



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

The Celebrate Committee Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

905 George Street

City or town, state or province, country, and ZIP or foreign postal code

De Pere, WI 54115

D Employer identification number

20-1696968

E Telephone number

(920) 336-7980

G Gross receipts \$ 467,742

F Name and address of principal officer

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.celebratedepere.com

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

M State of legal domicile WI

Part I Summary																									
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>Provide a forum for a community event over the Memorial Day weekend</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>7</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>0</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td></td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td></td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	7	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0	6	Total number of volunteers (estimate if necessary)	6		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
3	Number of voting members of the governing body (Part VI, line 1a)	3	7																						
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0																						
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0																						
6	Total number of volunteers (estimate if necessary)	6																							
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																						
b	Net unrelated business taxable income from Form 990-T, line 34	7b																							
Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>34,90035,903</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>292,337431,553</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>448286</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>0</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>327,685467,742</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	34,90035,903	9	Program service revenue (Part VIII, line 2g)	292,337431,553	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448286	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	327,685467,742						
	Prior Year	Current Year																							
8	Contributions and grants (Part VIII, line 1h)	34,90035,903																							
9	Program service revenue (Part VIII, line 2g)	292,337431,553																							
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448286																							
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0																							
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	327,685467,742																							
<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>81,385126,218</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>0</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>200,410270,196</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>281,795396,414</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>45,89071,328</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,385126,218	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>		17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	200,410270,196	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	281,795396,414	19	Revenue less expenses Subtract line 18 from line 12	45,89071,328	
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,385126,218																							
14	Benefits paid to or for members (Part IX, column (A), line 4)	0																							
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0																							
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0																							
b	Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>																								
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	200,410270,196																							
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	281,795396,414																							
19	Revenue less expenses Subtract line 18 from line 12	45,89071,328																							
<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>271,225342,553</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>0</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>271,225342,553</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	271,225342,553	21	Total liabilities (Part X, line 26)	0	22	Net assets or fund balances Subtract line 21 from line 20	271,225342,553													
	Beginning of Current Year	End of Year																							
20	Total assets (Part X, line 16)	271,225342,553																							
21	Total liabilities (Part X, line 26)	0																							
22	Net assets or fund balances Subtract line 21 from line 20	271,225342,553																							

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

Sign Here

Signature of officer

2014-12-16

Date

Gerard Ambrosius Treasurer

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name

Keith Brunette

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00295787

Firm's name

BRUNETTE TAX & ACCOUNTING LLC

Firm's EIN

Firm's address

808 Bayland Ct

GREEN BAY, WI 543044743

Phone no (920) 592-0400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

Provide a forum for a community event over the Memorial Day weekend

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

YesNo

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 390,190 including grants of \$ 126,218) (Revenue \$)

The organization sponsors a festival Local Charities donate manpower to operate food and beverage booths The organization then donates money back to the local charities to be used to further the individual charity’s charitable objectives

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 390,190

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b 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 	11b	No
c 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 	11c	No
d 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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b					No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	3b			No		
4a	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			No		
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
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 as charitable contributions?	6a			No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No		
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	9a			No		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No		
10	Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b					
11	Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders.	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			No		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a					No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b					
c	Enter the amount of reserves on hand.	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>	14b					

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	No
b	Each committee with authority to act on behalf of the governing body?	8b	No
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	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	No
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
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?		
a	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Gerard Ambrosius 421 George St 138 De Pere, WI 54115 (920) 336-7980

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	35,903				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	35,903				
Program Service Revenue	2a	Event Income	431,553	431,553			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	431,553				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	286	286		
4		Income from investment of tax-exempt bond proceeds	0				
5		Royalties	0				
6a			(i) Real				
			(ii) Personal				
		Gross rents					
		b Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)	0				
7a			(i) Securities				
			(ii) Other				
		Gross amount from sales of assets other than inventory					
		b Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)	0				
8a							
		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
b		Less direct expenses b					
c		Net income or (loss) from fundraising events	0				
9a							
	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities	0					
10a							
	Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
c	Net income or (loss) from sales of inventory	0					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	0					
12	Total revenue. See Instructions		467,742	431,839			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 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 organizations in the United States. See Part IV, line 21.	126,218	126,218		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	0			
11	Fees for services (non-employees).				
a	Management.	0			
b	Legal.	314		314	
c	Accounting.	645		645	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	16,656	16,656		
13	Office expenses.	0			
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	0			
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	1,549	1,549		
23	Insurance.	5,265		5,265	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Bands.	61,590	61,590		
b	Beer/Soda/Water/Ice.	59,608	59,608		
c	Stages.	18,550	18,550		
d	Sales Tax.	10,372	10,372		
e	All other expenses.	95,647	95,647		
25	Total functional expenses. Add lines 1 through 24e.	396,414	390,190	6,224	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			267,247	1	328,568
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	16,619	3,978	10c	13,985
	b	Less accumulated depreciation	10b	2,634			
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			271,225	16	342,553
Liabilities	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			271,225	27	342,553
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			271,225	33	342,553
	34	Total liabilities and net assets/fund balances			271,225	34	342,553

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	467,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	396,414
3	Revenue less expenses Subtract line 2 from line 1	3	71,328
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,225
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	342,553

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization The Celebrate Committee Inc	Employer identification number 20-1696968
---	--

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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4) .
11	<input checked="" type="checkbox"/>	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 <div>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input checked="" type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated</div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?</div>
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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 U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									126,218

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
------------------	-------------	--

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 20-1696968
Name: The Celebrate Committee Inc

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) City of Depere	3999999999	Local Governmen		No		No	Yes		500
(A) De Pere VFW Post 2113	3999999999	501 (C) 3		No		No	Yes		3500
(B) De Pere Historical Society	3999999999	501 (C) 3		No		No	Yes		750
(C) De Pere Christian Outreach	3999999999	501 (C) 3		No		No	Yes		250
(D) Kress Library	3999999999	501 (C) 3		No		No	Yes		250
(E) Syble Hopp School	3999999999	School		No		No	Yes		300
(F) Cerebral Palsey Center	3999999999	501 (C) 3		No		No	Yes		2500
(G) EDP & WDP Grad Bash	3999999999	School		No		No	Yes		200
(H) NWTC Criminal Justice	3999999999	School		No		No	Yes		1500
(I) Hometown VetsDesert Vets	3999999999	501 (C) 3		No		No	Yes		31090
(J) Boy Scout Troop 1038	3999999999	501 (C) 3		No		No	Yes		250
(K) Old Glory Honor Flights	3999999999	501 (C) 3		No		No	Yes		1000
(L) Freedom House	3999999999	501 c 3		No		No	Yes		250
(M) Hope Lutheran Church	237039857	501 C 3		No		No	Yes		14601
(N) Lions Club of De Pere	237024692	501 C 3		No		No	Yes		19791

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(P) De Pere Girls Softball	396001687	501 C 3		No		No	Yes		8823
(A) De Pere Wrestling	391983440	501 C 3		No		No	Yes		4826
(B) Tau Kappa Epsilon	391714896	501 C 3		No		No	Yes		4855
(C) Brown County Tavern League	900039062	501 C 3		No		No	Yes		14897
(D) Beecher Family Gift Card	399999999	Individual		No		No		No	1097
(E) Camp Daniel	399999999	501c3		No		No		No	250
(F) CASA of Brown County	399999999	501c3		No		No		No	250
(G) Connect Inc A Cancer Concierge	399999999	Business		No		No		No	500
(H) De pere Kiwanis	399999999	501c3		No		No		No	500
(I) Bay Area Humane Society	399999999	501c3		No		No		No	450
(J) Marne Corp Reserve Assoc	399999999	501c3		No		No		No	300
(K) Globe University Legal Sciences	399999999	School		No		No		No	250
(L) NEW Community Shelter	399999999	501c3		No		No		No	250
(M) OLOL School	399999999	501c3		No		No		No	650
(N) Electrical Union	399999999	Union		No		No		No	401

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(AE) Wings Over WI Marina Project	3999999999	501c3		No		No		No	300
(A) West De Pere Booster Club	3999999999	501c3		No		No		No	4183
(B) West De Pere Wrestling	3999999999	501c3		No		No		No	804
(C) Bens Wish	3999999999	501c3		No		No		No	250
(D) American Red Crost	3999999999	501c3		No		No		No	100
(E) Carry the Fallen	3999999999	501c3		No		No		No	250
(F) Coltons Cure Foundation	3999999999	501c3		No		No		No	250
(G) DePere Community CTr for the Elderl	3999999999	501c3		No		No		No	250
(H) DePere Rapides Youth Soccer	3999999999	501c3		No		No		No	750
(I) Family & Childcare Resource Ctr	3999999999	501c3		No		No		No	500
(J) Howe Community Ctr	3999999999	501c3		No		No		No	250
(K) Ledgefest Community Celebration	3999999999	501c3		No		No		No	1200
(L) Legion Park Disc Golf	3999999999	501c3		No		No		No	500
(M) Green Bay Fusion Team Shine	3999999999	501c3		No		No		No	800
(N) EAst High Baseball	3999999999	501c3		No		No		No	100

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(AT) Families of Children with Cancer	3999999999	501c3		No		No		No	250
(A) Unity Limited Partnership	3999999999	501c3		No		No		No	250
(B) United Way	3999999999	501c3		No		No		No	200

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization The Celebrate Committee Inc	Employer identification number 20-1696968
---	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,556	825	10,731
e Other		5,063	1,809	3,254
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				13,985

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Celebrate Committee Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
20-1696968

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Brown County Tavern Lg 821 S Broadway Green Bay, WI 54304			14,897	0			
(2) De Pere High Softball 1700 Chicago St De Pere, WI 54115			8,823	0			
(3) Hope Lutheran Church 700 Superior St De Pere, WI 54115			14,601	0			
(4) Lions Club of De Pere 1857 Briarwood De Pere, WI 54115			19,791	0			
(5) Vietnam Vets 130 Dauphin St Green Bay, WI 54301			30,790	0			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

3 Enter total number of other organizations listed in the line 1 table 0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493350007284

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
The Celebrate Committee Inc

Employer identification number
20-1696968

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Form 990, Part IX, Line 24e Other Expenses	Advisory Board Column (A) - Total = \$200, Column (B) - Program Services = \$200, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Backstage/RVs Column (A) - Total = \$1810, Column (B) - Program Services = \$1810, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Bank Charges Column (A) - Total = \$1049, Column (B) - Program Services = \$1049, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Car Show Column (A) - Total = \$1263, Column (B) - Program Services = \$1263, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Children's Area Column (A) - Total = \$9681, Column (B) - Program Services = \$9681, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Electrical Column (A) - Total = \$3061, Column (B) - Program Services = \$3061, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Equip Rental Column (A) - Total = \$1526, Column (B) - Program Services = \$1526, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Event/Office Expense Column (A) - Total = \$2815, Column (B) - Program Services = \$2815, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Fireworks Column (A) - Total = \$7500, Column (B) - Program Services = \$7500, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Food for tents Column (A) - Total = \$7329, Column (B) - Program Services = \$7329, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Front Gate Groups Column (A) - Total = \$2445, Column (B) - Program Services = \$2445, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Gas/Fuel Column (A) - Total = \$1026, Column (B) - Program Services = \$1026, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Golf Carts Column (A) - Total = \$3225, Column (B) - Program Services = \$3225, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Licenses/Dues Column (A) - Total = \$723, Column (B) - Program Services = \$723, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Miscellaneous Column (A) - Total = \$2897, Column (B) - Program Services = \$2897, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Nat'l Acct Column (A) - Total = \$4332, Column (B) - Program Services = \$4332, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Printing and Publications Column (A) - Total = \$2034, Column (B) - Program Services = \$2034, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Rooms Column (A) - Total = \$297, Column (B) - Program Services = \$297, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e Other Expenses	
Form 990, Part IX, Line 24e Other Expenses	Security Column (A) - Total = \$8262, Column (B) - Program Services = \$8262, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Sound Column (A) - Total = \$1650, Column (B) - Program Services = \$1650, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Sponsor/Vendor Party Column (A) - Total = \$1412, Column (B) - Program Services = \$1412, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Staff Clothing Column (A) - Total = \$7767, Column (B) - Program Services = \$7767, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Staff/Meetings Column (A) - Total = \$3880, Column (B) - Program Services = \$3880, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Storage Unit Column (A) - Total = \$2436, Column (B) - Program Services = \$2436, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Supplies Column (A) - Total = \$2074, Column (B) - Program Services = \$2074, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Tents Column (A) - Total = \$5223, Column (B) - Program Services = \$5223, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Trolley Service Column (A) - Total = \$2980, Column (B) - Program Services = \$2980, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0

STATE OF WISCONSIN
Department of Financial Institutions

Division of Banking

Telephone (608) 267-1711
Fax (608) 267-6889



www.wdfi.org

FORM #1952 - WISCONSIN
SUPPLEMENT TO FINANCIAL
REPORT

Mailing Address:
PO Box 7876
Madison, WI 53707-7876
Courier Address
201 W Washington Ave
Suite 500
Madison, WI 53703

Purpose: Charitable organizations that are registered, or are required to be registered, with the Department of Financial Institutions - Division of Banking ("division") must file an annual financial report with the division within 9 months after the organization's fiscal year-end unless the organization qualifies for an exemption from the annual filing requirement.

An organization must file its annual report on Form #308 or on Form #1952. This form, Form #1952, is a shorter, more commonly used version of the annual report form and must be accompanied by the organization's IRS 990, 990EZ, or 990-PF. If an organization is unable to submit an IRS 990, 990EZ, or 990-PF, it should submit Form #308 to the division instead of Form #1952.

Please note that an organization may not have to file a Form #308 or a Form #1952 if

- it received \$5,000 or less in contributions during its most recently completed fiscal year, or
- it operates solely in the county in which its principal office is located and received less than \$50,000 in contributions during its most recently completed fiscal year.

If the organization's contributions fall into either of the above categories, an Affidavit in Lieu of Annual Financial Report (Form #1943) should be submitted instead of Form #308 or Form #1952.

Print or type the information requested in the spaces provided.

- 1 Name of charitable organization and any trade names or DBA (doing business as) names the organization uses when soliciting

The Celebrate Committee Inc

- 2 WI Charitable Organization Registration Number

- 3 Federal Employer Identification Number

20-1696968

- 4 Provide the following information for the organization's headquarters office, if any

Street

City

State

Zip

Daytime Phone Number

- 5 Provide the organization's mailing address if different than above

Street Address

905 George Street #138

P O Box

City

De Pere

State

WI

Zip

- 6 Provide the following information for the organization's Wisconsin office, if any. Attach additional pages, if the organization has more than one Wisconsin office. This item does not have to be completed if the headquarters office noted on page 1 is the only Wisconsin office.

Street			
City	State	Zip	Daytime Phone Number

- 7 Provide the following information for the person(s) who has custody of the organization's financial records. Attach additional pages, if necessary.

First Name Gerard	Last Name Ambrosius	Street 905 George Street	
City De Pere	State WI	Zip 54115	Daytime Phone Number 920 336-7980

- 8 Provide the following information for the person(s) within the charitable organization who has final responsibility for the custody of contributions. Attach additional pages, if necessary.

First Name Gerard	Last Name Ambrosius	Street 905 George Street	
City De Pere	State WI	Zip 54115	Daytime Phone Number 920 336-7980

- 9 Provide the following information for the person(s) within the organization who is responsible for the final distribution of contributions. Attach additional pages, if necessary.

First Name Gerard	Last Name Ambrosius	Street 905 George Street	
City De Pere	State WI	Zip 54115	Daytime Phone Number 920 336-7980

- 10 Provide the following information for the person to whom we can ask questions about this form and other registration related matters.

First Name Gerard	Last Name Ambrosius	Phone: 920 336-7980	E-mail	
Street 905 George Street		City De Pere	State WI	Zip 54115

- 11 Describe the charitable purpose or purposes for which contributions will be used or attach a document which provides such information. (You can disregard this item if you are attaching an IRS 990 that already includes this information.)

--

- 12 For solicitations in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization, during the previous fiscal year?

☐ Yes ☒ No

If YES, provide the following information about each fund-raiser(s), fund-raising counsel(s), or person. Attach additional pages, if necessary.

Name		Fund-Raiser	<input type="checkbox"/>	Fund-Raising Counsel	<input type="checkbox"/>
Street			City		
State	Zip	Telephone Number	Does the fund-raiser/fund-raising counsel/person have custody of contributions at any time <input type="checkbox"/> Yes <input type="checkbox"/> No		

- 13 Has any of the information your organization previously submitted to the division changed (i.e. name of the organization, address of the principal office, address of any Wisconsin branch offices, accounting period, names of persons who have final authority for custody or final distribution of contributions, articles, by-laws, statement of purpose, etc.)? ☐ Yes ☒ No

If YES describe the changes below. If the organization's corporate name has changed also attach a copy of the name change amendment. (Please note that you do not need to provide this information if, as required by law, you already submitted the information to the division within 30 days after the date of the change.)

- 14 Is your organization authorized by any other state/governmental authority to solicit contributions? ☐ Yes ☒ No

- 15 During the past year has your organization had its authority to solicit contributions denied, suspended, revoked, or enjoined by a court or other governmental authority? ☐ Yes ☒ No

If YES provide a detailed statement of explanation

- 16 Does your organization intend to accumulate an increasing surplus in net assets rather than spend current revenue on the organization's stated purpose? ☐ Yes ☒ No

If YES please explain

- 17 Did the registrant make a grant, award, or contribution to any organization in which any of the registrant's officers or directors hold an interest or was the registrant a party to any transaction in which any of its directors, trustees or officers has a material financial interest, or did any officer or director of the registrant receive anything of value not reported as compensation? ☐ Yes ☒ No

If YES to any of the above please explain

- 18 Check the box to the right if the registrant is a sole proprietor who wishes for his/her individual personal identifiers to be excluded from any lists which may be distributed to third parties. Individual personal identifiers include social security number, telephone number, street name and number, email address, and post-office box. ☐

FINANCIAL INFORMATION

Enter the accounting period (month, day, and year) that the following financial information applies to and identify the accounting method used when preparing the information:

Beginning Date 10-01-2013

Ending Date 09-30-2014

Accounting Method: Cash ☒ Accrual ☐ Other (specify):

1. Contributions

("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except used clothing or household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way, should be included in this amount. "Contribution" does not include:

- income from bingo or raffles conducted under ch. 563, Wis. Stats.
- government grants
- bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.)

2. Other Revenues

3. Total Revenue (line 1 plus line 2)

4. Expenses

a. Expenses Allocated to Program Services

b. Expenses Allocated to Management and General

c. Expenses Allocated to Fund raising

d. Expenses Allocated to Payments to Affiliates

e. Total Expenses

5. Excess or Deficit (line 3 minus line 4e)

6. Net Assets at Beginning of Year

7. Other Changes in Net Assets or Fund Balances (See 990, part XI)

8. Net Assets at End of Year

1	35,903.00
2	431,839.00
3	467,742.00
4a	390,190.00
4b	6,224.00
4c	
4d	
4e	396,414.00
5	71,328.00
6	271,225.00
7	
8	342,553.00

ATTACHMENTS

Check the box next to the items that are attached to your annual report. Items A, B, and C are required. Item D or E is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead.)

☐ **A. List of all officers, directors, trustees, and principal salaried employees** - The list must include each individual's name, address, and title. Please note that "principal salaried employees" refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

☐ **B. A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions** (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

- ☒ **C. IRS Form #990, 990EZ, or 990-PF** Do not include Schedule B of the 990.
(Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #308 or Form #1943 instead.)
- ☐ **D. Audited Financial Statements** if the organization received \$400,000 or more in contributions during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.
- ☐ **E. Reviewed Financial Statements** if the organization received between \$200,000 - \$399,999 in contributions during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.

CERTIFICATION

This document MUST be signed by the chief fiscal officer. Two different officer signatures required.

We swear and affirm that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct, and complete.

Signature of President or Authorized Officer Date

Signature of Chief Fiscal Officer Date

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____, _____

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____, _____

(Notary Public)

(Notary Public)

My Commission Expires _____

My Commission Expires _____

RETURN MATERIALS TO:

Department of Financial Institutions
Division of Banking

Mailing Address:
PO Box 7876
Madison, Wisconsin 53707-7876

Street Address:
201 West Washington Avenue, Suite 500
Madison, Wisconsin 53703

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.