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Form 991

Return of Organization Exempt From Income Tax

* 2 009	2010
·· 72\U/U	2010

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service 2009. and ending 12-31-10 For the 2009 calendar year, or tax year beginning 20 1 - 1 - 10Employer identification number C Name of organization Morgan Masterpiece Corp. Check if applicable use IRS Doing Business As Address change 1951995 label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/surte Name chance type. See 865 Pleasant Oak Dr (608)Initial return 835-9589 Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-Pregon, Wi 53575 tions 47033.84 Amended return G Gross receipts \$ F Name and address of principal officer. Application pending H(a) Is this a group return for affiliates? Yes Sweeney 3460 Hwy JG Mt Horeb Wi H(b) Arevall affiliates included? Yes No Tax-exempt status: √ 501(c) (□ 527 53572 If "No." attach a list. (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: M State of legal domicile. Part I Summary Briefly describe the organization's mission or most significant activities: The Morgan Masterpiece Horse Show (Charity Show) was the only event put Governance on by the Masterpiece on July 15-16-17 2010. The Charity was Rawhihe Boys Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a) Λ 6 3 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue-from-Part-VIII. n b Net unrelated business taxable income from Form 920 17 1 234 **Prior Year Current Year** Contributions and grants (Part VIII, line th) JAN 1. 0 2011 6765.75 10977.44 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines Other revenue (Part VIII, column (A), lines 5, 6a, 80, 50 10d Tand 116 46178.37 36056.40 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 52944.12 47033.84 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 53596.29 45223,24 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12 (952.17)1810.60 5 9 **End of Year** Beginning of Current Year 3934.07 20 Total assets (Part X, line 16) . 6331 38 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 3934 Part II Signature Block 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 <u>!e/1</u> Sign LeRov Umnuhs Treasure Here Signature of officer _____LeRoy R. Umnuhs Treasurer Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ □ Paid

Preparer's

Use Only

Firm's name (or yours

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

Yes 🔲 No

Phone no

EIN

JA 161 6	an (cons)			raye 2
Par	Statement of Program Service	ce Accomplishments		
	Briefly describe the organization's miss			
	See Pa	art 1 Summary		
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?		rear which were not listed on	Yes No
3	Did the organization cease conducting	, or make significant changes in how		m m
	services?			Yes No
4	Describe the exempt purpose achiever Section 501(c)(3) and 501(c)(4) organizallocations to others, the total expense	ments for each of the organization's t ations and section 4947(a)(1) trusts ar	e required to report the amount	
4a	(Code:) (Expenses \$			

			•	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			•	
4b	(Code:) (Expenses \$			
				•

			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	*******************************			
40	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		~~~		
			· · · · · · · · · · · · · · · · · · ·	
	***************************************			~~~~~~~~~~~~
		Orb. 11. O		·
		Schedule O.) ng grants of \$ 1 (Reve	enue \$)	
46	Total program service expenses ▶	•		

Par	LIV Checklist of Required Schedules			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedute A	,		x
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	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	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>x</u> _
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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," complete Schedule D, Part III	8		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," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		ж
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	. ,		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		•	
•	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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	ئىم		
•	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 addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Schedule D, Parts XI, XII, and XIII.	12		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedute D, Parts XI, XII, and XIII is optional	5		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	 ×
	Did the organization maintain an office, employees, or agents outside of the United States?	148	+	+ ×
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	-	×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	-	<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	 	X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	X.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	-	×
. 19 . 20	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. Did the organization expects are or more besides? If "Yes," complete Schedule H.	19		ж
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H , , ,	20		X_

15	Checklist of Required Schedules (continued)			
			Yes	No
21	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 1? If "Yes," complete Schedule I, Parts I and II	21		x
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		ж
23	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	23		x
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 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	X_
C	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x_
2 5a	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		ж
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 990-EZ? If "Yes," complete Schedule L. Part I	25b		ж
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
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? If "Yes," complete Schedule L, Part III.	27		ж
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		K.
C	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, Part IV	28c		К
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		2
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		3
33				,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		,
35		35		,
36		36		,
37	• • • • • • • • • • • • • • • • • • • •			:
38			1	1 :

	Statements Regarding Other Ins Hangs and Tax Compliance		7	
	r		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 3	- 1	1	
ŧ	J.S. Information Returns. Enter -0- if not applicable			
) l	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable parming (gambling) winnings to prize winners?	10	N/	A
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax N/A			İ
	Statements, filed for the calendar year ending with or within the year covered by this return	- 1	N	Α
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>26</u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	•	,
	this return?	35		-
	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_		
	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)?	4a		X
	If "Yes," enter the name of the foreign country: ▶	-	l	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	<u>r</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	 	x_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		1	ì
	Prohibited Tax Shelter Transaction?.	5c	<u> </u>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	-	×
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ib		
7	Organizations that may receive deductible contributions under section 170(c).		1	1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l] .	1
_	and services provided to the payor?	7a	1	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	T	T
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·	1	x
•	required to file Form 82827	7c	<u>. </u>	
đ	If "Yes," indicate the number of Forms 8282 filed during the year		1	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	T	×
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		T
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1096-C as		T	T
••	required?	7h	1	N
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(5) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1	1	}
	organization, have excess business holdings at any time during the year?	8	1_	X
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the organization make any taxable distributions under section 4966?	92		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	96	4_	1
10	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on Part VIII, line-12.	4	1	ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A	1	1	1
11		1		1
	Gross income from members or shareholders	4	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	1
٠.	amounts due or received from them.)	4	1	1
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	B	_ x
	of "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	1		

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.

	don A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body	- 1	- 1	
	Lines the fluithout of Young fluithout that the medportaction	1	1	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
	any other officer, director, trustee, or key employee?	2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_	į	x
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		
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		}	
	of the governing body?	7a		<u>x</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		•	
	the year by the following:	1	1	
а	The governing body?	8a		x
b	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			
• •	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	emal		
Rev	enue Code.)			
			Yes	No
tna	Done the experimentation have local characters branches or affiliates?	10a		x
	Does the organization have local chapters, branches, or affiliates?			_4
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		x
44	affiliates, and branches to ensure their operations are consistent with those of the organization?			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		x
	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
Đ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.		x
	rise to conflicts?	12b	 -	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			х
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	ļ	X
14	Does the organization have a written document retention and destruction policy?	14		.х.
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?	ŀ	}	
a	The organization's CEO, Executive Director, or top management official	15a		عدا
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			X
			1	
	· Did the organization invest in, contribute assets to, or participate in a joint venture of similar arrangement		ł	x
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1	
16a	with a taxable entity during the year?	16a]
16a	with a taxable entity during the year?	16a		
16a	with a taxable entity during the year? 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			×
16a	with a taxable entity during the year? 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?	16a 16b		x
16a b	with a taxable entity during the year? 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? Ction C. Disclosure			x
16a b Set 17	with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Wisconsin	16b		x
16a b	with a taxable entity during the year? 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? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Wisconsin Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	16b		x
16a b Set 17	with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Wisconsin Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501) available for public inspection. Indicate how you make these available. Check all that apply.	16b		x
16a b Set 17	with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Wisconsin Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website □ Upon request	16b	only)	
16a b Set	with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Wisconsin Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501) available for public inspection. Indicate how you make these available. Check all that apply.	16b	only)	
16a b Sec 17 18	with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Wisconsin Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website □ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict policy, and financial statements available to the public.	16b	only)	
16a b Sec 17 18	with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Wisconsin Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website □ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	16b	only)	

isation of Officers, Directors, Trustees, Key Employees, Highest Compensated ees, and Independent Contractors

Directors, Trustees, Key Employees, and Highest Compensated Employees

te for all persons required to be listed. Report compensation for the calendar year ending with or within the ar. Use Schedule J-2 if additional space is needed.

rganization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ter -0- in columns (D), (E), and (F) if no compensation was paid.

rganization's current key employees. See instructions for definition of "key employee."

zation's five current highest compensated employees (other than an officer, director, trustee, or key employee) table compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the y related organizations.

organization's former officers, key employees, and highest compensated employees who received more than able compensation from the organization and any related organizations.

organization's former directors or trustees that received, in the capacity as a former director or trustee of ore than \$10,000 of reportable compensation from the organization and any related organizations.

re following order: individual trustees or directors; institutional trustees; officers; key employees; highest sloyees; and former such persons.

: if the organization did not co	(B)			(%				(D)	(E)	(F)
Name and Title	Average		 -	_	-	thet ap	أمد	Responsible	Reportable	Estimated
resident ins	hous per week		institutional trustes	Officer	Key employee	Highest compensated employee	Former	compensation true cognization (N-2/1039-MISC)	compensation from related organizations (W-2/1039-MISC)	amount of other compensation from the organization and related organizations
rogueline. Sweeney Gesident			2			af ed			·	
nthia Smazinski ce President								·		
tum westphal cretary_ eRoy R. Umnuhs reasurer		-	-	_	-	-	-			•
reasurer		+	\vdash	\vdash	\vdash		-			
		-	$oldsymbol{\downarrow}$	igert	ig	_	\downarrow			
		+	+	+	+	-	+			
		+	\dagger	+	\dagger	-	\dagger			<u></u>
			I		I		I			
	 	_	1	\downarrow	\downarrow	<u> </u>	1	 	-	
		+	+	+	+	+	+	-		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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Section A. Officers, Directors, Tru	stees, Key	Emp	py	OS,	an	i High	est	Compensate	i Employees (
W	(61)			-	7			(D)	(A)	1	(F) Estimated		
Name and title	Average tours per week		institutional trustee	Officer	W Key employee	Highest compensated mployee	Former	Reportable comparisation from the organization (N-2/1039-MISC)	Reportable companisation from related organizations (W-2/1039-LSS)		amo compo fro organ and	mated lunt of ther ensetion in the elzation related ization)
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T-4-1	1		1_	L			Ť	 					
Total	not limite	d to t	hos	e lis	sted	abov	e) v	vho received n	nore than \$10	00.00	0 in		
reportable compensation from the organi													
				_					_	. 1		Yes	No
Did the organization list any former office employee on line 1a? If "Yes," complete							280Y	ee, or nighest	compensate	a	3		x
For any individual listed on line 1a, is the the organization and related organization individual.											4		x
Did any person listed on line 1a receive services rendered to the organization? If	e or accru	ie cor molete	mpe Sc	nse cher	etior chule	i from	1 80 SUC	y unrelated o	rganization fo	×	5		x
ction B. Independent Contractors										l			
Complete this table for your five highest compensation from the organization.	compense	nted ir	rdeţ	en	den	t cont	raci	tors that receiv	ved more than	n \$ 10	00,00	O of	
(A) Name and business a	ddess					•	T	(E) Description of	f şarvices			2) ansatio	<u> </u>
**							7						
No	ue						+			•			
							工						
Total number of independent contractors	lineh ser	hert -	ma F					etad nhous	an annaire d				
more than \$100,000 in compensation in	om the on	janiza Janiza	tion		ioui i	in also) 	SIGN SOONS) (M	IN LECEIAEO	İ			•

Part	VIII	Statement of Reve	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
Contributions, gifts, grants and other similar amounts	b	Federated campaigns Membership dues Fundraising events .	1a 1b 1c	6107.44		•	,	
itions, g er simila	е	Related organizations Government grants (contrib All other contributions, gifts, gra	utions). 1e	800.00			,	
Sontribu	g	and similar amounts not include Noncash contributions included Total. Add lines 1a-1f	ed above 11	4070.00	l			
	2a	Total. Aud lines 1a-11	<u>· · · · · · · · · · · · · · · · · · · </u>	Business Code	10977_44			<u> </u>
Program Service Revenue	b							
gram Ser	d e f	All other program service						
5		Total. Add lines 2a-2f Investment income (inclu	<u> </u>					
•	4 5			🕨				
		Gross Rents	(i) Real	(ii) Personal				
	С	Less: rental expenses Rental income or (loss) Net rental income or (loss)	ss)			- 2		
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses			, "			,
venue	l		fundraising	▶		·		
0		events (not including \$. of contributions reported See Part IV, line 18	on line 1c).					
Other R	C	Less: direct expenses Net income or (loss) from	m fundraising e					- /
	1	Gross income from gamin See Part IV, line 19 Less: direct expenses,	a			· · · · · · · · · · · · · · · · · · ·	1	-
	1	Net income or (loss) from Gross sales of inver	ntory, less	ities >	,	~•		
		returns and allowances Less: cost of goods sole Net income or (loss) from	d b sales of invent		•	·		
	11a	Miscellaneous Reve		Business Code				
	b				36056.40	Soc	d.,1 -	
		All other revenue Total. Add lines 11a-11		L	47033.84	See sch	Fuure	War.
	12	Total revenue. See inst	ructions.	<u>.</u>				

Part IX Statement of Functional Expenses

	All other organizations must complete col	umn (A) but are no	ot required to comp	piete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21 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, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	· · · · · · · · · · · · · · · · · · ·			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	4. 1. 2			
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
ө	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		ļ		
21	Payments to affiliates				,
22	Depreciation, depletion, and amortization.				· · · · · · · · · · · · · · · · · · ·
23	Insurance				
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.)		-		1
а					
b					
C		ļ	· · · · · · · · · · · · · · · · · · ·		
d					-
0					
of	All other expenses	17000			
25	Total functional expenses. Add lines 1 through 24f	45223.24	See Schedu	Le	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

1 Cash—non-interest-bearing 3934.07 1 5744.67 2 Savings and temporary cash investments 3 934.07 1 5744.67 3 Pledges and grants receivable, net 4 4 Cacounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Schedu	Рa	rt X	Balance Sheet			
2 Savings and temporary cash investments				(A) Beginning of year		(B) End of year
2 Savings and temporary cash investments 2 586.71 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 fortal assets. See Part IV, line 1 fortal as		1	Cash—non-interest-bearing	3934.07	1	5744.67
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10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation	SS	8	· · · · · · · · · · · · · · · · · · ·		8	
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b Less: accumulated depreciation		10a	Land, buildings, and equipment: cost or 10a			
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23 Secured mortgages and notes payable to unrelated third parties	jes	21	Escrow or custodial account liability. Complete Part IV of Schedule D	·		
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23 Secured mortgages and notes payable to unrelated third parties	<u> </u>	1		مُرٍ ب	1 1	* * ·
24 Unsecured notes and loans payable to unrelated third parties	_			,		
25 Other liabilities. Complete Part X of Schedule D						
26 Total liabilities. Add lines 17 through 25					 	
		1		-0-		
Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			Organizations that follow SFAS 117, check here ▶ □ and		20	
	a	27		•	27	-
28 Temporarily restricted net assets	Bar	}				
Permanently restricted net assets	ᅙ				 	
27 Unrestricted net assets	or Fur		Organizations that do not follow SFAS 117, check here ▶ □			ignorial in the contract of th
30 Capital stock or trust principal, or current funds	छ	30				
31 Paid-in or capital surplus, or land, building, or equipment fund	88				31	
2 32 Retained earnings, endowment, accumulated income, or other funds	AS	1			32	
30 Capital stock or trust principal, or current funds	ě	1	Takel and annual and conditions are		33	
34 Total liabilities and net assets/fund balances	_			3934.07	34	6331 38

Page	1	2

Financial Statements and Reporting			
		Yes	No
ig method used to prepare the Form 990: 🖈 Cash 🔲 Accinual 🗋 Other anization changed its method of accounting from a prior year or checked "Other," explain in			
O. organization's financial statements compiled or reviewed by an independent accountant?	2a		x
organization's financial statements audited by an independent accountant?	2b		Y
o line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? janization changed either its oversight process or selection process during the tax year, explain in a O.	2c		
to line 2a or 2b, check a box below to indicate whether the financial statements for the year were not a consolidated basis, separate basis, or both: I consolidated basis	3a		
' did the organization undergo the required audit or audits? If the organization did not undergo the I audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		х

Form **990** (2009)

Morgan Masterpiece Corp. Financial Statement December 22, 2010

Check Book Balance 1-1-10	\$ 3934.07
	47033.84
Receipts 2010	45223.24
Disbursements	5744.67
Check Book Balance 12-22-10	·.

....

RECEIPTS

11/1

Box Stalls 125 x 90.00 Tack Stalls 95 x 90.00	\$ 11250.00 8550.00
Drug Fee 123 x 15.00	1845.00 1920.00
Office Fee 128 x 15.00 Programs 8.x 3.00	24.00
Pre Order Shavings 576 x 7.00	3990.00
Shavings at Show 66 x 8.00	576.00
Dinner 33 x 10.00	330.00
Camping	340.00
Calcutta	2150.00
Brat Fest	667.44
Grant	. 800.00
Silent Auction	1690.00
Stallion Auction	3750.00
SPonsors	4070.00
Non Member USEF	330.00
Post Entry Fee	825.00
USEF Membership	- 55.00
Grounds Fee .	35.00
Entry Fees	3836.40

47033.84

DISBURSENENTS

Tri State Fee	\$ 55.00
Postage	504.50
Dept. of Financial Institutions	10.00
Staples - Supplies	95.34
Morgan Connection -Advertising	316.00
Winnebago County - Rent	7029.46
Windywares - Ribbons	1217.39
R.B. Printing - Printing	331.27
AMHA	90.00
Journal Publishing- Advertising	100.00
Buyers Guide - ADvertising	100.00
Bsnk Charges	22.00
Credit Card Expense	516.05
USEF	55.00
Wisconsin Dept. of Reg. and Licenses	54.00
Winchester Pottery - Awards	1967.00
LeRoy Umnuhs - Supplies	23.81
Great American - Insurance	372.00
.Calcutta - Garry Glover	1075.00
Dave Keberlien - Gasoline & Misc.	76.53
Faith Davis - Refreshments	289.73
Bohn Implement - Tractor Rental	125.00
Als Printing -Printing	244.39
Office Depot - Supplies	92.60
Carli Zernzach - Outside Labor	175.00
Midwell Stall - Rental	7735.00
Yearling Sweepstakes - See Sch.	2875.00
UPHA - See Sch.	1150.00
Cindy Smazinski - Sound	115.00
Western Pleasure Champ See Sch	225.00
Hunter PLeasure Amateur Champ See Sch.	250.00
Nicole Ziemer - Youth	200.00
Dave Keberlien - Replace Center Ring	31.49
Winnebago County - Trash Removal	1024.32
Chief Feeds - Bedding	2944.00
Fair Publishing	34.48
Kelters Kitchen - Food	336.64
Tatum Westphal - Motel	299.00
Show Officials Expense - See Sch.	8291.50
Dave Keberlien -Appreciation Payment	200.00
Quill - Supplies	134.55
Rawhide Boys Ranch - Charity	3000.00
Windywares - Ribbons	1256.19
NTD	. من من من من من من من من من من من من من
Postage	J40 00
- oo tage	44.00
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45223.24

Yearling Sweepstakes

Merriehill Farm Ann Fox Wendy Meyer Jackie Sweeney Jackie Sweeney Garry Clover	\$ 862.50 575.00 431.25 431.25 287.50 287.50
Rebecca Briski Jane Steffenhagen Susie Weiss L. Yelton Craycliff	270.00 180.00 350.00 350.00
Jane Steffenhagen Rocky/Diane Schliefer Andrea Ehlert Doretta / LeRoy Unitals Sarah Waggoner	75.00 50.00 37.50 37.50 25.00
Hunter PLeasure Amateur Champ. Karyl Hylle Ashley Frye Sarah Ackermann Caitlin Fox Debra Amundson Wendy Meyer	75.00 50.00 37.50 37.50 25.00 25.00

Expenses of Officials

Expenses of Officials		s 600.00
Jill A. Yerger - Judge	Fee Per Diem Travel Motel	90.00 509.75 299.00 1498.75
John Frye - Ringmaster	Fee Per Diem Travel Motel	900.00 120.00 400.00 299.00
Jackie Luebke - Steward	Fee Per Diem Travel Motel	450.00 90.00 24.50 74.75 639.25
Bill Salvadori - Organist	Fee Per Diem Travel Motel	450.00 90.00 82.50 299.00 921.50
Cheryl Rangel - Secretary	Fee Per Diem Motel	2000.00 90.00 299.00 2389.00
Ross Krings - Farrier	Fee	375.00 . 450.00
Town of Ellington Ems Service Terry Young - Photographer	Fee Motel	299.00

Total

,1,0

8291.50