

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 2007 calendar year, or tax year beginning , 2007, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 INNOVATION DRIVE SUITE 135</p> <p>City or town, state or country, and ZIP + 4 WAUWATOSA, WI 53226</p> <p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	<p>D Employer identification number 39-1270290</p> <p>E Telephone number (414) 456-5830</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
<p>G Website: ▶ MACCFUND.ORG</p> <p>J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check here <input type="checkbox"/> 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.</p>		<p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶</p> <p>H(c) Are all affiliates included? NA <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Group Exemption Number ▶</p> <p>M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>	
<p>L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,481,682.</p>			

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	67,327.		
	b	Direct public support (not included on line 1a)	1b	3,044,702.		
	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 \$ <u>3,068,217.</u> noncash \$ <u>43,812.</u>)	1e		3,112,029.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		172,782.	
	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			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	1,840,583.	8a	NONE
	b	Less: cost or other basis and sales expenses		1,580,645.	8b	74.
	c	Gain or (loss) (attach schedule)		259,938.	8c	-74.
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT. 23			8d	259,864.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>				
	a	Gross revenue (not including \$ <u>2,731,208.</u> of STMT 1 contributions reported on line 1b)	9a	356,288.		
	b	Less: direct expenses other than fundraising expenses	9b	453,115.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		-96,827.	
	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			
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		3,447,848.	
Expenses	13	Program services (from line 44, column (B))	13		3,271,369.	
	14	Management and general (from line 44, column (C))	14		534,810.	
	15	Fundraising (from line 44, column (D))	15		507,883.	
	17	Total expenses. Add lines 16 and 44, column (A)	17		4,314,062.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-866,214.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,297,275.	
	20	Other changes in net assets or fund balances (attach explanation) STMT. 3	20		108,455.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		4,539,516.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
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 MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
	Number, street, and room or suite no. If a P.O. box, see instructions. 10000 INNOVATION DRIVE SUITE 135	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUWATOSA, WI 53226	

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 **LORI A SCHOMMER**
 Telephone No. **414 456-5830** FAX No. **414 456-6170**
- 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 **11/15/2008**.

5 For calendar year **2007**, or other tax year beginning _____, and ending _____.

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 **THE TAXPAYER RESPECTFULLY REQUESTS AN ADDITIONAL EXTENSION OF TIME TO FILE TO GATHER THE INFORMATION NECESSARY 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 \$ NONE
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 \$ NONE
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 \$ NONE

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 **Edward G Mysz** Title **Partner** Date **8/6/08**

GRANT THORNTON LLP
PO BOX 8100
MADISON, WI 53708-8100

Application for Extension of Time To File an Exempt Organization Return

► 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 **X**
- 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).

Section 501(c) corporations 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 section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC	Employer identification number 39-1270290
	Number, street, and room or suite no. If a P.O. box, see instructions. 10000 INNOVATION DRIVE SUITE 135	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUWATOSA, WI 53226	

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-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 ► LORI A SCHOMMER

Telephone No. ► 414 456-5830 FAX No. ► 414 456-6170

- 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 section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2007 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	\$	NONE
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	\$	NONE
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	\$	NONE

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.

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ <u>3,271,369.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	3,271,369.	3,271,369.	STMT 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	295,472.		132,962.	162,510.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	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)				
26	Salaries and wages of employees not included on lines 25a, b, and c	152,748.		68,737.	84,011.
27	Pension plan contributions not included on lines 25a, b, and c	31,724.		14,276.	17,448.
28	Employee benefits not included on lines 25a - 27	35,373.		15,918.	19,455.
29	Payroll taxes	158,884.		71,498.	87,386.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	13,517.		1,871.	11,646.
34	Telephone	9,270.		4,044.	5,226.
35	Postage and shipping	31,001.		1,503.	29,498.
36	Occupancy	33,000.		14,850.	18,150.
37	Equipment rental and maintenance	86,232.		2,219.	84,013.
38	Printing and publications	61,086.		2,952.	58,134.
39	Travel	22,928.		3,159.	19,769.
40	Conferences, conventions, and meetings	1,613.			1,613.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	9,758.	STMT. 22	4,391.	5,367.
43	Other expenses not covered above (itemize):				
a	STMT 5	100,087.		196,430.	-96,343.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	4,314,062.	3,271,369.	534,810.	507,883.

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? ► SUPPORT CHILDHOOD CANCER RESEARCH
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 SEE STATEMENT 6

(Grants and allocations \$ 3,271,369.) If this amount includes foreign grants, check here ►

3,271,369.

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)
(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) ►

3,271,369.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	712,116.	45	471,888.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	17.			
	b Less: allowance for doubtful accounts				
			7,285.	47c	17.
	48a Pledges receivable	861,905.			
	b Less: allowance for doubtful accounts	5,000.			
			916,698.	48c	856,905.
	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) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
53 Prepaid expenses and deferred charges		33,705.	53	33,597.	
54a Investments - publicly-traded securities STMT 7					
b Investments - other securities (attach schedule).					
		6,183,172.	54a	6,687,504.	
			54b		
55a Investments - land, buildings, and equipment: basis	56,279.				
b Less: accumulated depreciation (attach schedule)					
	44,789.	14,393.	55c	11,490.	
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment: basis					
b Less: accumulated depreciation (attach schedule)					
			57c		
58 Other assets, including program-related investments (describe STMT 8)		3,714.	58	3,714.	
59 Total assets (must equal line 74). Add lines 45 through 58		7,871,083.	59	8,065,115.	
Liabilities	60 Accounts payable and accrued expenses	49,567.	60	42,720.	
	61 Grants payable	2,482,441.	61	3,414,406.	
	62 Deferred revenue	368.	62	791.	
	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)			64b	
	65 Other liabilities (describe STMT 9)		41,432.	65	67,682.
66 Total liabilities. Add lines 60 through 65		2,573,808.	66	3,525,599.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	4,193,920.	67	3,428,628.	
	68 Temporarily restricted	953,355.	68	960,888.	
	69 Permanently restricted	150,000.	69	150,000.	
	Organizations that do not follow SFAS 117, check here <input 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			72	
	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)		5,297,275.	73	4,539,516.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,871,083.	74	8,065,115.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Total revenue reported as 3,447,848.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Total expenses reported as 4,314,062.

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.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account. Row 1: SEE STATEMENT 14, 245,936, 46,311, 3,225.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 12

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 20

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

75c X

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NA' and '-0-' in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) NONE

81a

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

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?
82b 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.)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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
88b 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
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE
89b 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
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
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?
90a List the states with which a copy of this return is filed WISCONSIN
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 8
91a The books are in care of LORI A SCHOMMER Telephone no. 414-456-5830
Located at 10000 INNOVATION DRIVE, SUITE 135 WAUWATOSA, WI ZIP + 4 53226

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.

Part VI Other Information (continued)

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 N/A

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 _____					
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					
96 Dividends and interest from securities			14	172,782.	
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			18	259,864.	
101 Net income or (loss) from special events					-96,827.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				432,646.	-96,827.
105 Total (add line 104, columns (B), (D), and (E)) ▶					335,819.

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).
▼	STMT 17

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
NA	%			
	%			
	%			
	%			

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 XI 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 Identification 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 Identification 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
		X

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 _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature	Date 8/2/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) 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 608-257-6761	Phone no. 608-257-6761	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC

Employer identification number

39-1270290

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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 18				
Total number of other employees paid over \$50,000 . . ▶		NONE		

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 ▶		NONE

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 ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2007

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

	Yes	No
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 ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
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.		
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.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT 19	2d	X
e Transfer of any part of its income or assets?	2e	X
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.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
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	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year ►		<u>1.</u>
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		<u>103,983.</u>
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 rights to provide advice on the distribution or investment of amounts in such funds or accounts ►		<u>NONE</u>
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		<u>NONE</u>

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.

Table with columns for calendar year (or fiscal year beginning in) and rows for various income and support items (15-28). Includes sub-rows for public support calculations (26a-26f) and unusual grants (28).

Part V Private School Questionnaire (See page 9 of the instructions.) **NOT APPLICABLE**
(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?	29	
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?	30	
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.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

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)

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	NONE
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	NONE
38	Total lobbying expenditures (add lines 36 and 37)	38	NONE
39	Other exempt purpose expenditures	39	4,314,062
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,314,062
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 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	41	365,703
42	Grassroots nontaxable amount (enter 25% of line 41)	42	91,426
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	NONE
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	NONE

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	365,703				365,703
46 Lobbying ceiling amount (150% of line 45(e))					548,555
47 Total lobbying expenditures	NONE				NONE
48 Grassroots nontaxable amount	91,426				91,426
49 Grassroots ceiling amount (150% of line 48(e))					137,139
50 Grassroots lobbying expenditures	NONE				NONE

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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.

Schedule of Contributors

2007

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization
MIDWEST ATHLETES AGAINST CHILDHOOD CANCER INC

Employer identification number
39-1270290

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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

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

Employer identification number

39-1270290**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MILWAUKEE BUCKS 1001 N FOURTH ST MILWAUKEE, WI 53203	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	RSR CAPITAL ADVISORS 1031 PALMER AVENUE WINTER PARK, FL	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THRIVENT FINANCIAL FOR LUTHERANS 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	\$ 105,195.	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	\$ 65,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WI BASKETBALL COACHES ASSOCIATION 605 S. RANDOLPH ST. CUBA CITY, WI 53807	\$ 107,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WOMEN FOR MACC 10000 INNOVATION DR. SUITE 135 MILWAUKEE, WI 53226	\$ 236,299.	Person <input checked="" 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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AL & ANITA COSTIGAN 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	\$ 113,693.	Person <input checked="" 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.)
		\$	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.)
		\$	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.)

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION

AMOUNT

SEE STATEMENT 21

2,731,208.

TOTAL

2,731,208.
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SEE STATEMENT 21	356,288.	453,115.	-96,827.
TOTALS	356,288.	453,115.	-96,827.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS/LOSSES	108,455.
TOTAL	----- 108,455. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR
 =====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
 AND
 FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID =====		
ONE STEP AT A TIME 500 N. MICHIGAN AVE. #300 CHICAGO, IL	GENERAL SUPPORT	27,300.
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	RESEARCH	2,809,462.
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE MADISON, WI 53708	RESEARCH	104,607.
REGENTS OF THE UNIVERSITY OF WISCONSIN 1860 VAN HISE HALL, 1220 LINDEN DR. MADISON, WI 53706	RESEARCH	330,000.
	TOTAL CONTRIBUTIONS PAID	3,271,369.

FORM 990, PART II - OTHER EXPENSES
=====

DESCRIPTION -----	TOTAL -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
MISCELLANEOUS	8,819.	3,215.	5,604.
PUBLICITY	787.		787.
OUTSIDE SERVICES	38,014.	22,517.	15,497.
TRUST FEES	149,034.	149,034.	
INTERNET	20,388.	891.	19,497.
INSURANCE	25,002.	11,251.	13,751.
LICENSE & FEES	71,323.	1,371.	69,952.
REPAIRS & MAINTENANCE	7,007.	2,459.	4,548.
AWARDS	4,267.		4,267.
FOOD FOR EVENTS	95,357.	999.	94,358.
PHOTOGRAPHY	601.	482.	119.
DELIVERIES	4,309.	332.	3,977.
PROMOTIONAL ATTIRE	69,764.	3,879.	65,885.
SALES TAX	5,816.		5,816.
BAD DEBT	5,000.		5,000.
AUCTION ITEMS	40,859.		40,859.
ENTERTAINMENT	6,855.		6,855.
LESS: DIRECT EXPENSES			
ALLOCABLE TO SPECIAL EVENTS	-453,115.		-453,115.
(SEE LINE 9)			
TOTALS	100,087.	196,430.	-96,343.
	=====	=====	=====

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

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 \$30 MILLION TO PEDIATRIC CANCER RESEARCH, PLAYING AN IMPORTANT ROLE IN HELPING TO INCREASE OVERALL CURE RATES FROM 20% TO 80%. 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.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----	-----
MUTUAL FUNDS	6,183,172.	6,687,504.	FMV
TOTALS	----- 6,183,172. =====	----- 6,687,504. =====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
ASSETS HELD FOR SALE	3,714.	3,714.
TOTALS	----- 3,714.	----- 3,714.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
ACCRUED COMPENSATION	41,432.	67,682.
TOTALS	41,432.	67,682.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

LOSS ON SALE OF ASSETS
REPORTED ON LINE 8B
SPECIAL EVENTS EXPENSES
REPORTED ON LINE 9B

74.

453,115.

TOTAL

453,189.

=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION	AMOUNT
-----	-----
TRUST FEES	38,633.
TOTAL	----- 38,633. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
LOSS ON SALE OF ASSETS REPORTED ON LINE 8B	74.
SPECIAL EVENTS EXPENSES REPORTED ON LINE 9B	453,115.

TOTAL	453,189.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION	AMOUNT
-----	-----
TRUST FEES	38,633.
TOTAL	----- 38,633. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JON MCGLOCKLIN TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	PRESIDENT 40.00	87,000.	NONE	NONE
WM. O. STEINBERG TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	CHAIRMAN 1.00	NONE	NONE	NONE
WALTER WINDING TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	DIRECTOR 1.00	NONE	NONE	NONE
DAVID MORRIS TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	TREASURER 1.00	NONE	NONE	NONE
LOU BANACH TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	DIRECTOR 1.00	NONE	NONE	NONE
KIETH BURG	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
AL COSTIGAN TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	DIRECTOR 1.00	NONE	NONE	NONE
PAUL GRIEPENFROG TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	DIRECTOR 1.00	NONE	NONE	NONE
JAN LENNON TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	SECRETARY 1.00	NONE	NONE	NONE
JOHN STEINMILLER TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	DIRECTOR 1.00	NONE	NONE	NONE
SCOTT FALK TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WAUWATOSA, WI 53226				
PAUL KNOEBEL TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	VICE CHAIRMAN 1.00	NONE	NONE	NONE
JOHN CARY TERM EXPIRATION: INDEFINITE 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	EXECUTIVE DIRECTOR 50.00	158,936.	46,311.	3,225.
TAMMIE MILLER TERM EXPIRATION: DECEMBER 2008 10000 INNOVATION DRIVE SUITE 135 WAUWATOSA, WI 53226	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		245,936.	46,311.	3,225.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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101	MIDWEST ATHLETES AGAINST CHILDHOOD CANCER, INC. CONDUCTS A NUMBER OF SPECIAL FUNDRAISING EVENTS EACH YEAR. SEE FORM 990, PART I, LINE 9 FOR A DISCLOSURE OF THE ORGANIZATION'S 3 LARGEST EVENTS FROM THIS REPORTING PERIOD. THESE FUNDRAISING EVENTS, SUCH AS THE TREK 100 BICYCLE RIDE, SUPPORT THE ORGANIZATION'S EXEMPT PURPOSE BY RAISING AWARENESS ABOUT THE CONTINUING NEED FOR PEDIATRIC CANCER RESEARCH. REVENUES AND CONTRIBUTIONS RAISED THROUGH THESE FUNDRAISING EVENTS GO TO SUPPORT THIS VITAL RESEARCH THROUGH CONTRIBUTIONS TO VARIOUS RESEARCH INSTITUTIONS.
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SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
COLLEEN MORAN 1000 INNOVATION DR. SUITE 135 WAUWATOSA, WI 53226	DEVELOPMENT OFFICER 40.00	80,378.	14,756.	180.
JANET PESHEK 1000 INNOVATION DR. SUITE 135 WAUWATOSA, WI 53226	DEVELOPMENT OFFICER 40.00	69,870.	19,384.	180.
TOTAL COMPENSATION		150,248.	34,140.	360.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
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SEE FORM 990, PART V-A

Midwest Athletes Against Childhood Cancer, Inc.
EIN # 39-1270290
For the Tax Year-Ended December 31, 2007

Form 990, Part V-A, Line 75b

Taxpayer has made a reasonable inquiry regarding the information required for item 75b of Form 990 and has not discovered any reportable relationships.

Midwest Athletes Against Childhood Cancer, Inc.
EIN # 39-1270290
For the Tax Year-Ended December 31, 2007

Form 990, Part I, Line 9

Fundraising Event	1	2	3	All	Total
	<u>Trek 100</u>	<u>BP Golf Outing</u>	<u>Ridin' for Research</u>	<u>Others</u>	<u>Total</u>
Gross Receipts	1,372,133	97,891	137,459	1,480,013	3,087,496
Less: Contributions	<u>(1,216,076)</u>	<u>(29,122)</u>	<u>(137,459)</u>	<u>(1,348,551)</u>	<u>(2,731,208)</u>
Gross Revenue	156,057	68,769	-	131,462	356,288
Less: Direct Expenses	<u>(224,824)</u>	<u>(25,378)</u>	<u>(16,420)</u>	<u>(186,493)</u>	<u>(453,115)</u>
Net Income/(Loss)	<u><u>(68,767)</u></u>	<u><u>43,391</u></u>	<u><u>(16,420)</u></u>	<u><u>(55,031)</u></u>	<u><u>(96,827)</u></u>

Event 1: Trek 100

Trek 100 is a bike ride held annually. Riders pay a registration fee (shown as gross revenue above) and in exchange receive shirts, maps, food, entertainment. In addition, each rider raises pledges (shown as contributions above and reported on Form 990, Line 1). Riders who have raised at least \$1,000 in contributions prior to the ride participate in a special dinner and auction the night before the Trek 100 ride. Auction bids and contributions in excess of fair market value are disclosed above. Other Trek 100 merchandise is available for sale at the event, including cycling jerseys, jackets, t-shirts, and sweatshirts. All merchandise is embroidered with or has printed on it the Trek 100 logo. Revenues and direct costs from this activity are also included above.

Event 2: BP Golf Outing

The BP Golf Outing is an event sponsored by BP (British Petroleum). This event includes a dinner, auction, and raffle.

Event 3: Ridin' for Research

Ridin' for Research is an ultra indoor cycling fundraiser where participants ride 2-6 hours and collect pledges for their efforts. All proceeds will benefit the MACC Fund, Inc. and critical pediatric cancer and related blood disease research.

All Other Events

Midwest Athletes Against Childhood Cancer, Inc. holds a number of other events, each one of which has gross revenue not in excess of \$239,000. Gross revenue from these events includes over \$1.35 million of contributions reported on Line 1 of Form 990 and helps support the organization's grant-making activities.

Midwest Athletes Against Childhood Cancer, Inc.
EIN # 39-1270290
For the Tax Year-Ended December 31, 2007

Fixed Assets Attachment

Land, Buildings, and Equipment Basis	12/31/2006	Additions	Disposals	12/31/2007
Furniture	15,138	-	-	15,138
Equipment	31,113	6,796	(4,122)	33,787
Leasehold Improvements	-	-	-	-
Software	7,220	134	-	7,354
	<u>53,471</u>	<u>6,930</u>	<u>(4,122)</u>	<u>56,279</u>
Less: Accumulated Depreciation	<u>39,079</u>	<u>9,758</u>	<u>(4,048)</u>	<u>44,789</u>

