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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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

2010

Open to Public Inspection

A F	For the 2010 calendar year, or tax year beginning		ar year, or tax year beginning , 20	, 2010, and ending			, 20	
B Check if applicable		plicable	C Name of organization		D Empl	oyer identification	number	
	Address cl	change MCRA Life Membership Trust			80-6182778			
	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room				hone number		
=	Initial retur		LtCol Thomas M Howlett, Trustee 1370 Fox River Drive			920 336-926	2	
	Terminated		City or town, state or country, and ZIP + 4		F Grou	p Exemption	· · · · · ·	
=	Amended return Application pending De Pere WI 54115-2403					nber ▶		
G /	Account	ing Method.	✓ Cash	н	Check I	► ✓ if the organ	ization is not	
1.1	Vebsit	e: ► None		_		to attach Sched		
J T	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3) 📝 501(c) (19) ◀ (insert no.) ☐ 4947(a)(1) or 527	(Form 9	90, 990-EZ, or 99	0-PF)	
	Check ▶		e organization is not a section 509(a)(3) supporting organization and its		normally	not more than \$5	0.000. A	
F	Form 99		n 990 return is not required though Form 990-N (e-postcard) may be re					
t	to file a	return, be sur	re to file a complete return					
LA	dd Imes	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if total asset	s (Part II,			
line	25, colu	ımn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ .			▶ \$		
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bal	ances (see the	instruc	ctions for Part	1.)	
			the organization used Schedule O to respond to any quest					
_	1		ons, gifts, grants, and similar amounts received			1	5	
	2		ervice revenue including government fees and contracts .			2		
	3	_	ip dues and assessments		• •	3		
	4	Investment			•	4		
	5a			5a		7 8		
	ь							
	C							
	6	Gaming an		5c				
	a	_						
<u>o</u>	4	445.000)						
2011 Revenue	_		me from fundralsing events (not including \$	6a				
₹ ₹	þ	trom tunde	asing events reported on tiple 1) (attach Schedule G if the	of contributio	ns	<u>,</u>		
202			1 1901	or 1				
		3011 01 300	p expenses from gaming and fundraising events	6b				
~	C			6c	.1-44]´¾` ·		
₽	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a	and bb and st	ibtract			
PR	Ì		OGDENIUT			6d		
Ø	7a			7a				
	b		of goods sold	7b		i		
CANNED	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a	•		7c		
Ź	8		nue (describe in Schedule O)			8		
₹—	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	9		
SS	10		d similar amounts paid (list in Schedule O)			10		
	11		aid to or for members			11		
šes	12		ther compensation, and employee benefits		12	-		
Expenses	13		al fees and other payments to independent contractors		13			
×	14	Occupancy, rent, utilities, and maintenance				14		
Ù	15		ublications, postage, and shipping			15		
	16		enses (describe in Schedule O)			16		
	17	Total expe	enses. Add lines 10 through 16	<u></u> .	. ▶	17	0	
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	5	
Net Assets	19		s or fund balances at beginning of year (from line 27, column			J:		
	1	end-of-yea	ar figure reported on prior year's return)			19		
	20	Other char	nges in net assets or fund balances (explain in Schedule O).			20		
Z	21		or fund balances at end of year Combine lines 18 through 20			21	5	
For	Papen		tion Act Notice, see the separate instructions.	Cat No 10642I			90-EZ (2010)	

Form 9	990-EZ (2010)							- ~ Page 2
Pai		for Part II.)						4
	Check if the organization used Schedule	O to respond	d to any ques	stion in this I	Part II			🗆
					(A) Beg	inning of year		(B) End of year
22	Cash, savings, and investments						0 22	5
23	Land and buildings						23	
24	Other assets (describe in Schedule O)						24	
25	Total assets						25	
26	Total liabilities (describe in Schedule O)	(D)		· · ├			26	
27	Net assets or fund balances (line 27 of column						0 27	5
Par	Statement of Program Service Accompany Check if the organization used Schedule						1 (0	Expenses
Mhai	t is the organization's primary exempt purpose?							ured for section c)(3) and 501(c)(4)
Desci	ribe what was achieved in carrying out the organization	s exempt purp	oses in a clea	r and concise	mann	er describe		nizations and section
	ervices provided, the number of persons benefited, and o					or, dosoribo		(a)(1) trusts, optional thers)
28	None yet						+ 101 0	1
20								
							1	
	(Grants \$) If this amount	includes forei	an arants, ch	eck here		. • П	28a	0
29	, , , , , , , , , , , , , , , , , , , ,					<u> </u>		
						•••••		
	(Grants \$) If this amount	ıncludes forei	gn grants, ch	eck here .		. ▶ 🗆	29a	
30								
							1	}
	(Grants \$) If this amount						30a	
31	Other program services (describe in Schedule O)		<i>.</i>					
	(Grants \$) If this amount	includes forei	gn grants, ch	eck here .	• •	<u>. ▶ ⊔</u>	31a	<u> </u>
32	3						32	0
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule						nstru	ctions for Part IV.)
	Check if the organization used Schedule		nd average	(c) Compens		(d) Contribut	ions to	(e) Expense
	(a) Name and address	hours p	er week to position	(If not par enter -0-	d.	employee bene deferred comp	fit plans 8	
LiCo	ol Thomas M. Howlett USMCR(Ret)	devoted t	o position	enter -0-	.,	dererred comp	ensauon	Other allowances
	Fox River Drive De Pere, WI 54115-2403	Trustee	1 hours	1	0		0	0
	nel Harley Skidmore USMCR(Ret)					 -		<u> </u>
	Whistling Swan Circle De Pere, WI 54115	Trustee >	1 hours	Ì	0		0	0
	or James Pelkey USMCR(Ret)			—				
	W Warnimont Avenue Milwaukee, WI 53220-1443	Trustee	>1 hours		0		0	o
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.				
	Check if the organization used Schedule O to respond to any question in this Part V	$\dot{-}\dot{-}$	Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	. 00	√	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)				
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, explain in Schedule O why the organization did not report the income on Form 990-T.	***************************************	,		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓	
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?			✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0				
b	Did the organization file Form 1120-POL for this year?	37b		1	
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 tax year covered by this return? .	38a	ut.J.	J	
	If "Yes," complete Schedule L, Part II and enter the total amount involved			,	
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	1	,		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
С	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			!	
е	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		1	
41	List the states with which a copy of this return is filed. ▶ None Required				
42a		920 33			
	Located at ► 1370 Fox River Drive De Pere, WI ZIP + 4 ►	54115	-2403	í 	
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		Vac	No	
	account)?	42b	Yes	VO ✓	
	If "Yes," enter the name of the foreign country: ▶	420	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		,		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		√	
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	• •	•	▶ □	
			Var	TA1-	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	,-	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a			
	completed instead of Form 990-EZ	44b		√	
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	1	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			

Form **990-EZ** (2010)

45 Is any related organization a controlled entity of the organization within the meaning of section \$12(b)(13)? 46 Did the organization reserve any payment from 6 engage and my transaction with a controlled entity within the meaning of section \$12(b)(13)? If "res," Form 990 and Schedule R may need to be completed instead of Form 990-£2 (see instructions) 47 Did the organization engage, directly or indirectly, in political campagin activities on behalf of or in opposition to candidates for politic office? If "Yes," complete Schedule C, Part II organization organizations and section 4947(a)(1) nonexempt charitable trusts only. All 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 only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 1947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 1947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organization aschool as described in section 170(b)(1)(4)(6)? If "ves," complete Schedule C, Part II							Yes	No			
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(pt[3) if "Yes," form 990 and Schedule R nay need to be completed instead of Form 990-EZ (see instructions) 45 Did the organization again, and the provided of the provided instead of the candidates for public office? if "Yes," complete Schedule C, Part I 50 Sct (10)(3) organizations and section 4947(pt[1) nonexempt charitable trusts must answer questions 47–49b and complete the tables for the for lines 50 and 57 (pt[3) organization as chool as described in section 170(b)(1)(qt[3)) in the part VI 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 49 Did the organization as chool as described in section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 49 Did the organization as chool as described in section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 49 Did the organization as chool as described in section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 49 Did the organization as chool as described in section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 49 Did the organization as chool as described in section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 40 Did the organization as chool as described in section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 40 Did the organization as chool as described in a section 170(b)(1)(qt[3))? If "Yes," complete Schedule E, Part II 41 Did the organization as chool as described as a section 190(b)(qt[3))? If the section 190(b) If the organization II there is none, enter "None." 42 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(e)(1) 43 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(e)(1) 44 Did the organization complete Sc	45	Is any related organization a controlled entit	y of the organization within the	meaning of section	n 512(b)(13)?	45		1			
meaning of section 512(b)(13) if "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 46 Did the organization engage, directly or indirectly, in political campaging activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(b)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(b)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-490 and 52, and complete the tables for lines 50 and 51 cm organization and complete the tables for lines 50 and 51 cm organization and complete the tables for lines 50 and 51 cm organization and secondary of the organization organiz											
16 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part I											
to candidates for public office? If "Yes," complete Schedule C, Part I		Form 990-EZ (see instructions)				45a		1			
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 inusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II											
S01(c)(3) organizations and section 4947(a)(1) nonexempt charitable frusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 18 Is the organization a school as described in section 170(b)(1)(b)(0)? If "Yes," complete Schedule E		to candidates for public office? If "Yes," co	mplete Schedule C, Part I	<u> </u>	<u> </u>	46		1			
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 18 the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 19 19 19 19 19 19 19 1	Part \	501(c)(3) organizations and section and 52, and complete the tables for	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 47–49b and 52, and complete the tables for lines 50 and 51.								
Sign				· · · · · · · · · · · · · · · · · · ·			Yes	No			
Sign	47	Did the organization engage in lobbying activities? If "Yes." complete Schedule C. Part II									
Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b 50 50 50 50 50 50 50 5	48		•		Ε			\vdash			
b If "Yes," was the related organization a section 527 organization? 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." [6] Compensation [6] Compensation deterred compensation and swerage devoted to position [7] Compensation of the stable for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." [7] Total number of other employees paid over \$100,000	49a	=		•		49a		$\overline{}$			
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 of compensation from the organization. If there is none, enter than \$100,000 of compensation from the organization of the employee benefit plans is celevad compensation of the employee benefit plans is celevad compensation of the employee benefit plans is celevad compensation. If there is none, enter than \$100,000 of compensation from the organization is 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 (e) Compensation from the organization of compensation from the organization of the organization of preparation in the proparation of preparation of preparati		-	•	•		49b		\vdash			
(a) Name and address of each employee paid more than \$100,000 (b) Titls and sverage hours per week devoted to position (c) Compensation employee bentifilians account and account and address of each employee spaid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) Total number of other independent contractor paid more than \$100,000 (e) To	50										
(a) Name and address of each employee paid more hours per week devoted to position and devote		employees) who each received more than \$	100,000 of compensation from	the organization. I	f there is none, en	ter "N	lone.'	19			
than \$100,000 devoted to position celeried compensation celeried compensation other allowances f Total number of other employees paid over \$100,000 ▶ 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 d Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 (e) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each receiving over \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each received more than \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each received more than \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each received more than \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each received more than \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each received more than \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each received more than \$100,000 (e) Type of service (e) Compensation d Total number of other independent contractors each received more than \$100,000 (e) Typ		(a) Name and address of each employee paid more		(c) Compensation							
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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 (e) Compensation d Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . Under penalties of penyry, 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 Sign Here Paid Preparer Use Only Prim's name Firm's name Firm's name Firm's address Phone no											
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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 (e) Compensation d Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . Under penalties of penyry, 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 Sign Here Paid Preparer Use Only Prim's name Firm's name Firm's name Firm's address Phone no											
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 (e) Compensation d Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . Under penalties of penyry, 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 Sign Here Paid Preparer Use Only Prim's name Firm's name Firm's name Firm's address Phone no											
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