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116090 649H

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service

Inspection

A F	or th	e 2008	caler	dar year, or tax ye	ar beginning	_	, 2008,	and o	ending			, 2	0	
Во	heck if ap	pplicable F	Please	C Name of organization	WISCONSIN	CLUB FOR	GROWTH,	INC	•	D Emple	oyer iden	tification nu	nber	
	Addre	css U	se IRS	Doing Business As] 11-	37239	921		
	7 -	change p	rint or	Number and street (or	PO box if mail is no	t delivered to stree	et address)		Room/suite	E Telep				
	Initial	l return	type. See	1223 WEST MAI	N STREET				304	187	7170	7-0571		
	┪	s	pecific	City or town, state or c			····		301	1	,,,,	, 0311		
\vdash	Amen	U	istruc- tions.	CUN DDATDIE	WT E2500					G Gross	receints	\$ 2	422	5.60
-	return			SUN_PRAIRIE, me and address of pri	MT 23230					H(a) Is th	 `	<u>_</u>	, 432 Yes	,560.
L	pendi	-			CHA	RLES TALB	OT			affilia	ates?	<u> </u>	⊣	X No
				AS_ABOVE						⊣ `′		s included?	Yes	No
<u> </u>		empt statu	ıs	X 501(c) (4) ◀	(insert no)	1947(a)(1) or	527] If "N	lo," attach	a list (see instr	uctions)	
<u>J</u>	Websi			WICFG.COM	-							on number		
K		of organiza		X Corporation T	rust Associatio	n Other ▶	<u> </u>	L	Year of forma	ition 200	4 M St	ate of legal d	omicile	<u>VA</u>
Pa	irt l	Sum	mary											
	1	Briefly o	lescril	oe the organization's n	nission or most sig	nificant activities	s			. 				
ø		WISC	ONSI	N CLUB FOR GR	OWTH, INC.	EDUCATES	AND RAI	LIES	S_CITIZ	ENS TO				
Governance				AND ENACT POL										
Ĕ				GOVERNMENT AN			·							
8	2			x > If the organ			ns or dispose	d of mo	re than 25%	6 of its ass	ets		-	
<u>ග</u> නේ	3			ting members of the g		•	•					3		3
	4	Number	of unc	dependent voting mem	here of the govern	una hadu (Bart)			• • • • •		· · · -			<u></u>
Activities										• • • • •		\$		
듷	1			of employees (Part V, I		• • • • • •	 .					5	NO	
Ř				of volunteers (estimate					7			5.	NO	
				nrelated business rever			野 IVEL	.)			\cdots	a		NONE
	b	Net unre	elated	business taxable inco	me from Form 990			<u>ب</u>	<u> </u>		7	_+		NONE
						NUN 138	a A 2000	lo lo	31 ∟	Prior \	Year	Cu	rent Y	ear
흐	8	Contribu	ution a	and grants (Part VIII, lir	ie 1h)	In NOA	3 0 2009		չ I ∟	1,01	4,582	2. 3	<u>, 432</u>	<u>,560</u> ,
en en	9	Program	n serv	ce revenue (Part VIII, li	ne 2g)	<u>ш</u>]¤	ElL		NON_	NE NE		NONE
Revenue	10	Investm	ent in	come (Part VIII, colum	n (A), lines 3, 4, an	d 7d) (OC)	ENL L	π			NON	1E		NONE
				e (Part VIII, column (A			LIV. O	, <u>k</u> , .			иои	1E		NONE
	12	Total rev	venue	- add lines 8 through	11 (must equal Par	rt VIII, column (A	A), line 12)			1.01	4,582	2. 3	.432	,560.
				milar amounts paid (Pa							8,600			,000.
	14	Benefits	paid	to or for members (Par	t IX. column (A). lir	ne 4)	• • • • • •			 -	NON		,	NONE
en.	4.5	Salaries	. othe	r compensation, empl	ovee benefits (Part	IX. column (A)	lines 5-10)		• • •	-	NON			NONE
Expenses	16a	Professi	onal f	undraising fees (Part I)	Column (A) line	11e)		• • • •	· · · ·	1	6,221		13	,972.
ē	h	Total fu	ndrais	ing expenses, Part IX,	column (D) line 25) 🛌	3 072	• • • •	7.3			La) Elem 1 2 445		
ŭ	17	Other ex	vnenc	es (Part IX, column (A)	book 112 11d 11	7 ► - - - 	<u> </u>							
	18	Total ov	nonco	os (raitix, column (x)	ust soud Port IV s	olumn (A) line (• • •		1,987			<u>,565.</u>
				s Add lines 13-17 (m							6,808			<u>,537.</u>
L 60		Revenue	e iess	expenses Subtract lin	e 18 from line 12.		· · · · · ·	• • • •			<u>7,774</u>	·* · ·		<u>,977.</u>
Net Assets or Fund Balances									<u> </u>	Beginning			d of Ye	
sse	20			Part X, line 16)						22	<u>9,862</u>	?.	105	<u>,885.</u>
₹ë	21	Total lia	bilities	(Part X, line 26)							NON	1E		NONE
2,5	22	Net ass	ets or	fund balances Subtra	ct line 21 from line	20				22	9,862	2.	105	<u>,885.</u>
Pa	rt II	Sign	ature	Block										
		Under p	enaltie	s of perjury, I declare th	at I have examined	this return, inclu	iding accompa	anying s	schedules and	d statement	ts, and to	o the best o	f my kn	owledge
		and bell	iet, it i	s true, correct, and com	plete Declaration o	preparer (other	than officer)	is base	ed on all info			_ '	<i>-</i>	owledge
S	ign			sanore &	- Have	ey				/	(-/:	3-245	, ,	
Н	ere	Si	gnatur	e of officer	7	7				Da	te		·	
		I E	La	wat l.	ANIEU	. Secy	IRE	-08u	AER		1-13	-245	7	
		Ty	pe or p	onnt name and title	-	1	/ · · · · · · · · · · · · · · · · · · ·	., -						
		Prepare	or'e k	A)	7		Date		Check if	-	Prepar	er's identifyin	g numbi	er
Paid	i	signatu		hux.	5)	11/13/2	109	self-	\sim	(see in:	structions)	_	
Prep	arer's	Firm's n		r yours			1774	<u>~</u>]	employed	,		N/A		
Use	Only	If self-en	nployed), BRANT III	IORNTON LLP					EIN	_	N/A		
	41. 7.	address,		PIO BON O	100 MADISON					Phone no		608-25		61
<u> </u>				s return with the prepa						<u></u>	<u></u>		es	No.
		-	nd Pa	perwork Reduction A	ct Notice, see the	separate instruc	ctions. QIA	-11-				Fo	m 990	(2008)
J\$A 8E10	10 2 00	00					Jion	114						

Part	Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	\longrightarrow	Yes	No
1	complete Schodule A			١,,
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_^	
•		3	į	x
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		<u>x</u>
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		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X.
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
4.0	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			.,
12	Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return	11		X
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	רן	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Х	ļ
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	Х	<u> </u>
22 23	Did the organization report more than \$5,000 on Part IX, column (X), line 27 if Yes, complete Schedule I, Parts Fand III	22		X
23		23		_x_
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	L	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		}	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
151	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X_
JSA 8E1021	1 000	Form	990	(2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	, ,	,	
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	i		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part			
	VI	37		Х

Form **990** (2008)

Form	aan (5008)			Page C
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
		·	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ا . ا		l
	U.S. Information Returns Enter -0- if not applicable	·		· .:
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			. '
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			<u> </u>
	gaming (gambling) winnings to prize winners?	1c	X	-7
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	()	1	
	Statements, filed for the calendar year ending with or within the year covered by this return <u>2a NONE</u>			-31.2.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	٠ ـ ١		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	2-		
	this return?	3a 3b		X_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
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	4a		х
h	account)?	- , .	5.4 \	<u> </u>
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		,, ,,,	
	and Financial Accounts		.	ءِ ڀنِي ۽ ڀنِي
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
-	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
·	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year		* '	, ` :
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	- 141	 	
	benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		i İ	
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	,		4.
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		1215	
_	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		ائند	لتنم
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12		, ,	
a	Time to the supplementations included on that the first time to the supplementations included on the supplementation in supplementation i	ار زار	-	
. b	Cross receipts, meladed on reminister, rate vin, line 12, for pastic asc or day tacinities	. 1	٠, ا	,
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		٠.	~ ;
a	Cross mosmic from members of studentifieds	<u>.</u> :	ا : ا	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	.,	. '	
120	amounts due or received from them)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	·a		
	The state of the s			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions	ļ		}
1a	Enter the number of voting members of the governing body	1		
b	Enter the number of voting members that are independent 1b 3	1	l	ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	·	
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		<u> X</u>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	2		.,
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			X
6	Does the organization have members or stockholders?	5		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	6		X
' a		l _		
L	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	7 7	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during	3 1	3.	
	the year by the following	1 3	- ,	٠, ^
a	The governing body?	_8a	Х	
[°] p	Each committee with authority to act on behalf of the governing body?	8 b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		_X
11	Is there any officer, director or 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	11		Х
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ.
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1	(3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		*5	4
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		х
	Describe the process in Schedule O (see instructions)	3.44	3.34	الم أوا
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1900 1900 1900 1900 1900 1900 1900 1900		
	with a taxable entity during the year?	16a	•	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	.,	,,;, ·	1.7.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	!	•
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	only		
	available for public inspection. Indicate how you make these available. Check all that apply.	,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intelligence.	est		
- •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	10		
	·		,	
	organization: ►ELEANORE C. HAWLEY 3111 PHEASANT BRANCH ROAD #113 MIDDLETON, WI 5	3262		-
	608-824-9698			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

| x | Check this box if the organization did not compensate any officer, director, trustee, or key employee

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

(A) Name and Title	(B) Average	Posit	lian /		C)	that app	sty)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHARLES TALBOT PRESIDENT/DIRECTOR	5.	х		x				NONE	NONE	NONE
ERIC O'KEEFE DIRECTOR	5.	х						NONE		
ELEANOR HAWLEY DIRECTOR/SECRETARY/ TREASURER	5.	х		x				NONE		NONE
								:		
					_					

Part VII Section A. Officers, Directors, Tru (A)	(B)	<u>, </u>			50, C)		9	(D)	(E)	13 (00/18)			
Name and title	Average	Posit	uon (that ap	nlv)	Reportable	Reportable	.		F) nated	
Trains and the	hours per							compensation	compensation			unt of	
	week	4 M	state	Officer	y e	ള	Former	from	from related			her	
	ļ.	Individual or director	ğ	"	퓔	st c	4	the	organization		ompe		
		۱۳Ē	a i		Key employee	" <u>\$</u>		organization (W-2/1099-MISC)	(W-2/1099-MI	- 1		n the	
		Individual trustee or director	institutional trustee		•) en		(44-271099-141130)			organ and r		
			ee			Highest compensated employee					organi		
		<u> </u>	<u> </u>	<u> </u>	_								
	-									İ			
						_	<u> </u>						
					_								
					-		_						
									:				
													
													
				_	_							•	
			,										
1b Total		L						NONE	N/	ONE			NON
2 Total number of individuals (including those	: in 1a) w	ho re	ecei	ved	<u></u>	ore th	nan				n fro		
organization ► NONE													
											. Y	'es	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, airecta ile l for suc	or or chundi	tru wdi	stee Ial	€, ⊭	ey e	mp	loyee, or nignest	compensate	d -	3		ىسىت س
4 For any individual listed on line 1a, is the										_	•		<u> </u>
the organization and related organizations	greater th	an \$	150	,00	0?	If "Y	es,"	complete Sched	ule J for suc	h _			٠, ٠,
ındividual											4		X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accre	ue co	mp	ens	atio	n fro	m	any unrelated o	rganization fo)r	5		
Section B. Independent Contractors	oompicie c	30/10/00	210 0	101	300	n per	3011	<u>'</u>	• • • • • • • •	<u> </u>	<u>- </u>		<u> </u>
1 Complete this table for your five highest of	compensat	ed in	dep	end	ent	cont	ract	tors that received	I more than	\$100,0	00 o	f	
compensation from the organization							т						
(A) Name and business addr	ess							(B) Description of ser	vices		(C) pensat	ion	
	<u>_</u>						\vdash						
							1		-				
2 Total number of independent contractors (ii compensation from the organization ▶ N	_	nose i	n 1) w	ho	rece	ived	more than \$100	0,000 in		,		, .
Sompondation from the organization	IONE											.75.3	5 बर् <u>ष</u>

Pa	rt VII	Statement of Revenue				
	B 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants	1a b	Federated campaigns				
tions, gifts, grants r similar amounts	d e f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants,				
Contributions, and other simi	g	and similar amounts not included above . 1f 3,432,560. Noncash contributions included in lines 1a-1f \$ NONE	2.100.550			
	2a	Total. Add lines 1a-1f	3,432,560.			
Service Revenue	c d					
Program	e f g	All other program service revenue	NONE	- 18 F / 64		· · · · · · · · · · · ·
	3	Investment income (including dividends, interest, and other similar amounts)	NONE NONE			
	5 6a	Royalties (i) Real (ii) Personal Gross Rents	NONE		The second of the second	
	b c d	Less rental expenses Rental income or (loss) ▶	NONE	The state of the s		
	7a	Gross amount from sales of assets other than inventory Less cost or other basis				
	c d	and sales expenses	NONE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
Other	b c 9a	Net income or (loss) from fundraising events ▶ Gross income from gaming activities.	NONE			Caller of the Call
	b	See Part IV, line 19	NONE			
	10a	Gross sales of inventory, less returns and allowances	NOME OF STREET			
	b c	Less. cost of goods sold	NONE			· · · · · · · · · · · · · · · · · · ·
	11a b c					
	d e	All other revenue	NONE			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	3,432,560.			<u>.</u>

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) but are not required to complete columns (B), (C), and (D).

_	An other organizations must comp		To not required to cor		,, and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				1 2 1 1 1
	organizations in the U.S. See Part IV, line 21	2,070,000.	2,070,000.		,
2	Grants and other assistance to individuals in			,	. ,
	the U.S. See Part IV, line 22	NONE			4 11 8 170 1
3	Grants and other assistance to governments,				·,, · · · · · · · · · · · · · · · · · ·
•	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	NONE		, , , ,	
4	Benefits paid to or for members	NONE			71.42 (3.0 (2.12 g) g)
5		NONE			
3	Compensation of current officers, directors, trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	i			
-		NONE			
7	Other salaries and wages	NONE			
8	Pension plan contributions (include section 401				
_	(k) and section 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	<u>N</u> ONE			
11	Fees for services (non-employees).				
а	Management	22,500.		22,500.	
b	Legal	4,550.		4,550.	
c	Accounting	1,465.		1,465.	
d	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	43,972.	The state of the contract of t	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	43,972.
f	Investment management fees	381.	,	381.	
g	Other	44,207.	44,207.		
12	Advertising and promotion	1,351,855.	1,351,855.		
13	Office expenses	1,627.		1,627.	
14	Information technology	7,198.		7,198.	· · · · · · · · · · · · · · · · · · ·
15	Royalties	NONE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16	Occupancy	NONE			····
17	Travel	8,782.		8,782.	
18	Payments of travel or entertainment expenses			0//02.	
-	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization				
23		NONE			
24	Insurance	NONE	S. M. (Self) Self Spirit agent "	<u> </u>	TEN THE STATE
- •	Other expenses Itemize expenses not covered above (Expenses grouped together		12. 14. 14. 15. 15. 15.		The state of the s
	and labeled miscellaneous may not exceed	1. 32 1. 32 1. 3. A.		《展览》在《原约 》	Burney Company
	5% of total expenses shown on line 25 below)				等。 不能统治之处 特别人
	· · · · · · · · · · · · · · · · · · ·		Section 45	** - * * * * * * * * * * * * * * * * *	2.3 3.76,4534 5
a					
b					
С		· · · · · · · · · · · · · · · · · · ·			
d					···
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,556,537.	3,466,062.	46,503.	43,972.
26	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				
JSA					

Pa	art X	Balance Sheet	"				rage
			(A) Beginning of year			(E End o	B) f year
	1	Cash - non-interest-bearing	229,862	. 1			05,88
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4	<u> </u>		
	5	Receivables from current and former officers, directors, trustees, key		ľ			
	_	employees, or other related parties Complete Part II of Schedule L		5	<u> </u>		
	6	Receivables from other disqualified persons (as defined under section	· , ,	. ~	1.	,	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
	_	of Schedule L		6			
ets	7	Notes and loans receivable, net		7	 		
Assets	8 9	Inventories for sales or use		8	 		
_	"	Prepaid expenses and deferred charges	 	9	+		- ;
		Less accumulated depreciation Complete	"就会们" 第		1 0 m = 3 f	ائد. ا	
	0	Part VI of Schedule D			33.2		
	11	Investments - publicly traded securities		10c	 		
	12	Investments - other securities See Part IV, line 11		11	┼		<u>:</u>
	13	Investments - program-related See Part IV, line 11		12	┼──		
	14	Intangible assets		14	├		
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	 		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	229,862.	-	 		05,88
_	17	Accounts payable and accrued expenses	223,002.	17			03,00
	18	Grants payable		18	 		
	19	Deferred revenue		19	 		
	20	Tax-exempt bond liabilities		20	 -		
Ś	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	ない アンマー 本語が		-,	1 0 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	4. 1. 2%
abi		highest compensated employees, and disqualified persons. Complete Part II		,	1.1-49.	1	1.5
=		of Schedule L	,	22		- · ·	
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26			
ces		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.					
ä	27	Unrestricted net assets		27			
Ba	28	Temporarily restricted net assets		28			_
пd	29	Permanently restricted net assets		29			
or Fund Balance	l	Organizations that do not follow SFAS 117, check here ▶ x and complete lines 30 through 34.		ار المراجع المراجع المراجع			
Assets	1	Capital stock or trust principal, or current funds		30			
SS	I	Paid-in or capital surplus, or land, building, or equipment fund		31			
Net A	32	Retained earnings, endowment, accumulated income, or other funds	229,862.	32		1	05,885
ž		Total net assets or fund balances	229,862.	33	<u> </u>	1	05,885
_		Total liabilities and net assets/fund balances	229,862.	34		1	05,885
Pa	rt XI	Financial Statements and Reporting					
1	Accou	unting method used to prepare the Form 990. X Cash Accrual Othe	er		Γ		res No
2a		the organization's financial statements compiled or reviewed by an independent account				2a	x
b		the organization's financial statements audited by an independent accountant?			[2b	х
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			Γ		
		review, or compilation of its financial statements and selection of an independent account			[2c	
3a		result of a federal award, was the organization required to undergo an audit or audits as s			Γ	T	
_		ingle Audit Act and OMB Circular A-133?				3a	х
b	If "Ye	s," did the organization undergo the required audit or audits?	<u></u>			3b	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes." to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III	ax), then		
	me of organization			Employer identi	fication number
		ROWTH, INC. d by all organizations exemptons for Schedule C for details.	under section 50	11-3 11(c) and section 527 or	723921 rganizations.
1 2 3	Political expenditures Volunteer hours	ne organization's direct and indirect		· · · · · · · · · · · · · · · · · · ·	
Par		d by all organizations exempt ons for Schedule C for details	under section 50°	1(c)(3).	
1 2 3 4a b	Enter the amount of any e If the organization incurred Was a correction made? If "Yes," describe in Part IV TIC To be complete	excise tax incurred by the organizate excise tax incurred by organization of a section 4955 tax, did it file Formation of the following sections are sections for Schedule C for details.	managers under sen n 4720 for this year	ction 4955 • \$?	Yes No
	activities	expended by the filing organization	d to other organizat d lines 1 and 2 and ber (EIN) of all section of the separate political	enter here and on 527 political organization the filing organization's organization, such as a se	Yes No ions to which payments funds or were political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			· · · <u>.</u> · · · · · · · · · · · · · · · · · · ·		

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

_	irt II-A To be completed by organ (election under section 501	izations exempt under section 501(c)(3) 1(h)). See the instructions for Schedule C for	that filed Form 5768 or details.	Page 2
		belongs to an affiliated group.		
<u>B_</u>	Check ▶ If the filing organization	checked box A and "limited control" provis	ions apply	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add			
f	Lobbying nontaxable amount. Enter the	amount from the following table in both		
	columns			· · · · · · · · · · · · · · · · · · ·
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	. , , ′	1 3 3 3
	Not over \$500,000	20% of the amount on line 1e		J. 174
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	* **	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	of the second of	
	Over \$17,000,000	\$1,000,000	: · · · · · · · · · · · · · · · · · · ·	1. Jan 19 19 19 19 19 19 19 19 19 19 19 19 19
g		5% of line 1f)		
h	Subtract line 1g from line 1a. Enter -0- if	f line g is more than line a		
i		line f is more than line c \ldots		
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	
	section 4911 tax for this year?		<u></u>	Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

	Lobbying Exper	nditures During 4-Yo	ear Averaging Period	 	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))	The second of th	And the second of the second o			
c Total lobbying expenditures		ı			
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	與關於 [2] 200 (2) [2] 於中心 [2] 26 (2) (2)			1000 1000 1000 1000 1000 1000 1000 100	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). See the instructions for Schedule C for details.

	5766 (election under section 501(n)). See the instructions for Schedule C for	Jetaii	S.				
		(a)		(b)	
		Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of			2			
а	Voluntoors?		Ì		•		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						-
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?						
i	Other activities? If "Yes," describe in Part IV						
j	Total lines 1c through 1ı	5 .7	1 2/6.0			-	
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1					٠,
b	If "Yes," enter the amount of any tax incurred under section 4912	`		1		-	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	; 、	Γ				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				., -	7. ; ;	٠
Pa	t III-A To be completed by all organizations exempt under section 501(c)(4), se		1 50°	I(c)(5), or		
	section 501(c)(6). See the instructions for Schedule C for details.			• • • •			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			 	3		х
Рa	till-B To be completed by all organizations exempt under section 501(c)(4), se	ectio	n 50	1(c)(5), or	•	
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N						
	question 3 is answered "Yes." See Schedule C instructions for details.						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amount	unts	of	: 35			
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
C	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of the	he				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyii	ng	7.4			
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5			
Pa	t IV Supplemental Information						
Con	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C	line	5 an	d Part	ILB II	ne 1ı	
	, complete this part for any additional information	,,	0 4	a r art			
, 1130	, complete this part for any additional information						
							
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						

Schedule C (F	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information (continued)	
<b>. – – –</b> – – –		
<b>-</b> -		
<b>-</b> -		<b>-</b>
	·	
		,

#### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

ame of the organization		•	-		Employer Identification	on number
VISCONSIN CLUB FOR GROWTH, I	NC.				11-372392	21
Part I Fundraising Activities. Con	nplete if the organ	ization a	nswered '	"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization rai	sed funds through a	any of the	following	activities Check a	Il that apply	
a Mail solicitations	е	Solid	itation of r	non-government g	rants	
b Email solicitations	f	Solic	itation of	government grants	<b>;</b>	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations					,	
2a Did the organization have a written of or key employees listed in Form 990						X Yes No
b If "Yes," list the ten highest paid indi- to be compensated at least \$5,000 b						
(i) Name of individual or entity (fundraiser)	(il) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	,	Yes	No			
	SPEAKERS					
KEPPLER AND ASSOCIATES	FEE	İ	x	NONE	7,500.	NONE
CHITEM THE THOOGETHE	FUNDRAISING			110112	7,500	110112
R.J. JOHNSON AND ASSOCIATES	MAIL, EVENT		x	NONE	33,791.	NONE
Johnson ind inductiving	THILD, BYDILL	<b></b>		NONE	33, 131.	1,0112
	-		}			
				j		
<del></del>	<del> </del>					
					i	
		-				
		·				
<del> </del>						
					<del></del>	
	L					
Total	· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u>▶</u>	NONE	41,291.	NONE
<ol><li>List all states in which the organizat registration or licensing.</li></ol>	ion is registered o	r licensed	d to solic	t funds or has b	een notified it is	exempt from
A,WI,						
	•					
			-	-		
						<del></del>

Pa	Fundraising Events. Comple more than \$15,000 on Form	te if the organization ⊢990-EZ, line 6a Lis	answered "Yes" to F t events with gross re	orm 990, Part IV, Ii eceipts greater thar	ne 18, or reported า \$5,000.
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
0		(event type)	(event type)	(total number)	
Revenue	Gross receipts     Less Charitable     contributions				
	3 Gross revenue (line 1 minus line 2)				
	4 Cash prizes				
enses	5 Non-cash prizes				
Direct Expenses	6 Rent/facility costs				
Dire	7 Other direct expenses				
	8 Direct expense summary Add lines 4 9 Net income summary Combine lines	through 7 in column (d)			(
Pa	rt III Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "			
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Re Re	1 Gross revenue				
ses	2 Cash prizes		·		
Exper	3 Non-cash prizes				
Direct Expenses	4 Rent/facility costs				
$\perp$	5 Other direct expenses	Yes %	No. 0/		Charles and the second
	6 Volunteer labor	Yes%	Yes% No	Yes%	
	7 Direct expense summary Add lines 2	through 5 in column (d)			. (
	8 Net gaming income summary Combine	ne lines 1 and 7 in colun	nn (d)	<u> </u>	
9 a	Enter the state(s) in which the organization is the organization licensed to operate g	_			Yes No
b	o If "No," Explain	_			
10 a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated duri	ng the tax year?	10a
b	o If "Yes," Explain.				
11 12	Does the organization operate gaming a ls the organization a grantor, beneficiary				11 22 22 2
	formed to administer charitable gaming?				12

Enter the amount of distributions required under state law distributed to other exempt organizations or spent

Independent contractor

Schedule G (Form 990 or 990-EZ) 2008

17a

17

Director/officer

Mandatory distributions

**Employee** 

in the organization's own exempt activities during the tax year ▶\$

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization						Employer identification number	on number
WISCONSIN CLUB FOR GROWTH, INC.	· ·					11-3723921	
Part I General Information on Grants and Assistan	and Assista	nce					
1 Does the organization maintain records to substantiate	to substantiate	the amount of	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, the grantees' e	eligibility for the grants	or assistance, and	[
	grants or assista	ance?					X Yes
2 Describe in Part IV the organization's procedures for m	ocedures for m	nonitoring the u	onitoring the use of grant funds in the United States	e United States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governme any recipient orm 990) if a	ents and Organizations in that received more than dditional space is needed	nts and Organizations in the United States. Complete if the organization answered "Yes" on that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Iditional space is needed	the United States. Comp \$5,000 Check this box if	blete if the organization of the organization of the complement in the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of	ation answered "Ye eceived more than	\$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	1 23	(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
COALITION FOR AMERICA'S FAMILIES 6907 UNIVERSITY AVENUE #176	03-0384091	501 (C) (4)	2,070,000.				ISSUE EDUCATION
2 Enter total number of section 501(c)(3) and government organizations	and governme	nt organizations	•	•			NONE
3 Enter total number of other organizations						•	1
For Privacy Act and Paperwork Reduction Act Notice, see	Act Notice, se	e the Instructio	the Instructions for Form 990.			Sche	Schedule I (Form 990) 20(

Schedule I (Form 990) 2008

Schedule I (F	Schedule I (Form 990) 2008					Page 2
Part III	Grants and Other Assistance to Individuals i Use Schedule I-1 (Form 990) if additional spac	(	in the United States e is needed.	. Complete if the	e organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. e 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. Complete this par	te this part to	provide the info	rt to provide the information required in Part I, line 2,		and any other additional information.
PROCEDU	PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE UNITED STATES	AANT FUNDS	IN THE ONIT	ED_STATES		
FORM 99	FORM 990 SCHEDULE I, PART I, QUESTION 2	ION 2				
<u>MISCONS</u>	WISCONSIN CLUB FOR GROWTH, INC. DOES NOT	SS_NOT_HAVE	HAVE A WRITTEN POLICY FOR	POLICY FOR		
MONITOR	MONITORING THE USE OF GRANT FUNDS IN THE	IN THE UNIT	UNITED STATES.	HOWEVER, GRANTS	<u>ANTS</u>	
ARE PRO	<u>are provided to groups which have a similar purpose in regard to the</u>	A SIMILAR B	PURPOSE_IN_R	EGARD TO THE		
SANCTIT	SANCTITY OF LIFE AND MARRIAGE WITHOUT CONDITION.	OUT CONDITI	[ON:	; 1 1 1 1 1 1 1	                     	
       			,			

듸					י מעטר
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.	ndividuals in th	e United States needed.	s. Complete if the	organization answered	"Yes" on Form 990, Part IV, line 22
(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. Complete this part to provide the information required in Part I, line 2, and any other additional information	ete this part to	provide the inf	ormation required	in Part I, line 2, and any	other additional information.
COALITION FOR AMERICA'S FAMILIES GRANT	SRANT				
<u> 1990 SCHEDULE I. PART II. QUESTION 1H</u>	STION 1H	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
THE PURPOSE OF THE GRANT IS TO SUPPORT ISSUE EDUCATION AND ADVOCACY	PPORT ISSUE	EDUCATION 2	AND ADVOCACY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
VELLATED TO TAXES AND OTHER ECONOMIC ISSUES	1	AFFECTING FAMILIES.	AILIES.		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		; ; ; ; ;			
	1 1 1 1 1 1 1 1		 		
			! ! ! ! ! ! !	11111111111111111111	

#### SCHEDULE O (Form 990)

Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **Employer Identification number** 11-3723921 WISCONSIN CLUB FOR GROWTH, INC DOCUMENTATION OF MEETINGS HELD BY COMMITTEES FORM 990 PART VI, SECTION A, QUESTION 8B WISCONSIN CLUB FOR GROWTH, INC. DOES NOT HAVE ANY COMMITTEES. THEREFORE, THERE IS NO DOCUMENTATION OF MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN BY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

Schedule O (Form 990) 2008	Page 2
Name of the organization WISCONSIN CLUB FOR GROWTH, INC.	Employer Identification number  11-3723921
	11 3723321
PROCESS FOR DETERMINING COMPENSATION	
FORM 990 PART VI, SECTION B, QUESTION 15	
THE TAXPAYER DOES NOT COMPENSATE ANY OF ITS BOARD MEMBERS. BOARD	MEMBERS
ARE NOT COMPENSATED BY ANY OTHER ORGANIZATION FOR THEIR ROLE. AL	L BOARD
POSITIONS ARE VOLUNTARY.	
1991319N9_NED_VODONINE()	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
WISCONSIN CLUB FOR GROWTH, INC.	11-3723921
DOCUMENTS AVAILABLE TO THE PUBLIC	·- <b></b>
FORM 990 PART VI, SECTION C, QUESTION 19	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCI	AL
INFORMATION AVAILABLE TO THE PUBLIC. THE ORGANIZATION DOES NOT H	IAVE A
WRITTEN CONFLICT OF INTEREST POLICY.	
<del></del>	

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION ______

WISCONSIN CLUB FOR GROWTH, INC. EDUCATES AND RALLIES CITIZENS TO EMBRACE AND ENACT POLICIES THAT LEAD TO SUSTAINED ECONOMIC GROWTH, LIMITED GOVERNMENT AND MINIMAL TAXATION. CFG UNDERTAKES A WIDE RANGE OF PUBLIC EDUCATION ACTIVITIES TO ENSURE THAT IT REACHES THE BROADEST SPECTRUM OF THE PUBLIC.

STATEMENT

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	EXPENSES	!!!!!!!!!!!!!
	GRANTS	1 1 1 1
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	DESCRIPTION	

ı	GARDING TAX	LIC SAFETY	
	RESEARCH ISSUES FOR PUBLIC EDUCATION REGARDING TAX	POLICY, GOVERNMENT RUN HEALTH CARE, PUBLIC SAFETY	AND ENVIRONMENTAL POLICIES
	RESEAE	POLICY	AND EN

TOTALS

NONE	Z
47,429.	47,429
NONE	

REVENUE

# , Form **8868**

(Rev April 2008)

# Application for Extension of Time To rile an Exempt Organization Return

Department of the Treasury

OMB No. 1545-1709

Internal Revenue S	Service	<u> </u>	File a separate application	n for each return.				
		c 3-Month Extens	sion, complete only F	art I and check this	box			<b>▶</b> X
<ul> <li>If you are f</li> </ul>	iling for an Additiona	al (Not Automatic	) 3-Month Extension, n granted an automat	complete only Part	II (on pag	e 2 of this	form)	- لي
Part I Auto	matic 3-Month Ex	ctension of Time	e. Only submit origin	al (no copies need	led).			
•		•	esting an automatic 6-		heck this b	oox and con	nplete	<b>▶</b> □
	orations (including 1 ome tax returns.	120-C filers), parti	nerships, REMICs, and	trusts must use Form	n 7004 to	request an	extension of	
one of the re electronically returns, or a c	turns noted below if (1) you want the omposite or consoli	(6 months for a additional (not a dated From 990-1	inically file Form 886 corporation required utomatic) 3-month ex f. Instead, you must so form, visit www <i>irs g</i>	to file Form 990-7 tension or (2) you f ubmit the fully com	r). Howev ile Forms pleted and	er, you ca 990-BL, 6 d signed pa	innot file For 069, or 8870 age 2 (Part II)	m 8868 ), group
Type or	Name of Exempt Org	ganization				Employer	identification n	umber
print	WISCONSIN	CLUB FOR GR	OWTH, INC.			11-3	723921	
File by the			a P O. box, see instruction	ns			123321	
due date for	1223 11500	MAIN STREET						
filing your			code. For a foreign address	s see instructions				
return See Instructions	[		-	, , , , , , , , , , , , , , , , , , ,				
		IE, WI 53590		<del></del>				
			plication for each retu	m).	<u> </u>			
X Form 990		<del></del>	0-T (corporation)		_	rm 4720		
Form 990		<del></del>	0-T (sec. 401(a) or 408(a		<b>├</b> ─-	rm 5227		
Form 990	-EZ	Form 99	0-T (trust other than abo	ve)	Fo	rm 6069		
Form 990	-PF	Form 10	141-A		Fo	rm 8870		
• If this is for for the whole gnames and Ell  1 I request until	r a Group Return, ent group, check this boo Ns of all members th an automatic 3-mor	ter the organization  x ▶	ce of business in the on's four digit Group E is for part of the group over.  a corporation required the exempt organization.	xemption Number (G p, check this box to file Form 990-T)	EN) extension	of time	. If this a list with the	ne 
······	year is for less than						in accounting	period
	*		F, 990-T, 4720, or 6	069, enter the tent	ative tax,	less any		
	dable credits See in						3a \$	NONE
			T, enter any refundab	le credits and estim	ated tax p	payments	1 1	
	clude any prior year						3b \$	NONE
c Balance	Due. Subtract line 3	3b from line 3a. I	nclude your payment	with this form, or,	if required	i, deposit		
			g EFTPS (Electronic			•		
instructio	·		<u> </u>		-,-•	,	3c \$	NONE
		an electronic fund	t withdrawal with the	Form 9969 coo 5	m 9452 F	O 224 Fa-		NONE
for pay <u>ment in</u>	- · ·	an electronic iuno	d withdrawal with this	- Onii 0000, see F0f			11 00/8-EU	
		Reduction Act No	tice, see Instructions.				Form 8868 (R	ev 4-2008)
. J	or and raportroin r		,				(K	5+ <del>7</del> -2000)

_	•			
	368 (Rev 4-2008) , ,			Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			<b>►</b> [ <u>X</u> ]
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed I	rorm :	8868	
Pari	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)  Additional (Not Automatic) 3-Month Extension of Time. You must file original and or	20.00	ny.	
F ar	Name of Exempt Organization Extension of Time. Too must me original and or			
Type	or		ıumıner	
print	WISCONSIN CLUB FOR GROWTH, INC. 11-3723921  Number, street, and room or suite no If a P O box, see instructions For IRS use only			
File by extend	ule and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second			
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	k type of return to be filed (File a separate application for each return)		1	
X	Form 990 Form 990-PF Form 1041-A	-	Form 6	
$\vdash$	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	L_	Form 8	870
<u></u>	Form 990-EZ Form 990-T (trust other than above) Form 5227	- L . C		0000
	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ISIY TI	lea Form	8868.
	e books are in the care of ELEANORE C. HAWLEY			
	lephone No. ► 877 707-0571 FAX No. ►			. —
	the organization does not have an office or place of business in the United States, check this box			
		nis Is		
	e whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attack	n a		
	th the names and EINs of all members the extension is for.			
	I request an additional 3-month extension of time until 11/16/2009	<b>-</b> ·		
	For calendar year 2008, or other tax year beginning and ending	<del></del>		<del></del> :
	• — — — •		counting	period
	State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS AN ADDITION	AL_		
	EXTENSION OF TIME TO FILE IN ORDER TO PREPARE A COMPLETE AND ACCURATE			
,	TAX RETURN.			
	If the application is for Form 200 DL 200 DE 200 T 4720 or COCO and the tentation to the			
ва	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	ء ا ۔		
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	8a \$		NONE
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			110110
	previously with Form 8868  Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	8b \$		NONE
-				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See			NONE
		8c \$		NONE
Hodor	Signature and Verification  penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of	i mu ki	nowledne a	ind helief
	e, correct, and complete, and that I am authorized to prepare this form	iiiy Ki	IOMICUGO A	na benen,
	A //			
<b>.</b>	Title CPA-PREPARER Date	8	15/200	PC
Signate		Form 5	868 (Rev	4-2008)
	GRANGE THORNTON LEE		oo (itel	· 4-2000)
	PO/BOX 8100			
	MADISON, WI 53708-8100			