73
23	Land and buildings	0.00	23	0.00
24	Other assets (describe ▶)	0.00	24	0.00
25	**Total assets**	88,996.61	25	85,850.73
26	**Total liabilities** (describe ▶ see grants schedule (contributions payable)	*	26	*
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	88,996.61	27	85,850.73

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'09 25

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? See attached schedule

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	See attached schedule (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attached schedule				

Part 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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ Torren K. Pies Telephone no ▶ (715) 344-0890 Located at ▶ 1257 Main Street, Stevens Point, WI ZIP + 4 ▶ 54481			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign county ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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

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

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

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

f Total number of other employees paid over $100,000 ▶

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

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

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Torren K Pies — Signature of officer — Date: 1/7/2011

Torren K. Pies - Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Torren K Pies — Date — Check if self-employed ▶ ☐ — Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: Torren K. Pies, P.O. Box 228, Stevens Point, WI 54481 — EIN ▶ 39-0856485 — Phone no ▶ (715) 344-0890

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
Community Parks Improvement Committee, Inc.	39-1651709

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income 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 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check 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 . . . . . ▶ ☐

JSA

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,365.00	10,362.50	10,362.50	10,118.75	10,237.50	51,446.25
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	24,770.30	26,996.07	21,071.50	19,729.25	21,365.00	113,932.12
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0.00	0.00	0.00	0.00	0.00	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.00	0.00	0.00	0.00	0.00	
6 **Total.** Add lines 1 through 5	35,135.30	37,358.57	31,434.00	29,848.00	31,602.50	165,378.37
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.00	0.00	0.00	0.00	0.00	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.00	0.00	0.00	0.00	0.00	
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						165,378.37

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	35,135.30	37,358.57	31,434.00	29,848.00	31,602.50	165,378.37
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,570.05	3,088.95	3,935.94	2,748.44	2,003.96	15,347.34
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	
c Add lines 10a and 10b	3,570.05	3,088.95	3,935.94	2,748.44	2,003.96	15,347.34
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.00	0.00	0.00	0.00	0.00	
13 **Total support.** (Add lines 9, 10c, 11, and 12)	38,705.35	40,447.52	35,369.94	32,596.44	33,606.46	180,725.71

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	91.5079 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	8.4921 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

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

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

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

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization: Community Parks Improvement Committee, Inc.
Employer identification number: 39-1651709

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

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

a [ ] Mail solicitations
b [ ] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1 High School Basketball Classic (event type)	(b) Event #2 High School Hockey Classic (event type)	(c) Other Events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	26,533.50	5,069.00		31,602.50
	2 Less Charitable contributions	10,237.50			10,237.50
	3 Gross income (line 1 minus line 2)	16,296.00	5,069.00		21,365.00
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	700.00	1,540.00		2,240.00
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,666.75	1,075.20		15,741.95
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(17,981.95)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				3,383.05

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	None	None	None	None
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ _____			
	Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address of the third party			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

FORM 990EZ -- 2009

COMMUNITY PARKS IMPROVEMENT COMMITTEE, INC.
FEIN: 39-1651709

Schedule for Part I, Line 6

The fund raising event (special event) of the corporation in the fiscal year 2009 is hosting a holiday high school basketball tournament and hockey tournament in Stevens Point, Wisconsin. The special event is substantially related to the exempt function of the organization given the recreational nature of the event and the contributions generated by the event to further the organization's exempt function.

Special Event

Gross Receipts	$31,602.50
Less: Contributions (Line 1)	10,237.50
Gross Revenue	21,365.00
Less: Direct Expenses (Line 6b)	17,981.95
Net Income (Line 6a)	$3,383.05

FORM 990EZ -- 2009

COMMUNITY PARKS IMPROVEMENT COMMITTEE, INC.
FEIN: 39-1651709

Schedule for Part I, Line 10

Contributions Payable (Fiscal Year 2009).

1. $5,000.00 contribution payable to the City of Stevens Point, Stevens Point, Wisconsin, for construction of park facilities to benefit disabled children, known as the KASH playground (payable over 1 year).

2. $3,000.00 contribution payable to Plover-Whiting Youth Athletics, Inc., a nonprofit organization, Plover, Wisconsin, for improvements to baseball fields located at parks in the Village of Plover (payable over 1 year).

3. $3,000.00 contribution payable to the Village of Plover, Plover, Wisconsin, for improvements to a Village baseball field located at a Village park (payable over 2 years).

4. $15,000.00 contribution payable to the University of Wisconsin-Stevens Point, Stevens Point, Wisconsin, for improvements to a University baseball field located at in Stevens Point, Wisconsin (payable over 3 years).

5. $4,500.00 contribution payable to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a baseball field at a City park (payable over 3 years).

6. $15,000.00 contribution payable to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a baseball field at a City park (payable over 3 years).

Footnote:

The following contributions were actually paid in fiscal year 2009 from the grants payable liability and/or from commitments made in fiscal year 2009.

1. $1,500.00 contribution paid to the Stevens Point Youth Baseball Association, Inc., a nonprofit organization, Stevens Point, Wisconsin, for improvements to baseball fields located at parks in the City of Stevens Point.

2. $1,500.00 contribution paid to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a baseball field at a City park.

3. $1,000.00 contribution paid to the City of Stevens Point, Stevens Point, Wisconsin, for improvements to a City park.

4. $5,000.00 contribution to the City of Stevens Point, Stevens Point, Wisconsin, for construction of park facilities to benefit disabled children, known as the KASH playground.

5. $3,000.00 contribution paid to Plover-Whiting Youth Athletics, Inc., a nonprofit corporation, Plover, Wisconsin, for improvements to baseball fields located at parks in the Village of Plover.

6. $1,500.00 contribution paid to the Village of Plover, Plover, Wisconsin, for improvements to baseball fields located at a Village park.

7. $5,000.00 contribution paid to the University of Wisconsin - Stevens Point, Stevens Point, Wisconsin, for improvements to basketball facilities located in the City of Stevens Point.

TOTAL CONTRIBUTIONS PAID IN FISCAL YEAR 2009: $18,500.00

FORM 990EZ -- 2009

COMMUNITY PARKS IMPROVEMENT COMMITTEE, INC.
FEIN: 39-1651709

Schedule for Part III

The Program Service Accomplishments are the grants described on the Schedule for Part I, Line 10. No expenses were incurred other than the Grant amount set forth on said Schedule. The services have resulted in improving the quality of life, especially from a recreational standpoint, by improving parks and recreation facilities in the City of Stevens Point, Village of Plover, County of Portage and its surrounding communities in Central Wisconsin. The services benefit all persons who live in or visit the communities, and reduces the burden on the municipal governments to improve said parks and recreation facilities.

FORM 990EZ -- 2009

COMMUNITY PARKS IMPROVEMENT COMMITTEE, INC.
FEIN: 39-1651709

Schedule for Part IV

A	B	C	D	E
John L Edgerton 1804 Conant Street Stevens Point, WI 54481	Director & President	$0	$0	$0
Michael J Disher 2616 Prais Street Stevens Point, WI 54481	Director & Vice President	$0	$0	$0
Barbara A Kranig 2024 Main Street Stevens Point, WI 54481	Director & Secretary	$0	$0	$0
Torren K Pies 1750 Ole River Road Stevens Point, WI 54481	Director & Treasurer	$0	$0	$0
John G. Porter 625 Janick Circle West Stevens Point, WI 54481	Director	$0	$0	$0
Gary Portzen 2201 Chippewa Drive Plover, WI 54467	Director	$0	$0	$0
Frank O'Brien 2209 Falcons Cove Stevens Point, WI 54481	Director	$0	$0	$0
Robert F Decker 1830 California Avenue Stevens Point, WI 54481	Director	$0	$0	$0
Theodore F. Schlafke 1544 Rosewood Circle Stevens Point, WI 54481	Director	$0	$0	$0
Craig Shuler 3334 Dan's Drive Stevens Point, WI 54481	Director	$0	$0	$0
Susan Placzek 601 N. Michigan Avenue Stevens Point, WI 54481	Director	$0	$0	$0
Scot Barton 3225 Nicolet Court Stevens Point, WI 54481	Director	$0	$0	$0

FORM 990EZ -- 2009

COMMUNITY PARKS IMPROVEMENT COMMITTEE, INC.
FEIN: 39-1651709

Schedule for Part V

The net income from special events as set forth on Line 6c of Part I is not an unrelated trade or business activity that should be reported on Form 990-T because the special events are substantially related to the exempt function of the organization given the events raise the contributions set forth on Line 1 of Part I, and further given the recreational nature of the events.