

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



200806

Form **990-EZ**

Department of the Treasury



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)

Sponsoning organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

Open to Public

_		tue Service		The organization may have to use a copy of this return to satisfy state reporting requirer			
_			ar year,	or tax year beginning July 1 , 2007, and ending	June		, 20 08
R	Check if a		Please use IRS	C Name of organization	D Employ	er ide	ntification number
\mathbb{H}	Address of Name cha	•	label or	39		1342747	
H	initial retu	-	print or type.	E Teleph	one nu	umber	
Ħ	Termination		See	PO Box 182	(920)	923-3040
Ħ	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4	F Group	Exemi	ntion
	Applicatio	on pending	tions.	Fond du Lac WI 54936-0182	Numbe		. •
	• Section	ion 501(c)(3) d	_	tions and 4947(a)(1) nonexempt charitable trusts must attach G Acco	ounting met or (specify)		☑ Cash ☐ Accrual
							organization
	Websit	_			t required t		
<u>J</u>	Organiz	zation type (c	heck on	ly one)— 🗹 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 Sche	edule B (For	m 990	, 990-EZ, or 990-PF).
				n is not a section 509(a)(3) supporting organization and its gross receipts are no action chooses to file a return, be sure to file a complete return	rmally not n	nore th	an \$25,000 A return is
				e 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form	990-EZ .	▶ \$	
	art I			nses, and Changes in Net Assets or Fund Balances (See page		he in	structions.)
	1				1	1	24500.00
	I -		-	grants, and similar amounts received		2	-0-
	2			evenue including government fees and contracts	• • • •	3	23785.00
	3			and assessments	}	-	
	4	Investment			• • • }	4	102.71
	5a			n sale of assets other than inventory		.	
	b			r basis and sales expenses			_
Φ	C	Gain or (loss	s) from s	ale of assets other than inventory. Subtract line 5b from line 5a (attach schedu	ıle) -	5c	-0-
Revenue	6	Special eve	nts and	activities (attach schedule). If any amount is from gaming, check here		: :	
Š	a	Gross reve	nue (no	t including \$ of contributions		~*	
æ		reported or		- l a l		, T-	
	b	Less: direc	t exper	ses other than fundraising expenses 6b		-	
	С			s) from special events and activities. Subtract line 6b from line 6a		6c_	-0-
	7a			entory, less returns and allowances		· .	
	b	Less: cost		·		\$.	
			-	ss) from sales of inventory. Subtract line 7b from line 7a		7c	-0-
	8					8	-0-
	9	Total rever	nue. Ac	scribe ►		9	48387.71
_					• • •	10	47047.60
	10			amounts paid (attach schedule)		11	41047.00
S	11	Benefits pa	ια το ο	for members		12	
Se	12	Salaries, of	ner coi	npensation, and employee benefits	ere 🖁 🖺 -		
Expenses	13			and other payments to independent contractors		13	
<u>.</u>	14			utilities, and maintenance	}	14	
ш	15	Printing, pu	ublication	ns, postage, and shipping JUL 18 2011	}	15	
	16	Other expe	nses (c		()	16	73.75
	17			Add lines 10 through 16 Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Subtract line 17 from line 9. Internal Revenue Service the year Service the year Subtract line 17 from line 9. Internal Revenue Service the year Service	ulce -	17	47121.35
Net Assets	18	Excess or ((deficit)			18	1266.36
SS	19			balances at beginning of year (from line 25, bollmin (A)) (milistration)	e with		
Ž		end-of-yea	r figure	reported on prior year's return) Appleton. WI .		19	54130.55
횰	20			net assets or fund balances (attach explanation)		20	
	41			balances at end of year. Combine lines 18 through 20		21	55396.91
P	art II	Balance S	Sheets	—If Total assets on line 25, column (B) are \$250,000 or more, file For	m 990 ins	tead c	of Form 990-EZ.
			(S	ee page 60 of the instructions.) (A) Be	eginning of ye	ar	(B) End of year
22	2 Cash	h, savinas. a	ind inve	stments	54130.5	55 22	55396.91
23					-	0- 23	-0-
24				· · · · · · · · · · · · · · · · · · ·	-	0- 24	-0-
25		-			54130.5		
26				e >		0- 26	
27	Net	assets or fu	und ba	ances (line 27 of column (B) must agree with line 21)	54130.5		
_					106421		Form 990-EZ (2007)

Pa	rt III Statement of Program Service Accom	plishments (See page 60	of the instruction	ons.)		Expen	ses	
What is the organization's primary exempt purpose? Serve Fond du Lac WI Area Youth (Required and (4) o							r 501(c)(3)
Des								ısts,
	All the money raised goes back to the communit Scholarships, YMCA Day Care, YMCA Youth Foo wide flood and many others in the attached com	tball Building, Re-stock fo prehensive list	ood pantry after t	he city		_		
	(Grants \$ 47047.60) If this amount incli				28a		4704	7.60
	(Grants \$) If this amount incli				29a			-0-
30	/ II tris amount inci				294			
		udes foreign grants, check			30a			-0-
					_			_
	(Grants \$) If this amount inclinated program service expenses. Add lines 28a the	udes foreign grants, check	nere	<u>. ▶ ⊔</u> ▶	31a 32		4704	-0-
	rt IV List of Officers, Directors, Trustees, and Key					instruc		
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit deferred competitions	ns to plans &	(E) E	Expense ount an	e id
Ka	rl Pennau - N5313 Denevue Lane							
	nd du Lac WI 54937	President - 4hrs	-0-		-0-			-0-
	rk Veit - W5079 Tuxedo Lane	President Elect - 2hrs			-0-			_
Fond du Lac WI 54935 President Elect - 2hrs -0- Steven Dilling - 737 Country Club Lane								-0-
	nd du Lac WI 54935	Treasurer - 4hrs	-0-		-0-			-0-
	ark Koechel - N7576 Sandy Beach Road		<u> </u>					
Fo	nd du Lac WI 54935	Secretary - 4hrs	-0-		-0-			-0-
Pa	rt V Other Information (Note the statemen	nt requirement in Genera	Instruction V.)				Yes	No
33	Did the organization make a change in its activitied detailed statement of each change	es or methods of conductir	ng activities? If "Y	es," attach a	1 	33		✓
34	Were any changes made to the organizing or gov attach a conformed copy of the changes	erning documents but not	•	RS? If "Yes,"		34		1
35	If the organization had income from business activities, s reported on Form 990-T, attach a statement explaining y	such as those reported on line	s 2, 6, and 7 (amor	g others), but 990-T	not			
а	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?							√
b	If "Yes," has it filed a tax return on Form 990-T for					35b		✓
	The state of the s							✓
37a	Enter amount of political expenditures, direct or ind		structions. ► 37	a	-0-			
	Did the organization file Form 1120-POL for this					37b		<u>✓</u>
38a	Did the organization borrow from, or make any loa any such loans made in a prior year and still unpa				ere	38a		√
b	If "Yes," attach the schedule specified in the line		r the amount		-			
	involved			b	N/A			
39	(), ()	n line O	20		NI/A			
	Initiation fees and capital contributions included of Gross receipts, included on line 9, for public use		39 39		N/A N/A			

Par	t V	Other Information (Note the statement requirement in Gene	eral Instructi	ion V.) (Cont	inued)			
40a	501(c	c)(3) organizations. Enter amount of tax imposed on the organization of tax imposed on tax imposed o	during the ye section 4955	ear under: 5 ▶	-0-			
b		c)(3) and (4) organizations. Did the organization engage in any section 4958 or did it become aware of an excess benefit transaction from a prior year					Yes	No ✓
	the y	amount of tax imposed on organization managers or disqualified pe ear under sections 4912, 4955, and 4958				<u>)-</u>		
d	Enter	amount of tax on line 40c reimbursed by the organization		-	-(<u>)-</u>		
е	transa	ganizations. At any time during the tax year, was the organization a paction?				40e		Ī
41	List th	he states with which a copy of this return is filed. ▶						
42a	The b	pooks are in care of ▶ Steven Dilling		Telephone r	no. ▶ (92	20) 9	23-30	
	Locat	ted at ▶ PO Box 182 - Fond du Lac WI		ZIP + 4	1 ▶	54936	0182	-
b	At an over accou	ry time during the calendar year, did the organization have an interes a financial account in a foreign country (such as a bank account, s	et in or a sign securities acc	ature or other	r authority er financial	42b	Yes	No
		, , , , , , , , , , , , , , , , , , , ,				420		Ě
		es," enter the name of the foreign country:						
_		the instructions for exceptions and filing requirements for Form TD F		f 41 11 O O		42c		1
C		by time during the calendar year, did the organization maintain an offi	ice outside o	tine U.S.?		720		
43	Section	es," enter the name of the foreign country: on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of enter the amount of tax-exempt interest received or accrued during the	of Form 1041 he tax year .	—Check here	1 43			▶ [
Disa		Under penalties of perjury, I declare that I have examined this return, including accon and belief, it is true, correct, and complete Declaration of preparer (other than office	mpanying sched cer) is based on	ules and stateme all information o	nts, and to th f which prep	ne best of n arer has an	ny knov ny know	vledge /ledge
Plea Sigr	1	Signature of officer/			-//			
Here	e	Barbara J Dilling - Treasurer						
		Type or print name and title			····			
Paid		Preparer's signature	s	Check if self-	Preparer's SS	SN or PTIN (S	See Gen	Inst X)
•	arer's	Firm's name (or yours		EIN	>			
Use	Uniy	if self-employed), address, and ZIP + 4		Phone no) ()		

Form **990-EZ** (2007)

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Fond du Lac Rotary Club Charities, Inc.			39	1342747
Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees O ist each one. If there a	ther Than Officere none, enter "l	ers, Director None.")	s, and Trustees
(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 employee benefit pla deferred compensa	ins & account and other
N/A				
		-		
Total number of other employees paid over \$50,000 .	-0-			A CONTRACT
Part II-A Compensation of the Five High	est Paid Independent (Contractors for	Professional	
(See page 2 of the instructions. Lis	t each one (whether indiv	viduals or firms)	f there are nor	ne enter "None "\
(a) Name and address of each independent contractor			of service	(c) Compensation
N/A	paid more than \$50,000	(b) Type	OI SELVICE	(c) Compensation
		_		
	-			
		_		
		-		
		-		
		-		
Total number of others receiving over \$50,000 for professional services ▶	-0-			
Part II-B Compensation of the Five Highe	est Paid Independent (ontractors for	Other Service	OC
(List each contractor who perform	ned services other than i	ornfaccional can	rices whather	rindwyduale or
firms. If there are none, enter "No			nces, whether	individuais of
(a) Name and address of each independent contractor	<u></u>	~~~~~~		(-) Company
N/A	paid more than \$50,000	(b) Type	of service	(c) Compensation
N/A		-		
		-		
				-
Total number of other control	<u> </u>	0.03.8528453846.04×44		Association and the second
Total number of other contractors receiving over \$50,000 for other services ▶	- 0-			

Pai	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 \$		✓
	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.)		
а	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
С	Furnishing of goods, services, or facilities?		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		1
е	Transfer of any part of its income or assets?		1
3а	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)		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	_	1
С	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		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b	Did the organization make any taxable distributions under section 4966?	_	-
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	✓
d	Enter the total number of donor advised funds owned at the end of the tax year		-0-
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		-0-
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		-0-
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		-0-

		Reason for Non-Private		Status (See pages 4	unough o o	are modade	tions.)
cer	ify t	that the organization is not a private	te foundation bed	ause it is: (Please check	only ONE app	olicable 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 Pa	art V.)			
7		A hospital or a cooperative hospital	tal service organi:	zation. Section 170(b)(1)	(A)(III).		
8		A federal, state, or local governm	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization of and state ▶			ection 170(b)(1)(A)(III). Enter ti	ne hospital's name, city,
10		An organization operated for the be (Also complete the Support Scheo	-	or university owned or op	perated by a go	vernmental ur	nit. Section 170(b)(1)(A)(iv).
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmental	unit or from tl	ne general public. Section
11b		A community trust Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A.)	
12		An organization that normally receifrom activities related to its chantifrom gross investment income ar organization after June 30, 1975.	able, etc., function and unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more t tax) from bu	han 331/4% of its support sinesses acquired by the
13	Z	An organization that is not controlled requirements of section 509(a)(3).					and otherwise meets the
		✓ Type I ☐ Type II	□Туре	III-Functionally Integrat	ed \Box	Type III-Oth	er
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	e 8 of the ins	tructions.)
(a) Name(s) of supported organization(s) ide		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(c) Is the su organizatio the sup organiz governing d	ipported on listed in porting cation's	(e) Amount of support	
					Yes	No	
Fo	nd a	lu Lac Rotary Club, Inc.	39-1016938	501(c)4		✓	-0-
				<u> </u>			The support is to be
							the grantor arm of
							the 501(c)4
Гotа] .						
			<u>-</u>			<u>:</u>	·

	: You may use the worksheet in the instructions					
	ndar 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 20/ of	amount in colum	- (a) line 04	▶ 26	3
b	Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter line	ne of and amoun ation) whose tota th your return. E	t contributed by one all gifts for 2003 the other the total of all	each person (other rough 2006 exce these excess am	er than a eded the ounts > 26	-
d	Add: Amounts from column (e) for lines: 18					
•				<u> </u>	▶ 26	d
е	Public support (line 26c minus line 26d total)					·
f	Public support percentage (line 26e (numera	tor) divided by I	line 26c (denomi	nator))	▶ 26	
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the	r amounts include the name of, and	ded in lines 15, 1 total amounts red	6, and 17 that we	ere received f	rom a "disqualified
	(2006) (2005)		(2004)		. (2003)	
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year.	yed from each per year, that was mo through 11b, as we the larger amount	son (other than "d re than the larger ovell as individuals.) t described in (1)	isqualified persons of (1) the amount of Do not file this list or (2), enter the su	s"), prepare a list on line 25 for the st with your ret ilm of these diff	st for your records to the year or (2) \$5,000 urn. After computing ferences (the excess
	(2006) (2005)				. (2003)	
С	Add: Amounts from column (e) for lines: 15 _ 20 _		16 <u> </u>	<u> </u>	▶ 27	с
d	Add: Line 27a total	and line 27b tota	l		> 27	
е	Public support (line 27c total minus line 27d tot					e
f	Total support for section 509(a)(2) test: Enter ar	mount from line 2	23, column (e) .	. ▶ <u>27f</u>		
g	Public support percentage (line 27e (numera	tor) divided by I	ine 27f (denomir	nator))	▶ 27	*
_ <u>h</u>	Investment income percentage (line 18, colu	mn (e) (numerat	or) divided by lin	ne 27f (denomina	ator)). 🕨 27	h %
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fi	th year, the nam	e of the contribute	tor, the date and	amount of the	e grant, and a brie

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
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	Yes	No
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 a	Does the organization maintain the following: 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		:
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		!
a	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' nghts or privileges?	33a		<u> </u>
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	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?	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		

Par	t VI-A Lobbying Expenditures by E (To be completed ONLY by a					e instruction	S.)
Chec	k ▶ a ☐ if the organization belongs to an affili	ated group. Che	ck ▶ b 🗌 ıfy	ou checked "	a" an	d "limited contro	ol" provisions apply
	Limits on Lobbyi	•				(a) Affiliated group totals	(b) To be completed for all electing
	(The term "expenditures" mea	ins amounts paid	or incurred.)				organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .	-	36		
37	Total lobbying expenditures to influence a legi	- 1		i	37		
38	Total lobbying expenditures (add lines 36 and	1	38				
39	Other exempt purpose expenditures			· · · }	39 40		
40	Total exempt purpose expenditures (add lines 38 and 39)						
41	Lobbying nontaxable amount. Enter the amount		_				
		lobbying nontaxa			1		
	Not over \$500,000 20%				-		
	Over \$500,000 but not over \$1,000,000 . \$100,	•		. 1	- -		
	Over \$1,000,000 but not over \$1,500,000 . \$175,				41		-
	Over \$1,500,000 but not over \$17,000,000. \$225,	•					
	Over \$17,000,000 \$1,00				42		
42	Grassroots nontaxable amount (enter 25% of				43		+
43	Subtract line 42 from line 36. Enter -0- if line 4				44		
44	Subtract line 41 from line 38. Enter -0- if line	41 is more than iir	1e 38)		
	Caution: If there is an amount on either line 4	3 or line 44, you r	nust file Form 472	20.			
	(Some organizations that made a section See the instructions	for lines 45 throug		of the instru	ction	ns.)	
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
	nsoar year beginning my	2007	2000			2004	104
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				l		
Par	t VI-B Lobbying Activity by Nonele (For reporting only by organize			Part VI-A) (See	page 14 of	the instructions.)
Durir	g the year, did the organization attempt to infli	uence national, st	ate or local legisla	ation, includi	ng a	ny Yes No	o Amount
atten	npt to influence public opinion on a legislative r	matter or referend	um, through the ι	use of:	•	163 16	Amount
a	Volunteers					. \	
b	Paid staff or management (Include compensat						<u>′</u>
C	Media advertisements					✓	<u></u>
d	Mailings to members, legislators, or the public						
е	Publications, or published or broadcast staten	nents				.	
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gov	vernment officials,	or a legislative be	ody			
h	Rallies, demonstrations, seminars, conventions		•				
ı	Total lobbying expenditures (Add lines c throu if "Yes" to any of the above, also attach a sta		etailed description	of the lobb	 lying	activities.	-0-

Par	t VII			ransfers To and Trans e page 14 of the instruction	actions and Relationships With ons.)	Noncha	ritable
 51		he reporting organ	nization directly or	indirectly engage in any of the	e following with any other organization de		section
	-	•			tion 527, relating to political organizations?		s No
а		_		to a noncharitable exempt org		51a(i)	√
	• • •	Cash				a(ii)	1
b	٠,	r transactions:				<u> </u>	- ` -
b			e of assets with a	nonchantable exempt organiz	ation	b(i)	1
				itable exempt organization .		b(ii)	1
				ner assets		b(iii)	1
						b(iv)	V
			-			b(v)	√
		•		ship or fundraising solicitations		b(vi)	_ ✓
С	Shar	ing of facilities, eq	uipment, mailing li	sts, other assets, or paid empl	oyees L	_с	✓
d 	good	s, other assets, or	r services given by	the reporting organization. If	le. Column (b) should always show the fair not the organization received less than fair mods, other assets, or services received:		
(a		(b)	N	(c)	(d)		
Line	no	Amount involved	Name of nonc	chantable exempt organization	Description of transfers, transactions, and sha	nng arrang	ements
					 		_
							_
					 		_
					 		_
							
							_
	- +		 , .				
					<u> </u>		
	desc	ribed in section 50		other than section 501(c)(3)) or	one or more tax-exempt organizations in section 527?	Z Yes	☐ No
		(a)	-4	(b)	(c)		
Eam	مدامد ام	Name of organiza		Type of organization	Description of relationship	- ha 4ha	_
FOII	a au	Lac Rotary Club	, inc.	501(c)4	The sole purpose of the 501(c)3 is to gifting arm of the 501(c)4. Money or		_
		·			from the 501(c)4 to the 501(c)3 to the		
			·		11011 the 301(c)4 to the 301(c)3 to the	s recipie	1115
	-					-	
		- -					
					 		
				<u> </u>	-		
					 		

Fond du Lac Rotary Club Charities, Inc. Supporting Documentation Schedule A Scholarship Grant Determination

TIN# 39-1342747

All of the scholarships are awarded to the prospective college foundations.

Each college Foundation determines the recipient based on Grade Point Average, Need, And service to the community.

Fond Du Lac Rotary Club Charities, Inc. PO Box 182 Fond du Lac WI 54936-0182

Tax ID# - 39-1342747

For tax Year 2007	7/1/2007 through	6/30/2008
Beginning Balance		14,130.55
Direct Public Support	24,500.0	0
Dues & Assessments& Donations	23785.0	
Interest	102.7	
Total	48,387.7	
	·	62,518.26
Expenses		
UW FDL Foundation Scholarships	4,000.0	0
Moraine Park Found. Scholarships	4,000.0	0
Marian Univ. Found. Scholarships	4,000.0	0
Shop w/cop program	200.0	0
American Legion Badger Girls Sta		0
Oakfield high School - Safe Post P	Prom 100.0	0
FDL HCE - WI Bookworms	280.0	0
Volunteer Center	500.0	-
Fondy BMX Club - building	250.0	0
Hometown Harmony	200.0	•
YMCA - Capital Campaign	16,667.0	
Youth for Christ - building renovati		
Support for gifts to troups in IRAQ	250.0	_
Christ Child Society	500.0	
Parkside schools - transport progra		-
FDL Food Pantry - Restock after fl		
YMCA - Youth Football Building	4,000.0	
Scholars Banquet - Meals	3,300.3	
Scholars Banquet - Invites	1,550.2	
Nebat - New check charge	73.7	
	47,121.3	5

15,396.91

Balance Sheet -

Ending Balance

 Checkbook
 \$ 15,396.91

 CD's
 \$ 40,000.00

 Total
 \$ 55,396.91