

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning March 1, 2019, and ending February 29, 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Remembering Jesse Parker, Inc**

D Employer identification number **453977189**

E Telephone number **608-372-3298**

F Group Exemption Number ▶ **03**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ _____

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

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ **\$ 66,036-**

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

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	<input checked="" type="checkbox"/> 1	Contributions, gifts, grants, and similar amounts received	1	51,142-
	<input checked="" type="checkbox"/> 2	Program service revenue including government fees and contracts	2	0
	<input type="checkbox"/> 3	Membership dues and assessments	3	0
	<input checked="" type="checkbox"/> 4	Investment income	4	19-
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$51,142- of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	14,819-	
c	Less: direct expenses from gaming and fundraising events	6c	15,052-	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-(233-)	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	56-	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,984-	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	116,813-
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12	0
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16	64-
17	Total expenses. Add lines 10 through 16	17	116,877-	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-(65,893-)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	81,132-
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,239-

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	81,132-	115,239-
23 Land and buildings	0	
24 Other assets (describe in Schedule O)	0	
25 Total assets	0	✓
26 Total liabilities (describe in Schedule O)	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,132-	15,239-

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	ST MARY'S CHURCH NEILSVILLE, WI IN PARTNERSHIP WITH OUR LADY OF GUADALUPE SCHOOL IN BUSOLO, UGANDA - DRILLED WATER WELLS - AID TO SCHOOLS - FOOD SUPPLIES - MICROLOANS TO WOMEN - MAINTAIN WELLS - 10,000 PEOPLE	(Grants \$ 50,655 -) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	50,655-
29	JESSE PARKOR IMAGINE FUND - FAMILY ADVISED FIDUCIARY FUND CONTINUING CHARITABLE GOALS OF JESSE'S FAMILY.	(Grants \$ 37,821 -) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	37,821-
30	MONROE COUNTY NURSES - CRIBS AND CAR SEATS FOR NEEDY FAMILIES - 96 CHILDREN	(Grants \$ 3,500 -) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,500-
31	Other program services (describe in Schedule O)	(Grants \$ 24,837 -) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	24,837-
32	Total program service expenses (add lines 28a through 31a)		32	116,813-

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
B SCOTT NICOL - PRESIDENT 523 FIELDSTONE CT TOMAH WI 54660	12 hr/wk	0	0	0
KEVIN ROH - VICE PRESIDENT 1721 LAKEVIEW DR TOMAH WI 54660	8 hr/wk	0	0	0
BRUCE LUEBKE - SECRETARY 15336 HERCULES RO. TOMAH WI 54660	4 hr/wk	0	0	0
AMY WHITE - TREASURER 320 E. MILWAUKEE ST. TOMAH WI 54660	6 hr/wk	0	0	0
SHIRLEY GALSTAD ROH - DIRECTOR 1721 LAKEVIEW DR TOMAH WI 54660	6 hr/wk	0	0	0
JAE PLATTER MUBARAK - DIRECTOR 22076 FLATIRON AVE TOMAH WI 54660	4 hr/wk	0	0	0
BRAOLBY PARKOR - DIRECTOR 24174 HERTZ AVE TOMAH WI 54660	6 hr/wk	0	0	0
JENNIFER PARKOR - DIRECTOR 24174 HERTZ AVE TOMAH WI 54660	6 hr/wk	0	0	0
DOROTHY NICOL - DIRECTOR 523 FIELDSTONE CT TOMAH WI 54660	4 hr/wk	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed Wisconsin
42a The organization's books are in care of B. Scott Nicol Telephone no. 608-372-3298
42b Located at 523 Fieldstone Ct, Tomah, WI ZIP + 4 54660
42c 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)? If "Yes," enter the name of the foreign country
42d See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42e At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** Yes No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 **f** _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **d** 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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: B Scott Nicol Date: 2/29/2020
 Type or print name and title: B Scott Nicol, President

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Remembering Jesse Parker, Inc	Employer identification number 45-3977189
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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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 04
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,385	87,407	69,070	50,254	36,142	309,258
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	66,385	87,407	69,070	50,254	36,142	309,258
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)	0					8,815
6 Public support. Subtract line 5 from line 4						300,443

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	66,385	87,407	69,070	50,254	36,142	309,258
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19	27	27	29	19	121
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10	66,404	87,434	69,097	50,283	36,341	309,379
12 Gross receipts from related activities, etc. (see instructions)					12	526,910
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.11	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	92.46	%
16a 33 1/3% support test—2019. 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 ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>			
17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <i>Run/WALK</i> (event type)	(b) Event #2 <i>SHIRTS/CROSSES</i> (event type)	(c) Other events <i>SCRIP</i> (total number)	(d) Total events (add col. (a) through col (c))	
Revenue	1	Gross receipts	64,793 ⁻	1,187 ⁻	56 ⁻	66,036 ⁻
	2	Less: Contributions	51,142 ⁻	0	0	51,142 ⁻
	3	Gross income (line 1 minus line 2)	13,651 ⁻	1,187 ⁻	56 ⁻	14,894 ⁻
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	494 ⁻	0	0	494 ⁻
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	851 ⁻	0	0	851 ⁻
	8	Entertainment	0	0	0	0
	9	Other direct expenses	13,707 ⁻	0	0	13,707 ⁻
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					-(158 ⁻)

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Remembering Jesse Parker, Inc

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Employer identification number
45-3977189

(PART I - LINE 8) \$56 - FROM SCRIP/AMAZON ACCOUNT

(PART I - LINE 10) ST MARY'S NEILLSVILLE, WI - UGANDA WATER/SCHOOL
MISSIONS = (\$50,655-) FIDELITY CHARITABLE - INDEPENDENT

PUBLIC CHARITY FULNO - DONOR ADVISED = (\$37,821-)

MONROE COUNTY NURSES - CRIBS + CARSEATS PROGRAM = (\$3,500-)

TOMAH PUBLIC SCHOOLS = (\$600-) "BE THE CHANGE" SCHOLARSHIPS = (\$250-)

WESTERN TECHNICAL COLLEGE = (\$3,000-) ST CLARE HEALTH

MISSION = (\$3,000-) BRIGHTER TOMORROW DOMESTIC ABUSE = (\$1,000-)

FAITH IN ACTION = (\$3,000-) TOMAH FOOD PANTRY = (\$2,000-)

COLLEGE SCHOLARSHIPS = (\$3,000-) BRENDA'S BOOKS = (\$1,000-)

LOS POBRES CENTER = (\$1,000-) ST PAUL'S SCHOOL = (\$500-)

TOMAH SPECIAL OLYMPICS = (\$500-) QUEEN OF THE APOSTLES SCHOOL (\$500-)

TOMAH LIONS CLUB = (\$500-) WARRIORS LIONS CLUB (\$500-)

TOMAH PARKS + RECREATION = (\$1,000-) TOMAH AREA CANCER SUPPORT (\$3,000-)

COATS FOR KIDS (\$48741) TOTAL \$116,813-

(PART III - LINE 3(a)) ALL ABOVE LISTED DISTRIBUTIONS

EXCEPT FIRST THREE - (PART III - 28a-29a-30a) (\$91,976-)

ALL REMAINING EQUAL (\$24,837-) (PART III - LINE 3(a))