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990-EZ

Form

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning OCT 1, 2008, and ending SEPT 30, 2009

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization

Kiwanis Club of Fond du Lac - Lakeside

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. Box 2021

City or town, state or country, and ZIP + 4

Fond du Lac, WI 54936-2021

D Employer identification number

39-1098381

E Telephone number

F Group Exemption Number ►

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

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 508(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	14,608
4	Investment income	4	40
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	123,711
b	Less: direct expenses other than fundraising expenses	6b	88,159
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	34,572
7a	Gross sales of inventory, less returns and allowances	7a	17,699
b	Less: cost of goods sold	7b	15,209
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,490
8	Other revenue (describe)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	51,710
10	Grants and similar amounts paid (attach schedule)	10	34,648
11	Benefits paid to or for members	11	10,710
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	93
16	Other expenses (describe) District & International Dues	16	3,225
17	Total expenses. Add lines 10 through 16	17	48,676
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,034
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	38,753
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,787

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	38,753	41,787
23 Land and buildings		
24 Other assets (describe)		
25 Total assets	38,753	41,787
26 Total liabilities (describe)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,753	41,787

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

Cat. No. 106421

Form 990-EZ (2009)

18NE

SCANNED AUG 03 2010
JUN 23 2010
POSTMARK DATE

SCANNED AUG 03 2010

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? See ATTACHED

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

		(in dollars)
28	Young Children Priority one; Preserving lives, 203 \$1500, 3 children Winthrop Det Center for Kids; \$2,500 - 500 children, Camp Winback \$1500, a handicapped child red, offer \$2298 - 100+ children	

(Grants \$ _____) If this amount includes foreign grants, check here ☐

28a 2.798

23 Youth Services: Foulds Athletic Programs Support \$10,200 -
Other Youth Support \$2,460 - Soccer, other \$1,310 - 100 youth.

(Grants \$ _____) If this amount includes foreign grants, check here ☐

29a 13970

30 Community Services: Summer Music Support \$600 - 100 people,
Food Pantry \$2,030 - 500 people - other \$1,310 - 500 people

(Grants \$) If this amount includes foreign grants, check here ☐

30a 7.880

31 Other program services (attach schedule) *1. Humanitarian & Spiritual Aids - Food Packages 2000 - 1000 people*
(Grants \$ *Other 8 1000 - 100 PEOPLE*) If this amount includes foreign grants, check here ☐ 31a *3,000*

(Grants \$) If this amount includes foreign grants, check here ☐

31a	3,000
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32	Total program service expenses (add lines 28a through 31a)	32	34,648
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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		☒
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		☒
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>0</u>		
b Did the organization file Form 1120-POL for this year?		☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ <u>0</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		☒
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		☒
41 List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>JAMES D. DRISCOLL</u> Telephone no. ▶		
Located at ▶ <u>598 Sunset Dr. Concord, CA 94015</u> ZIP + 4 ▶ <u>54935</u>		
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		☒
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

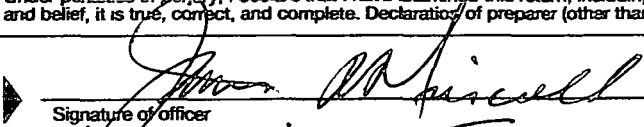
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▷

Sign Here	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.			
	 Signature of officer		Date 6/21/2010	
Paid Preparer's Use Only	Type or print name and title JAMES DRISCOLL, TREASURER		Check if self-employed ☐	Preparer's identifying number (See instructions)
	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▷ ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

Rowing Club of Fond du Lac - Lakeside

Employer identification number

39: 109 839/

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☒ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.**

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

		(a) Event #1 <i>Valley Wacker</i> (event type)	(b) Event #2 <i>Shogette Dinner</i> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	89,582	4,129		93,711
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	89,582	4,129		93,711
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	63,155	2,135		65,268
	8 Entertainment				
	9 Other direct expenses	405	966		1,371
	10 Direct expense summary. Add lines 4 through 9 in column (d)				66,639
	11 Net income summary. Combine line 3, column (d), and line 10				27,072

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming <i>Raffle</i>	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			30,000	30,000
Direct Expenses	2 Cash prizes			22,500	22,500
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes <u>100</u> % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				22,500	
8 Net gaming income summary. Combine line 1, column d, and line 7				7,500	

9 Enter the state(s) in which the organization operates gaming activities: WISCONSIN

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	X	
10a		X
11	X	
12	X	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility **13a** 0 %
- b An outside facility **13b** 100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▷

James Driscoll

Address ▷

Fond du Lac, WI, 54935

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

- b If "Yes," enter the amount of gaming revenue received by the organization ▷ \$ _____ and the amount of gaming revenue retained by the third party ▷ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▷

Address ▷

16 Gaming manager information:

Name ▷

Ann Hupfer

Gaming manager compensation ▷ \$

-0-

Description of services provided ▷

Control of Records of Tickets sold and winners paid.

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▷ \$

17a

X

Kiwanis club of Fond du Lac-Lakeside
Mission Statement

The mission of all Kiwanis clubs, world-wide is to provide help to young children. The Kiwanis club of Fond du Lac-Lakeside works to accomplish this mission by; supporting local programs such as: "Parenting years 1,2,3" "Camp Wabeek" a camp for the handicapped children, "Youth sports programs" such as youth soccer, youth hockey and figure skating, youth baseball and other local youth sports programs. The Kiwanis club of Fond du Lac-Lakeside also helps provide food for the youth and their families by supporting our local food banks and holiday food baskets. These are some of the areas the Kiwanis club of Fond du Lac-Lakeside works to make the world a better place to live and raise children.

Part IV

Kiwanis club of Fond du Lac-Lakeside

Officers and Directors for 2007

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE</u> / <u>ck</u>	<u>COMPENSATION</u>	<u>EXPENSES</u>
Ed Enders	W4964 4th. St. Rd. Fond du Lac, WI	President 4	None	None
Dan Weninger	235 15th. St. Fond du Lac, WI	Secretary 8	None	\$400
Jim Driscoll	598 Sunset Ln. Fond du Lac, WI	Treasurer 8	None	\$400
Steve Kindschuh	858 Martin Rd. Fond du Lac, WI	Director 2	None	None
Carol Able	N6397 Reilly Dr. Fond du Lac, WI	Director 2	None	None
Joe Ziegler	W2875 Golf View Dr. Fond du Lac, WI	Director 2	None	None
Tom Pollard	475 Mustang Ln. Fond du Lac, WI	Director 2	None	None
Dr. Shane Bauer	W6959 Burch Ct., Fond du Lac, WI	Director 2	None	None
Ty Stuckmann	781 Bragg St., Fond du Lac, WI	Director 2	None	None
Ann Hupfer	N6891 Lapp Rd., Fond du Lac, WI	Director 2	None	None
Ron Rademann	1027 Ashbury Ct., Fond du Lac, WI	Director 2	None	None