

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)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MIDWEST ATHLETES AGAINST CHILDHOOD Doing Business As CANCER INC		D Employer identification number 39-1270290
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10000 INNOVATION DRIVE SUITE 135		E Telephone number (414) 456-5830
		City or town, state or country, and ZIP + 4 WAUWATOSA, WI 53226		G Gross receipts \$ 8,958,889.
		F Name and address of principal officer: JON MCGLOCKLIN, PRESIDENT SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ MACCFUND.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1976 M State of legal domicile: WI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SUPPORT CHILDHOOD CANCER RESEARCH</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	618
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,112,029.	4,011,791.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	432,646.	228,883.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-96,827.	-2,114.
		3,447,848.	4,238,560.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,271,369.	6,673,822.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	515,317.	617,461.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 562,333.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	527,376.	334,222.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,314,062.	7,625,505.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-866,214.	-3,386,945.
		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	8,065,115.	6,047,542.
	21 Total liabilities (Part X, line 26)	3,525,599.	6,349,251.
22 Net assets or fund balances. Subtract line 21 from line 20	4,539,516.	-301,709.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP PO BOX 8100 MADISON, WI 53708-8100	EIN ▶ N/A	Phone no. ▶ 608-257-6761	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SUPPORT CHILDHOOD CANCER RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,673,822. including grants of \$ 6,673,822.) (Revenue \$ NONE)

THE MACC FUND SUPPORTS RESEARCH INTO THE EFFECTIVE TREATMENT AND CURE OF PEDIATRIC CANCER AND RELATED BLOOD DISORDERS. CANCER IS THE LEADING DISEASE-RELATED CAUSE OF DEATH IN CHILDREN AFTER THE NEWBORN PERIOD. MACC FUND SUPPORT COMES THROUGH VARIOUS FUNDRAISING PROJECTS, EVENTS, AND PROGRAMS. DURING ITS OVER 30 YEAR HISTORY, THE MACC FUND HAS CONTRIBUTED OVER \$33 MILLION TO PEDIATRIC CANCER RESEARCH, PLAYING AN IMPORTANT ROLE IN HELPING TO INCREASE OVERALL CURE RATES FROM 20% TO 80%. ...CONTINUED AT LINE 4B BELOW.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

EVENTS BENEFITING THE MACC FUND HELD THROUGHOUT THE YEAR CREATE AND MAINTAIN AN AWARENESS OF THE CONTINUING NEED FOR PEDIATRIC CANCER RESEARCH. AS FEDERAL RESEARCH FUNDING IS REDUCED, SUPPORT LIKE THE MACC FUND'S BECOMES MORE CRITICAL.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 6,673,822. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b 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.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>	<input checked="" type="checkbox"/>	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

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:		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	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	N/A
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	NONE
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, joint venture investments, and policy for joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states for Form 990 filing, public inspection availability, governing documents, and books/records of the organization.

414-456-5830

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	2,097,904.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,913,887.				
	g	Noncash contributions included in lines 1a-1f: \$		251,255.				
	h	Total. Add lines 1a-1f ▶		4,011,791.				
	Program Service Revenue				Business Code			
		2a						
b								
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f ▶							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		175,638.			175,638.	
	4	Income from investment of tax-exempt bond proceeds . . . ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,431,773.	NONE				
	b	Less: cost or other basis and sales expenses	4,377,736.	792.				
	c	Gain or (loss)	54,037.	-792.				
	d	Net gain or (loss) ▶			53,245.		53,245.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a		312,582.				
	b	Less: direct expenses b		339,990.				
	c	Net income or (loss) from fundraising events ▶			-27,408.	-27,408.		
	9a	Gross income from gaming activities. See Part IV, line 19. a		27,105.				
	b	Less: direct expenses b		1,811.				
	c	Net income or (loss) from gaming activities ▶			25,294.	25,294.		
	10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b							
c	Net income or (loss) from sales of inventory. ▶							
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			4,238,560.	-2,114.		228,883.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	6,673,822.	6,673,822.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	260,490.		117,220.	143,270.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	72,754.		32,739.	40,015.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	28,011.		12,605.	15,406.
9 Other employee benefits	91,539.		41,193.	50,346.
10 Payroll taxes	164,667.		74,100.	90,567.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	46,520.		2,357.	44,163.
13 Office expenses	15,409.		3,577.	11,832.
14 Information technology	18,577.		814.	17,763.
15 Royalties				
16 Occupancy	33,250.		14,963.	18,287.
17 Travel	28,286.		5,239.	23,047.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	320.			320.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,714.		3,471.	4,243.
23 Insurance	26,666.		12,000.	14,666.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD_FOR_EVENTS -----	75,436.		32.	75,404.
b LICENSE_&_FEES -----	65,510.		2,147.	63,363.
c EQUIPMENT_RENTAL -----	65,013.		599.	64,414.
d PRINTING -----	49,285.		2,028.	47,257.
e AUCTION_ITEMS -----	39,687.			39,687.
f All other expenses -----	-137,451.		64,266.	-201,717.
25 Total functional expenses. Add lines 1 through 24f	7,625,505.	6,673,822.	389,350.	562,333.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	471,888.	1	1,152,417.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	856,905.	3	1,175,151.
	4 Accounts receivable, net	17.	4	24,476.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	NONE	5	163.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	33,597.	9	32,778.
	10a Land, buildings, and equipment: cost basis	10a 61,633.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 47,541.	11,490.	10c 14,092.
	11 Investments - publicly traded securities	6,687,504.	11	3,644,751.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,714.	15	3,714.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,065,115.	16	6,047,542.	
Liabilities	17 Accounts payable and accrued expenses	42,720.	17	10,534.
	18 Grants payable	3,414,406.	18	6,331,692.
	19 Deferred revenue	791.	19	NONE
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	67,682.	25	7,025.
	26 Total liabilities. Add lines 17 through 25.	3,525,599.	26	6,349,251.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,428,628.	27	-1,730,843.
	28 Temporarily restricted net assets	960,888.	28	1,279,134.
	29 Permanently restricted net assets	150,000.	29	150,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,539,516.	33	-301,709.
	34 Total liabilities and net assets/fund balances	8,065,115.	34	6,047,542.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 590(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)

	Yes	No
--	-----	----
 - (ii) A family member of a person described in (i) above? 11g(ii)

	Yes	No
--	-----	----
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

	Yes	No
--	-----	----
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,650,790.	2,788,249.	2,542,649.	3,112,029.	4,011,791.	15,105,508.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,650,790.	2,788,249.	2,542,649.	3,112,029.	4,011,791.	15,105,508.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,188,384.
6 Public support. Subtract line 5 from line 4.						13,917,124.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	2,650,790.	2,788,249.	2,542,649.	3,112,029.	4,011,791.	15,105,508.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	295,800.	234,780.	386,805.	172,782.	175,638.	1,265,805.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						16,371,313.

12 Gross receipts from related activities, etc. (See instructions.) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	85.01 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	87.25 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AB NICHOLAS 6002 N. HWY 83 CHENEQUA, WI 53029	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ALEXANDER COSTIGAN 9846 N. VALLEY HILL DRIVE MEQUON, WI 53092	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TREK BICYCLE CORPORATION 801 WEST MADISON ST WATERLOO, WI 53594	\$ 9,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TREK BICYCLE CORPORATION 801 WEST MADISON ST WATERLOO, WI 53594	\$ 183,098.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	BIKES, CO2 PUMPS, HEADLIGHT & TAIL LIGHT SET, TEAM BAGS, MAG TRAINER, SUPER CHARGE FLOOR PUMP, QUICK CLEAT FLAT PACK, RIDER T-SHIRTS, AND REPAIR STANDS	\$ 183,098.	VARIOUS
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization
CANCER INC
MIDWEST ATHLETES AGAINST CHILDHOOD

Employer identification number
39-1270290

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	NONE
2 Aggregate contributions to (during year)	NONE	NONE
3 Aggregate grants from (during year)	NONE	NONE
4 Aggregate value at end of year	103,983.	NONE
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____ NONE

(ii) Assets included in Form 990, Part X ▶ \$ _____ 3,714.

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____ 13,349.

b Assets included in Form 990, Part X ▶ \$ _____ NONE

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other AUCTION ITEMS/DONOR CONTRIBUTION
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,921,158.				
b Contributions	766,768.				
c Investment earnings or losses	-230,019.				
d Grants or scholarships	448,522.				
e Other expenditures for facilities and programs					
f Administrative expenses	3,560.				
g End of year balance	2,005,825.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 28.7508 %
 - b Permanent endowment ▶ 63.7710 %
 - c Term endowment ▶ 7.4782 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		NONE	NONE	
d Equipment		35,961.	24,997.	10,964.
e Other		25,672.	22,544.	3,128.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				14,092.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
ACCRUED COMPENSATION	7,025.	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►		7,025.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,238,560.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,625,505.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,386,945.
4	Net unrealized gains (losses) on investments	4	-1,454,280.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,454,280.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-4,841,225.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,351,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,351,478.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-112,918.
c	Add lines 4a and 4b	4c	-112,918.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	4,238,560.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,192,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	1,567,198.
e	Add lines 2a through 2d	2e	1,567,198.
3	Subtract line 2e from line 1	3	7,625,505.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	7,625,505.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ORGANIZATION'S PROCESS FOR INFORMING DONORS AND DONOR ADVISORS

PART I, DONOR ADVISED FUNDS, LINES 5 AND 6

THE ORGANIZATION MAINTAINS ONE DONOR ADVISED FUND IN CONNECTION WITH AN EVENT CALLED ANNIE'S NIGHT. DURING TAX YEAR 2008, THE ORGANIZATION DID NOT CONDUCT THE EVENT. NO CONTRIBUTIONS WERE MADE TO THE FUND AND NO GRANTS WERE MADE FROM THE FUND DURING THE REPORTING PERIOD. ACCORDINGLY, THE ORGANIZATION DID NOT INFORM DONORS OR DONOR ADVISORS THAT ASSETS HELD IN DONOR ADVISED FUNDS ARE THE ORGANIZATION'S PROPERTY, SUBJECT TO THE ORGANIZATION'S EXCLUSIVE LEGAL CONTROL. LIKEWISE, THE ORGANIZATION DID NOT INFORM GRANTEES, DONORS, OR DONOR ADVISORS THAT GRANT FUNDS MAY BE USED ONLY FOR CHARITABLE PURPOSES AND NOT FOR THE BENEFIT OF THE DONOR OR DONOR ADVISOR OR OTHER IMPERMISSIBLE PRIVATE BENEFIT.

DESCRIPTION OF ARTWORK

PART III, LINE 4

THE \$3,714 OF ARTWORK REPORTED ON THE BALANCE SHEET WAS ACCEPTED AS A DONATION OVER 10 YEARS AGO AND PRESENTS NO VALUE OR PURPOSE TO THE MACC FUND.

THE \$13,349 OF ARTWORK/COLLECTABLES WERE USED DURING THE YEAR IN AUCTIONS.

Part XIV Supplemental Information (continued)

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

PART X, OTHER LIABILITIES

IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED FASB

INTERPRETATION 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES: AN

INTERPRETATION OF FASB STATEMENT NO. 109 (INTERPRETATION 48).

INTERPRETATION 48, WHICH CLARIFIES STATEMENT NO. 109, ACCOUNTING FOR

INCOME TAXES, ESTABLISHES THE CRITERION THAT AN INDIVIDUAL TAX POSITION

HAS TO MEET FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE

RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. ON INITIAL

APPLICATION, INTERPRETATION 48 WILL BE APPLIED TO ALL TAX POSITIONS FOR

WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN. ONLY TAX POSITIONS THAT

MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE ADOPTION DATE

WILL BE RECOGNIZED. THE CUMULATIVE EFFECT OF APPLYING INTERPRETATION 48

WILL BE REPORTED AS AN ADJUSTMENT TO NET ASSETS AT THE BEGINNING OF THE

PERIOD IN WHICH IT IS ADOPTED.

IN DECEMBER 2008, THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED FASB

STAFF POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO.

48 FOR CERTAIN NONPUBLIC ENTERPRISES. FSP FIN 48-3 PERMITS AN ENTITY

WITHIN ITS SCOPE TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION 48

(INTERPRETATION 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, TO ITS

ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15,

2008. THE COMPANY HAS ELECTED TO DEFER THE APPLICATION OF INTERPRETATION

48 FOR THE YEAR ENDING DECEMBER 31, 2008. THE COMPANY EVALUATES ITS

UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB STATEMENT 5,

ACCOUNTING FOR CONTINGENCIES. ACCORDINGLY, A LOSS CONTINGENCY IS

RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF

Part XIV Supplemental Information (continued)

THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED.

OTHER REVENUES
PART XII, LINE 4B
DIRECT FUNDRAISING EXPENSES OF \$341,801 REPORTED NET OF FUNDRAISING REVENUES IN PART VIII OF FORM 990 AND AS EXPENSES IN FINANCIAL STATEMENTS; LESS TOTAL REALIZED INVESTMENT GAIN OF \$228,883 REPORTED IN PART VIII OF FORM 990 AND WITH OTHER EXPENSES IN FINANCIAL STATEMENTS (INCLUDES INTEREST OF \$175,638 AND G/L ON SALE OF ASSETS OF \$53,245); TOTALING \$112,918.

OTHER EXPENSES
PART XIII, LINE 2D
NET UNREALIZED LOSS ON INVESTMENT ASSETS OF \$1,454,280 NOT REPORTED IN FORM 990, REPORTED AS EXPENSES IN FINANCIAL STATEMENTS; DIRECT FUNDRAISING EXPENSES OF \$341,801 REPORTED NET OF FUNDRAISING REVENUES IN PART VIII OF FORM 990 AND AS EXPENSES IN FINANCIAL STATEMENTS; LESS TOTAL REALIZED INVESTMENT GAIN OF \$228,883 REPORTED IN PART VIII OF FORM 990 AND WITH OTHER EXPENSES IN FINANCIAL STATEMENTS (INCLUDES INTEREST OF \$175,638 AND G/L ON SALE OF ASSETS OF \$53,245); TOTALING \$1,567,198.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		TREK-MILWAUKEE (event type)	WOMEN FOR MACC (event type)	50 (total number)	
Revenue	1 Gross receipts	893,330.	191,339.	1,325,817.	2,410,486.
	2 Less: Charitable contributions	777,890.	183,744.	1,136,270.	2,097,904.
	3 Gross revenue (line 1 minus line 2)	115,440.	7,595.	189,547.	312,582.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	117,452.	506.	222,032.	339,990.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(339,990.)
9 Net income summary. Combine lines 3 and 8 in column (d)					-27,408.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue			27,105.	27,105.
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			1,811.	1,811.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 10.0000 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					(1,811.)
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					25,294.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>WISCONSIN</u>		
9a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a		NONE %
b	An outside facility	13b		100.0000 %
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
	Name ▶ <u> DONNA SCHNAPP </u>			
	Address ▶ <u> 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226 </u>			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
c	If "Yes," enter name and address:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information:			
	Name ▶ <u> DONNA SCHNAPP </u>			
	Gaming manager compensation ▶ \$ _____ <u> NONE </u>			
	Description of services provided ▶ <u> ADD PROCEEDS, SUBTRACT EXPENSES, KEEP SPREADSHEET </u>			
	<input type="checkbox"/> Director/officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

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.

(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.

PROCESS FOR MONITORING GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE MACC FUND MAKES A REQUEST AND HAS AN INDEPENDENT REVIEW BOARD

EVALUATE IT. ONCE THE EVALUATION IS DONE, THE REVIEW BOARD CREATES A

REPORT EVERY TWO YEARS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **MIDWEST ATHLETES AGAINST CHILDHOOD
CANCER INC**

Employer identification number
39-1270290

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		<input checked="" type="checkbox"/>
2		<input checked="" type="checkbox"/>
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN CARY	(i)	168,490.	NONE	NONE	NONE	5,000.	173,490.	158,936.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HEALTH OR SOCIAL CLUB DUES

PART I, LINE 1B

ALL EXPENSES FOR SOCIAL CLUB DUES ARE RELATED TO THE CONDUCT OF MIDWEST

ATHLETES AGAINST CHILDHOOD CANCER'S EXEMPT PURPOSE. TO THE EXTENT THE

SOCIAL CLUB IS USED FOR PERSONAL USE, 100% OF SUCH USE IS REIMBURSED TO

THE ORGANIZATION BY THE INDIVIDUAL.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization
CANCER INC
MIDWEST ATHLETES AGAINST CHILDHOOD

Employer Identification number
39-1270290

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL KNOEBEL VICE CHAIR. TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
DAVID MORRIS TREASURER TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
TAMMIE MILLER DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
SCOTT FALK DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
THOMAS A. MASINI JR. DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
WM. O. STEINBERG CHAIRMAN TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
KEVIN STEINER DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
PAUL W. GRIEPENTROG DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
KEITH BURG DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
AL COSTIGAN DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
EDDIE DOUCETTE DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
JAN LENNON SECRETARY TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
JOHN STEINMILLER DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
WALTER WINDING DIRECTOR TERM EXP. 12/2009	1.	X						NONE	NONE	NONE
JON MCGLOCKLIN PRESIDENT TERM EXP. 12/2009	40.			X				87,000.	NONE	NONE
JOHN CARY EXEC. DIRECTOR TERM INDEFINITE	60.			X				168,490.	NONE	5,000.
KAREN ARMSTRONG FINANCIAL OFFICER (BEG. 12/08)	10.			X				1,381.	NONE	NONE
LORI SCHOMMER FINANCIAL OFFICER (END. 12/08)	10.			X				18,064.	NONE	NONE

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.**

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD
Employer identification number 39-1270290
CANCER INC

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	JOHN CARY PERSONAL EXPENSES				X	163.	163.		X	
Total ▶ \$				163.						

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ **To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization **MIDWEST ATHLETES AGAINST CHILDHOOD
CANCER INC**

Employer identification number
39-1270290

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art	X	10	5,425.	COST/SELLING PRICE
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,523.	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles	X	32	7,924.	COST/SELLING PRICE
19 Food inventory	X	10,795	31,059.	COST/SELLING PRICE
20 Drugs and medical supplies	X	400	160.	COST/SELLING PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TICKETS/EVENTS)	X	1,015	17,013.	COST/SELLING PRICE
26 Other ▶ (BIKES & GEAR)	X	6	3,948.	COST/SELLING PRICE
27 Other ▶ (SIGN/PROMOTION)	X	532	1,105.	COST/SELLING PRICE
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS _____
SCHEDULE M, PART I, COLUMN (B) _____
MIDWEST ATHLETES AGAINST CHILDHOOD CANCER, INC. IS REPORTING THE NUMBER _____
OF ITEMS RECEIVED. _____

Series of horizontal dashed lines for reporting data.

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
--	--

DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF THE GOVERNING BODY

PART VI, SECTION A, LINE 8B

COMMITTEES COMPOSED OF MEMBERS OF THE GOVERNING BODY DO NOT HAVE THE

AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
--	--

PROCESS THE ORGANIZATION USES TO REVIEW FORM 990

PART VI, SECTION A, LINE 10

MIDWEST ATHLETES AGAINST CHILDHOOD CANCER ENGAGES A CERTIFIED PUBLIC ACCOUNTING FIRM TO PREPARE ITS FORM 990. AFTER THE RETURN IS PREPARED IN DRAFT FORM, KAREN ARMSTRONG (FINANCIAL OFFICER) REVIEWS THE FILING AND COORDINATES WITH THE PREPARER TO MAKE RELEVANT CHANGES. JOHN CARY (EXECUTIVE DIRECTOR) REVIEWS THE FINAL FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

THE ORGANIZATION HAS NO OFFICAL PROCESS FOR THE BOARD OF DIRECOTRS AND OTHER OFFICERS OF THE ORGANIZATION TO REVIEW THE FORM 990 PRIOR TO OR SUBSEQUENT TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. ALL MEMBERS OF THE GOVERNING BODY DO, HOWEVER, RECEIVE A COPY OF THE FINAL FORM 990 BEFORE IT IS FILED WITH THE SERVICE.

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
--	--

CONFLICT OF INTEREST MONITORING PROCESS

PART VI, SECTION B, LINE 12C

MIDWEST ATHLETES AGAINST CHILDHOOD CANCER HAS NO WRITTEN POLICY CONCERNING ITS PROCESSES FOR REGULARLY AND CONSISTENTLY MONITORING AND ENFORCING ITS WRITTEN CONFLICT OF INTEREST POLICY. EACH MEMBER OF THE BOARD OF DIRECTORS DOES COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO ENSURE THEIR UNDERSTANDING OF AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY THE BOARD OF DIRECTORS. DURING TAX YEAR 2008 NO CONFLICTS OF INTEREST WERE IDENTIFIED THROUGH COMPLETION OF THE QUESTIONNAIRES.

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
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PROCESS FOR DETERMINING COMPENSATION OF EXECUTIVE DIRECTOR AND OFFICERS

PART VI, SECTION B, LINE 15

THE COMPENSATION COMMITTEE MAKES A RECOMENDATION TO THE BOARD OF DIRECTORS FOR THE COMPENSATION OF THE EXECUTIVE DIRECTOR. EVERY YEAR THE COMPENSATION COMMITTEE MAKES AN ADJUSTMENT TO THE COMPENSATION BASED ON THE BOARD'S RANGE AND THE ECONOMIC ENVIRONMENT. THE BOARD OF DIRECTORS VOTES ON A POSSIBLE RANGE FOR THE COMPENSATION OF OFFICERS OF THE ORGANIZATION. A COMPENSATION SURVEY HAS BEEN UTILIZED BY THE COMPENSATION COMMITTEE IN THE PAST TO INFORM THE COMMITTEE'S DECISION-MAKING, BUT A SURVEY HAS NOT BEEN USED ANNUALLY.

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
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CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

PART VI, SECTION C, LINE 19

MIDWEST ATHLETES AGAINST CHILDHOOD CANCER MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE

GENERAL PUBLIC UPON REQUEST.

Name of the organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
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LOANS TO/FROM INTERESTED PERSONS

SCHEDULE L, PART II

AT DECEMBER 31, 2008, THE ORGANIZATION HAD AN OUTSTANDING LOAN FROM THE ORGANIZATION TO ITS EXECUTIVE DIRECTOR FOR INCIDENTAL PERSONAL EXPENSES INCURRED BY THE EXECUTIVE DIRECTOR ON THE ORGANIZATION'S CREDIT CARD TOTALING \$163.00. THESE PERSONAL EXPENSES WERE REIMBURSED TO THE ORGANIZATION BY THE EXECUTIVE DIRECTOR SUBSEQUENT TO THE ORGANIZATION'S YEAR-END.

THE EXECUTIVE DIRECTOR TRACKS THESE EXPENDITURES AND REIMBURSES THE ORGANIZATION FOR ANY SUCH AMOUNTS ON A MONTHLY BASIS. FURTHER, THE ORGANIZATION'S OFFICE MANAGER EXAMINES CREDIT CARD STATEMENTS AND KEEPS DOCUMENTATION SUPPORTING THE EXISTING BALANCE OF ANY AMOUNTS DUE FROM THE EXECUTIVE DIRECTOR.