

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

01/01, 2009, and ending

12/23/2009

Form header section containing B (Check if applicable), C (Name of organization: COALITION FOR AMERICA'S FAMILIES), D (Employer identification number: 03-0384091), E (Telephone number: (608) 836-6972), and F (Group Exemption Number).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: N/A

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

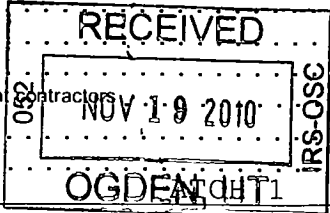
J Tax-exempt status (check only one) - [X] 501(c)(4) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 164,000.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 164,000. Expenses total: 211,238. Net Assets total: 47,238.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Total assets: 47,238. Total liabilities: 0. Net assets or fund balances: 47,238.

SCANNED DEC 10 2010

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	X	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	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 section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	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		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ VALERIE JOHNSON Telephone no ▶ 608-836-6972 Located at ▶ N7130 NORTH LOST LAKE ROAD RANDOLPH, WI ZIP + 4 ▶ 53956		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign county: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization a section 527 organization? 49b
- 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

- 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over _____

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Sign Here

Signature of officer: *Valerie Johnson*
 Type or print name and title: *Treasurer*

Paid Preparer's Use Only

Preparer's signature: *Ann M. Petre*
 Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 100 E. WISCONSIN AVE. M

May the IRS discuss this return with the preparer shown above? See instructions.

COMMONWEALTH OF VIRGINIA



MARK C CHRISTIE
COMMISSIONER

JAMES C DIMITRI
COMMISSIONER

JUDITH WILLIAMS JAGDMANN
COMMISSIONER

JOEL H PECK
CLERK OF THE COMMISSION
P O BOX 1197
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION Office of the Clerk

December 23, 2009

MARLENE M PRAHL
GODFREY & KAHN SC
ONE E MAIN ST STE 500
MADISON, WI 53703

RE: Coalition for America's Families
ID: 0571224 - 5
DCN 09-12-23-2557

Dear Customer:

This is your receipt for \$10.00, to cover the fees for filing a certificate of dissolution with this office.

This is also your receipt for \$50.00 to cover the fee(s) for expedited service(s).

A dissolved corporation continues its existence but may not carry on any business except that appropriate to wind up and liquidate its business and affairs. Corporate existence may be terminated by filing articles of termination along with payment of all required fees

The effective date of the certificate is December 23, 2009.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551

Sincerely,

Joel H. Peck
Clerk of the Commission

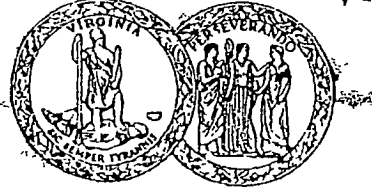
DTWRCPT
CIS0363

COMMONWEALTH OF VIRGINIA

MARK C CHRISTIE
COMMISSIONER

JAMES C DIMITRI
COMMISSIONER

JUDITH WILLIAMS JAGDMANN
COMMISSIONER



JOEL H PECK
CLERK OF THE COMMISSION
P O BOX 1197
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION Office of the Clerk

December 23, 2009

MARLENE M PRAHL
GODFREY & KAHN SC
ONE E MAIN ST STE 500
MADISON, WI 53703

RE: Coalition for America's Families
ID: 0571224 - 5
DCN: 09-12-23-2558

Dear Customer:

This is your receipt for \$10.00, to cover the fees for filing a certificate of termination with this office.

The effective date of the certificate is December 23, 2009

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551

Sincerely,

Joel H Peck
Clerk of the Commission

DTWRCPT
CIS0363

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.

Name of the organization
COALITION FOR AMERICA'S FAMILIES

Employer identification number
03-0384091

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	12/23/2009	352	CASH	27-1204594	CITIZENS FOR A STRONG AMERICA 835 PARK AVE #306, BEAVER DAM, WI 53916	501(c)(4)

- 2 Did or will any officer, director, trustee, or key employee of the organization:
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2 a		X
2 b		X
2 c		X
2 d		X

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

Dashed lines for supplemental information.

**RESOLUTIONS OF
THE BOARD OF DIRECTORS
OF COALITION FOR AMERICA'S FAMILIES**

We, the undersigned, being the members of the Board of Directors of Coalition for America's Families, a Virginia non-stock corporation (the "Corporation"), acting pursuant to Section 13.1-865 of the Code of Virginia, hereby adopt the following resolutions and consent and agree to the same and to the actions thereby taken:

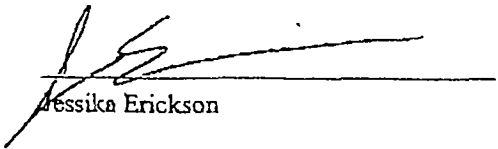
WHEREAS, the undersigned deem it in the best interests of the Corporation to amend Article 3, Section 3.02 of the Bylaws of the Corporation.

RESOLVED, that Article 3, Section 3.02 of the Bylaws be and hereby amended to read as follows: "The number of directors constituting the entire Board of Directors shall be not less than two nor more than twenty. The number of directors may be increased or decreased by amendment of the Bylaws or by action of the Board of Directors."

FURTHER RESOLVED, that any and all actions taken by the Corporation in connection with and consistent with the foregoing resolutions are hereby approved, ratified and confirmed.

FURTHER RESOLVED, that this consent may be executed in one or more counterparts, each of which shall be deemed an original for all purposes, and together shall constitute one and the same consent and that signatures via facsimile or PDF file format shall be deemed to be true and legally binding signatures.

IN WITNESS WHEREOF, the undersigned, being all the board of directors, have executed this written consent to be effective as of Decemebr 14, 2009.



Jessica Erickson

Charles Talbot

**RESOLUTIONS OF
THE BOARD OF DIRECTORS
OF COALITION FOR AMERICA'S FAMILIES**

We, the undersigned, being the members of the Board of Directors of Coalition for America's Families, a Virginia non-stock corporation (the "Corporation"), acting pursuant to Section 13.1-865 of the Code of Virginia, hereby adopt the following resolutions and consent and agree to the same and to the actions thereby taken:

WHEREAS, the undersigned deem it in the best interests of the Corporation to amend Article 3, Section 3.02 of the Bylaws of the Corporation.

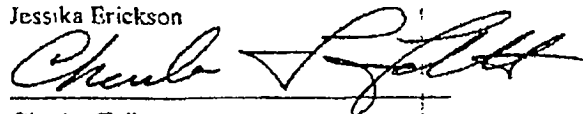
RESOLVED, that Article 3, Section 3.02 of the Bylaws be and hereby amended to read as follows: "The number of directors constituting the entire Board of Directors shall be not less than two nor more than twenty. The number of directors may be increased or decreased by amendment of the Bylaws or by action of the Board of Directors."

FURTHER RESOLVED, that any and all actions taken by the Corporation in connection with and consistent with the foregoing resolutions are hereby approved, ratified and confirmed

FURTHER RESOLVED, that this consent may be executed in one or more counterparts, each of which shall be deemed an original for all purposes, and together shall constitute one and the same consent and that signatures via facsimile or PDF file format shall be deemed to be true and legally binding signatures.

IN WITNESS WHEREOF, the undersigned, being all the board of directors, have executed this written consent to be effective as of Decemebr 14, 2009.

Jessika Erickson



Charles Talbot

12-15-09

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FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	850.
TRAVEL	2,382.
MANAGEMENT FEES	185,000.
INFORMATION TECHNOLOGY	850.
INSURANCE	1,495.
GOVERNMENT FEES	15.
BANK FEES	5.
TOTAL	<u>190,597.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	47,238.	0.
TOTALS	<u>47,238.</u>	<u>0.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE COMMON GOOD AND GENERAL WELFARE OF THE CITIZENS OF THE UNITED STATES BY PROMOTING PUBLIC POLICIES THAT REDUCE THE TAX BURDEN ON FAMILIES AND THAT AFFIRM FAMILY VALUES BY PROTECTING PARENTS' RIGHTS TO MAKE DECISIONS REGARDING THE MEDICAL, PSYCHOLOGICAL AND EDUCATIONAL WELFARE OF THEIR CHILDREN, AND BY ENCOURAGING CITIZEN PARTICIPATION IN THE SHAPING OF FEDERAL AND STATE LAWS AND REGULATIONS RELATING TO FAMILIES.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 4

PROGRAM SERVICE ACCOMPLISHMENT 1

THE EXPENDITURES WERE USED TO PROVIDE SUPPORT FOR THE POLICIES THAT AFFIRM FAMILY VALUES BY PROTECTING PARENTS' RIGHTS TO MAKE DECISIONS REGARDING THE MEDICAL, PSYCHOLOGICAL, AND EDUCATIONAL WELFARE OF THEIR CHILDREN. COALITION FOR AMERICA'S FAMILIES PROVIDED SPECIFIC SUPPORT TO PRO LIFE AND PRO TRADITIONAL MARRIAGE ORGANIZATIONS.

ATTACHMENT 5

PROGRAM SERVICE ACCOMPLISHMENT 3

THE EXPENDITURES WERE USED TO FIGHT A FREE SPEECH LAWSUIT IN THE WISCONSIN COURT SYSTEM. COALITION FOR AMERICA'S FAMILIES HAD A RADIO AD REMOVED FROM THE AIR. THE ORDER WAS DETERMINED TO BE PRIOR RESTRAINT OF FREE SPEECH BY THE WISCONSIN APPELLATE COURT.

FORM 990EZ, PART V - EXPLANATION FOR LINE 33

RATHER THAN CONDUCT SIGNIFICANT ISSUE ADVOCACY DURING THE BIENNIAL BUDGET PROCESS, COALITION FOR AMERICA'S FAMILIES SUPPORTED OTHER GROUPS CONDUCTING ISSUE ADVOCACY BY PROVIDING LISTS, ISSUE RESEARCH, AND ADVICE.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization COALITION FOR AMERICA'S FAMILIES	Employer identification number 03-0384091
	Number, street, and room or suite no. If a P O box, see instructions 6907 UNIVERSITY AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions MIDDLETON, WI 53562	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ VALERIE JOHNSON

Telephone No ▶ 608 836-6972 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or
▶ tax year beginning 01/01, 2009, and ending 12/23, 2009

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization COALITION FOR AMERICA'S FAMILIES	Employer identification number 03-0384091
	Number, street, and room or suite no If a P.O. box, see instructions 6907 UNIVERSITY AVENUE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions MIDDLETON, WI 53562	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- The books are in the care of VALERIE JOHNSON
Telephone No 608 836-6972 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year _____, or other tax year beginning 01/01/2009 and ending 12/23/2009
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS AN ADDITIONAL EXTENSION OF TIME TO FILE IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0
b	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 previously with Form 8868	8b	\$	0.
c	Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 8/6/00

GRANT THORNTON LLP
PO BOX 8100
MADISON, WI 53709-8100

Form 8868 (Rev 4-2009)