

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WISCONSIN INDEPENDENT CHRISTIAN SCHOOL

Number and street (or P O box if mail is not delivered to street address) Room/suite
3450 VINLAND ROAD

City or town, state or country, and ZIP + 4
OSHKOSH WI 54901

D Employer identification number
31-1706955

E Telephone number
920-231-9704

F Accounting method: Cash Accrual Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶**

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **N/A**

J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

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

I Group Exemption Number **▶**

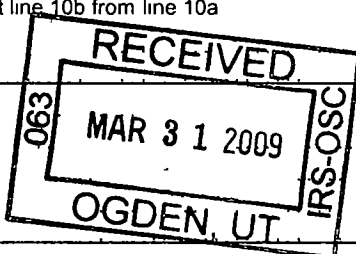
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **1,437,404**

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

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	429,958		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 429,958 noncash \$)			1e	429,958
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	992,858
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	1,683
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	
7	Other investment income (describe)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a	1,670		
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c	1,670		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			8d	1,670
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	11,235
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,437,404
13	Program services (from line 44, column (B))			13	1,085,321
14	Management and general (from line 44, column (C))			14	373,443
15	Fundraising (from line 44, column (D))			15	29,156
16	Payments to affiliates (attach schedule)			16	
17	Total expenses. Add lines 16 and 44, column (A)			17	1,487,920
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	-50,516
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	188,467
20	Other changes in net assets or fund balances (attach explanation)			20	-2,749
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	135,202

SCANNED APR 1 11:20AM



Part II. Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	735,637	532,903	202,734
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	199,179	144,299	54,880
30 Professional fundraising fees	30			
31 Accounting fees	31	8,636		8,636
32 Legal fees	32	1,763		1,763
33 Supplies	33	25,939		25,939
34 Telephone	34	4,945		4,945
35 Postage and shipping	35	3,380	654	2,726
36 Occupancy	36	24,709		24,709
37 Equipment rental and maintenance	37	12,944		12,944
38 Printing and publications	38	88	88	
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	124,645	124,645	
42 Depreciation, depletion, etc (attach schedule)	42	66,533	66,533	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a	279,522	216,199	60,106
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,487,920	1,085,321	373,443
			29,156	

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

b

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule) **SEE STMT 5**

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

1,085,321
1,085,321

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45	Cash—non-interest-bearing			45	
	46	Savings and temporary cash investments		115,258	46	28,808
	47a	47a	4,565			
	b	47b		3,708	47c	4,565
	48a	48a	22,900			
	b	48b		31,875	48c	22,900
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
	b	51a				
		51b			51c	
	52	Inventories for sale or use		1,548	52	4,978
	53	Prepaid expenses and deferred charges		857	53	478
	54a	Investments—publicly-traded securities			54a	
	b	Investments—other securities (attach schedule)			54b	
	55a	Investments—land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)			55c	
56	Investments—other (attach schedule)			56		
57a	57a	2,402,576				
b	57b	768,325	1,657,620	57c	1,634,251	
58	Other assets, including program-related investments (describe ► SEE STATEMENT 7)		3,981	58	45,117	
59	Total assets (must equal line 74) Add lines 45 through 58		1,814,847	59	1,741,097	
Liabilities	60	Accounts payable and accrued expenses		41,535	60	99,932
	61	Grants payable		19,114	61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET		1,565,731	64b	1,505,963
	65	Other liabilities (describe ►)			65	
66	Total liabilities. Add lines 60 through 65		1,626,380	66	1,605,895	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		137,409	67	
	68	Temporarily restricted		19,789	68	
	69	Permanently restricted		31,271	69	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds		188,467	72	135,202
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		188,467	73	135,202	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,814,847	74	1,741,097	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,437,404
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,437,404
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	1,437,404

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,487,920
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,487,920
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	1,487,920

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RANDY VAN MAANEN 3970 PRAIRIE COURT OSHKOSH WI 54901	PRESIDENT 0	0	0	0
TODD COLBURN 1366 CEAPE STREET OSHKOSH WI 54901	VICE PRESIDE 0	0	0	0
MIKE FLOYD 4144 STONEGATE DR OSHKOSH WI 54904	TREASURER 0	0	0	0
PEGGY TEFTT 1936 MURDOCK OSHKOSH WI 54901	SECRETARY 0	0	0	0
WALTER SCOTT 1022 WASHINGTON AVE. OSHKOSH WI 54901	DIRECTOR 0	0	0	0
DEB GASBY 1824 MITCHELL ST. OSHKOSH WI 54901	DIRECTOR 0	0	0	0
MIKE KIRJERSKI 1112 BREEZEWOOD LN. NEENAH WI 54956	DIRECTOR 0	0	0	0
BRYAN HOCHSTEIN 90 FARMSTEAD LANE OSHKOSH WI 54901	DIRECTOR 0	0	0	0
ANDY HYATT 3134 SUNDEW WAY NEENAH WI 54956	DIRECTOR 0	0	0	0

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
85a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
85b			
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86a	501(c)(7) orgs. Enter a. Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87a	501(c)(12) orgs. Enter a. Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		X
88b			
89a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911: 0, section 4912: 0, section 4955: 0.		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		
	N/A		
89b			
c	Enter amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0.		
	0		
d	Enter amount of tax on line 89c, above, reimbursed by the organization: 0.		
	0		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed: NONE		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions):		
	90b		
91a	The books are in care of: SUSAN HOCKSTEIN, 3450 VINLAND ROAD, OSHKOSH, WI. Telephone no: 920-231-9704. ZIP + 4: 54901.		
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 country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
		Yes	No
91b			X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 92 |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TUITION & PROGRAM REVENUE					992,858
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,683	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					1,670
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b RENTAL					10,400
c REALIZED GAIN					835
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		1,683	1,005,763
105 Total (add line 104, columns (B), (D), and (E))					1,007,446

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XIII Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here

Signature of officer: *Randy Van Maanen* Date: *3/25/09*

Type or print name and title: **RANDY VAN MAANEN** **PRESIDENT**

Paid Preparer's Use Only

Preparer's signature: *Jan E. Oster* Date: **3/16/09** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **KERBER, ROSE & ASSOCIATES, S.C.**
4211 N LIGHTNING DR
APPLETON, WI 54913

Preparer's SSN or PTIN (See Gen Instr. X): **P00195957** EIN: **39-1658423** Phone: **920-883-0105**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

WISCONSIN INDEPENDENT CHRISTIAN SCHOOL

Employer identification number

31-1706955

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p>		0	
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

Part IV-A - Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶	26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	
e Public support (line 26c minus line 26d total)	▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year		(2006)	(2005)	(2004)	(2003)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year		(2006)	(2005)	(2004)	(2003)	N/A
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c				
d Add Line 27a total _____ and line 27b total _____	▶	27d				
e Public support (line 27c total minus line 27d total)	▶	27e				
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	▶	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	%			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	%			

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	X	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		X
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Mortgages and Other Notes Payable

Forms
990 / 990-PF

2007

For calendar year 2007, or tax year beginning **7/01/07**, and ending **6/30/08**

Name
**WISCONSIN INDEPENDENT CHRISTIAN
SCHOOL**

Employer Identification Number
31-1706955

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) FIRST NATIONAL BANK	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	1,565,731	1,505,963
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,565,731	1,505,963

Federal Statements**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**

<u>Desc</u>		<u>Date</u>	<u>Date</u>	<u>Sale</u>	<u>Cost &</u>	<u>Depr</u>	<u>Gain/</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Price</u>	<u>Expense</u>		<u>-Loss</u>
<u>Rec'd</u>	<u>Sold</u>						
BUS # 5							
	PURCHASE	7/09/02	4/28/08	\$ 1,670	\$ 2,250	\$ 2,250	\$ 1,670
TOTAL				<u>\$ 1,670</u>	<u>\$ 2,250</u>	<u>\$ 2,250</u>	<u>\$ 1,670</u>

Federal Statements

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN/LOSS	\$ <u>-2,749</u>
TOTAL	\$ <u><u>-2,749</u></u>

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
ADVERTISING	4,046	4,046		
CURRICULUM	11,349	11,349		
GENERAL SCHOOL EXPENSES	72,225	72,225		
MEMBERSHIP & DUES	4,347		4,347	
MISCELLANIOUS	4,915	4,915		
OFFICE EXPENSES	8,454		8,454	
SPORTS AND COMPITITIONS	70,017	55,602	14,415	
TECHNOLOGY	8,436		8,436	
VEHICLE EXPENSES	3,815		3,815	
TRAINING & DEVELOPMENT	20,614		20,614	
TAX PENALTIES	25		25	
UTILITIES	49,074	49,074		
REGISTRATION	2,701	2,701		
PRODUCTIONS EXPENSES	16,287	16,287		
ACADEMY	3,217			3,217
TOTAL	\$ 279,522	\$ 216,199	\$ 60,106	\$ 3,217

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

THE ACCREDITED EDUCATION OF ALL STUDENTS ENROLLED IN GRADES
PRE-SCHOOL THROUGH HIGH SCHOOL.

Statement 5 - Form 990, Part III, Line e - Other Program Services

Description

EDUCATION OF ALL STUDENTS ENROLLED

Federal Statements

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
	\$ 2,195,800	\$ 704,040	\$ 2,252,576	\$ 768,325
	165,860		150,000	
TOTAL	<u>\$ 2,361,660</u>	<u>\$ 704,040</u>	<u>\$ 2,402,576</u>	<u>\$ 768,325</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SCRIP	\$ 3,981	\$
INVESTMENT AT OSHKOSH AREA COMM		22,617
UNEMPLOYMENT BOND		22,500
TOTAL	<u>\$ 3,981</u>	<u>\$ 45,117</u>

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return WISCONSIN INDEPENDENT CHRISTIAN SCHOOL	Identifying number 31-1706955
--	---

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	66,533

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	66,533
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	BUILDING	11/04/94	27,029		27,029	40 MO S/L	8,559	676
2	CONSTRUCTION	4/01/97	810		810	15 MO S/L	554	54
3	CONSTRUCTION	4/01/97	1,172		1,172	15 MO S/L	801	78
4	ARCHITECT FEES	7/01/97	11,330		11,330	40 MO S/L	2,833	283
5	BUILDING	7/06/97	1,151,154		1,151,154	40 MO S/L	287,788	28,779
6	BUILDING ADDITION	8/01/97	261,602		261,602	40 MO S/L	64,856	6,540
7	GYM FLOOR COVERING	2/26/99	3,975		3,975	15 MO S/L	2,208	265
8	SCIENCE LAB	5/07/99	32,305		32,305	40 MO S/L	6,596	807
9	CONCRETE PAD GARAGE	7/13/99	503		503	15 MO S/L	268	34
10	KILN WIRING	7/14/99	578		578	40 MO S/L	116	14
11	OUTDOOR LIGHTS	8/03/99	3,500		3,500	15 MO S/L	1,847	234
12	SCIENCE LAB ELECTRIC	8/25/99	621		621	40 MO S/L	122	15
13	FLOOR COVERING	8/30/99	1,629		1,629	10 MO S/L	1,276	163
14	SCIENCE LAB	10/01/99	64,294		64,294	40 MO S/L	12,457	1,607
15	BUILDING ADDITION	8/30/00	297,783		297,783	40 MO S/L	50,871	7,445
16	ALARM SYSTEM	9/01/00	720		720	15 MO S/L	328	48
17	ALUMINUM GUTTERS	10/31/00	1,925		1,925	20 MO S/L	642	96
18	BLEACHER UNITS	8/14/98	3,225		3,225	15 MO S/L	1,917	215
19	SCOREBOARD	10/15/98	15,619		15,619	15 MO S/L	9,111	1,042
20	ANNOUNCER'S BOOTH	3/02/99	1,500		1,500	15 MO S/L	833	100
21	CONCESSION STAND	7/07/99	771		771	15 MO S/L	412	51
22	ANNOUNCER'S BOOTH	12/04/99	1,498		1,498	15 MO S/L	757	100
23	ELECTRICAL UPGRADE	8/24/04	2,425		2,425	10 MO S/L	687	243
24	GLASS DOORSTROPHY	11/15/95	600		600	15 MO S/L	467	40
25	BLEACHERS FOR GYM	12/15/95	4,560		4,560	7 MO S/L	4,560	0
26	OFFICE FURNITURE	10/15/97	840		840	7 MO S/L	840	0
27	8 CAFETERIA TABLES	9/15/99	433		433	7 MO S/L	433	0
28	OFFICE CHAIRS	7/17/00	120		120	7 MO S/L	119	1
29	DESK & OFFICE FURNITURE	7/18/00	5,207		5,207	7 MO S/L	5,145	62
30	SHELVING UNIT	8/12/00	132		132	7 MO S/L	130	2
31	TROPHY CASE	1/03/01	226		226	7 MO S/L	210	16
32	SCORER'S TABLE	7/07/99	1,000		1,000	15 MO S/L	533	67
33	CHIOR RISE	11/30/01	485		485	10 MO S/L	271	48
34	LAND	9/08/97	150,000		150,000	0 -- Land	0	0
35	PARKING LOT	10/15/95	6,356		6,356	15 MO S/L	4,979	424
36	GRASS SEED	11/15/99	1,312		1,312	15 MO S/L	1,020	88
37	SEAL COATING	8/01/96	1,395		1,395	15 MO S/L	1,015	93
38	SIDEWALK	11/01/96	928		928	15 MO S/L	660	62
39	FENCING	12/01/96	1,456		1,456	15 MO S/L	1,027	97
40	LANDSCAPING	12/01/96	11,350		11,350	15 MO S/L	8,008	757
41	FENCING	7/03/97	1,760		1,760	15 MO S/L	1,173	118
42	FENCING	7/07/99	7,895		7,895	15 MO S/L	4,167	526
43	PARKING LOT	8/12/99	11,099		11,099	15 MO S/L	5,858	740
44	ASPHALT PAVING	9/23/99	13,166		13,166	15 MO S/L	6,802	878
45	TELEPHONE CABLES	7/18/00	1,085		1,085	15 MO S/L	500	73
46	MQ SIGN	2/01/97	1,000		1,000	7 MO S/L	1,000	0
47	FENCE COVERING	3/08/00	1,413		1,413	15 MO S/L	691	94
48	FENCE GUARD	3/09/00	811		811	15 MO S/L	397	54
49	SOCCER FIELD	6/07/00	12,860		12,860	0 -- Land	0	0
50	DIRT-SOCCER FIELD	7/05/00	3,000		3,000	0 -- Land	0	0
51	REPAVING PARKING LOT	7/24/01	3,789		3,789	15 MO S/L	1,495	252
52	CEDAR FENCE	9/27/01	5,040		5,040	10 MO S/L	2,898	504
53	SIDEWALKS	12/31/01	11,611		11,611	10 MO S/L	6,386	1,161
54	PLAYGROUND	10/01/97	1,531		1,531	15 MO S/L	995	102
55	SECURITY SYSTEM	2/13/98	1,525		1,525	15 MO S/L	957	102
56	DISTANCE LEARNING LA	12/14/98	10,473		10,473	40 MO S/L	2,247	262
57	COPIER	11/01/94	4,500		4,500	5 MO S/L	4,500	0
58	SOUND SYSTEM	10/31/95	7,329		7,329	7 MO S/L	7,329	0
60	PHONE LINE	4/30/96	411		411	7 MO S/L	411	0
61	COMPUTER LAB	5/28/96	58,943		58,943	5 MO S/L	58,943	0
62	PRINTER	5/31/96	619		619	5 MO S/L	619	0
65	COMPUTER LAB	9/01/96	1,730		1,730	7 MO S/L	1,730	0
66	LOCK SYSTEMS	2/15/97	430		430	7 MO S/L	430	0
67	PHONES	4/01/97	300		300	7 MO S/L	300	0
68	NETWORK INSTALLATION	6/01/97	769		769	5 MO S/L	769	0
69	NETWORK	7/31/97	725		725	5 MO S/L	725	0
70	MIDWEST VISUAL COMM	1/07/99	40,045		40,045	10 MO S/L	34,038	4,005
71	LAWN TRACTOR	4/21/99	2,099		2,099	7 MO S/L	2,099	0

Federal Asset Report

FYE: 6/30/2008

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	COMPUTER UPGRADE	7/07/99	348		348	5 MO S/L	348	0
74	OVERHEAD PROJECTOR	9/19/99	300		300	7 MO S/L	300	0
75	FAN CHEMICAL LAB	11/02/99	6,850		6,850	7 MO S/L	6,850	0
77	3M PROJECTOR	11/11/99	435		435	7 MO S/L	435	0
78	NEW PC	12/29/99	235		235	5 MO S/L	235	0
79	FLOOR SCRUBBER	7/01/00	7,500		7,500	7 MO S/L	7,500	0
80	EPSON PRINTER	8/02/00	128		128	5 MO S/L	128	0
81	DRUM SET	8/18/00	668		668	7 MO S/L	652	16
82	MICROPHONE & AMPLIFIER	8/18/00	550		550	7 MO S/L	537	13
83	BINDING MACHINE	8/22/00	200		200	7 MO S/L	195	5
84	4 OVERHEAD PROJECTORS	9/12/00	720		720	7 MO S/L	703	17
85	SECURITY CAMERAS	9/14/00	134		134	7 MO S/L	131	3
86	MODEM, CABLES, HUB, CD	1/03/01	823		823	5 MO S/L	823	0
87	DEFIBULATOR	4/03/01	2,810		2,810	7 MO S/L	2,509	301
88	PRINTER	4/03/01	306		306	7 MO S/L	273	33
89	BATTING TUNNEL	3/01/00	2,516		2,516	10 MO S/L	1,845	252
90	PITCHING MACHINE	3/08/00	1,747		1,747	7 MO S/L	1,747	0
91	NEW PHONE JACKS-SC	7/01/01	273		273	7 MO S/L	234	39
92	FOOTBALL SLED	8/30/01	695		695	10 MO S/L	405	70
95	WEIGHT EQUIPMENT	9/10/01	125		125	10 MO S/L	73	12
96	POPCORN MACHINE	9/14/01	550		550	10 MO S/L	321	55
97	FREY FLEX WIRELESS C	2/12/02	998		998	10 MO S/L	541	99
98	WEIGHT ROOM EQUIPMENT	8/13/01	500		500	10 MO S/L	296	50
99	25" STEREO TV	1/29/02	210		210	10 MO S/L	114	21
100	4 HEAD VCR	1/29/02	58		58	10 MO S/L	31	6
101	2 ZIP DRIVES	6/07/02	200		200	5 MO S/L	200	0
102	GATEWAY COMPUTER	8/17/01	1,118		1,118	5 MO S/L	1,118	0
103	COMPUTERS-JASON & S	8/22/01	485		485	5 MO S/L	485	0
104	24 UNIT MOBILE COMPUTER	9/05/01	1,999		1,999	7 MO S/L	1,666	285
105	GATEWAY COMPUTER	10/11/01	1,575		1,575	5 MO S/L	1,575	0
106	GATEWAY LAPTOP X/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
107	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
108	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
109	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
110	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
111	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
112	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
113	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
114	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
115	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
116	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
117	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
118	GATEWAY LAPTOP W/EX	8/09/01	1,605		1,605	5 MO S/L	1,605	0
122	PHONE SYSTEM	1/09/03	1,900		1,900	7 MO S/L	1,221	272
123	AMD 1600 COMPUTER	8/26/02	765		765	5 MO S/L	740	25
124	AMD 1600 COMPUTER	8/26/02	765		765	5 MO S/L	740	25
125	AMD 1600 COMPUTER	8/26/02	765		765	5 MO S/L	740	25
126	AMD 1600 COMPUTER	8/26/02	765		765	5 MO S/L	740	25
127	AMD 1600 COMPUTER	8/26/02	765		765	5 MO S/L	740	25
128	AMD 1600 COMPUTER	8/26/02	765		765	5 MO S/L	740	25
129	SOUND SYSTEM	9/09/04	2,206		2,206	7 MO S/L	893	315
130	COMPUTER FOR WEB	9/02/04	1,423		1,423	5 MO S/L	806	285
131	AMD 1600 COMPUTER	8/26/02	765		765	5 MO S/L	740	25
132	QUICKBOOKS SOFTWARE	9/12/00	308		308	3 MO S/L	308	0
133	SOFTWARE	9/26/00	873		873	3 MO S/L	873	0
134	NETWARE 5 I	10/31/00	1,005		1,005	3 MO S/L	1,005	0
135	ACCESS SOFTWARE	3/08/01	247		247	3 MO S/L	247	0
136	LICENSED PRODUCT AGREEMENT	8/20/01	3,655		3,655	5 MO S/L	3,655	0
137	MACROMEDIA	11/06/01	259		259	5 MO S/L	259	0
138	(2) QUICKBOOKS PRO SOFTWARE	6/23/02	430		430	5 MO S/L	430	0
145	BUS # 5	7/09/02	2,250		2,250	5 MO S/L	2,250	0
Sold/Scrapped. 4/28/08								
147	10 MICROPHONES	6/26/06	3,400		3,400	7 MO S/L	486	485
148	1-8 CHANNEL AMPLIFIED SOUND BO/	6/26/06	293		293	7 MO S/L	42	42
149	3 SPEAKERS	6/26/06	240		240	7 MO S/L	34	35
150	Software	12/31/06	2,579		2,579	3 MO S/L	430	860
151	Lifetime table	1/01/07	990		990	7 MO S/L	71	141
152	Gym Floor	8/15/07	13,961		13,961	15 MO S/L	0	853
153	Air Conditioning	5/19/08	2,200		2,200	7 MO S/L	0	26
154	Bus	1/17/08	27,000		27,000	5 MO S/L	0	2,250

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>2,404,821</u>			<u>2,404,821</u>		<u>704,040</u>	<u>66,533</u>
	Total ACRS and Other Depreciation		<u>2,404,821</u>			<u>2,404,821</u>		<u>704,040</u>	<u>66,533</u>
	Grand Totals		2,404,821			2,404,821		704,040	66,533
	Less: Dispositions		2,250			2,250		2,250	0
	Less: Start-up/Org Expensed		0			0		0	0
	Net Grand Totals		<u>2,402,571</u>			<u>2,402,571</u>		<u>701,790</u>	<u>66,533</u>

Form **8868**
(Rev. April 2008)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

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	Name of Exempt Organization WISCONSIN INDEPENDENT CHRISTIAN SCHOOL	Employer identification number 31-1706955
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 3450 VINLAND ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions OSHKOSH WI 54901	

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 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 ▶

Telephone No. ▶

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 _____, 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 _____, and ending _____.

- 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	\$
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	\$
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	\$

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.

Form **8868** (Rev. 4-2008)

- 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. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization WISCONSIN INDEPENDENT CHRISTIAN SCHOOL	Employer identification number 31-1706955
	Number, street, and room or suite no. If a P O box, see instructions 3450 VINLAND ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions OSHKOSH WI 54901	

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

<input checked="" 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 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 ▶ **SUSAN HOCKSTEIN**
Telephone No ▶ **920-231-9704** 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.

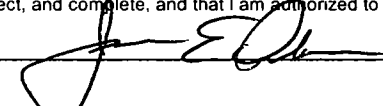
- 4 I request an additional 3-month extension of time until **5/15/09**.
- 5 For calendar year _____, or other tax year beginning **7/01/07**, and ending **6/30/08**
- 6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE 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	\$
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	\$
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	\$

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 ▶  Title ▶ **CAA** Date ▶ **2/13/09**
Form **8868** (Rev 4-2008)