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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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 \$1,000,000 and total assets less than \$2,500,000 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

**2008****Open to Public Inspection****A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09****B** Check if applicable

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

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

**C** Name of organization**FOND DU LAC MORNING ROTARY CLUB**

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

**PO BOX 1356**

Room/suite

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

**FOND DU LAC****WI 54936-1356****D** Employer identification number**39-1681044****E** Telephone number**920-923-4173****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:** ◆ **N/A****J Organization type** (check only one) ☒ 501(c) ( **4** ) ◆ (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 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.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **118,703****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>2,781</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<b>1,255</b>
<b>3</b>	Membership dues and assessments	<b>3</b>	<b>36,732</b>
<b>4</b>	Investment income	<b>4</b>	<b>589</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch )	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	<b>77,346</b>
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	<b>24,872</b>
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<b>52,474</b>
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less: cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe _____ )	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>93,831</b>
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>38,597</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>268</b>
<b>16</b>	Other expenses (describe <b>SEE STATEMENT 3</b> )	<b>16</b>	<b>23,218</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>62,083</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>31,748</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported in prior year's return)	<b>19</b>	<b>44,143</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>75,891</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>44,143</b>	<b>75,891</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe _____ )		
<b>25 Total assets</b>	<b>44,143</b>	<b>75,891</b>
<b>26 Total liabilities</b> (describe _____ )	<b>0</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>44,143</b>	<b>75,891</b>

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

Form **990-EZ** (2008)

9 GS

SCANNED JUL 08 2010

Expenses

Net Assets

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

## Expenses

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

SEE STATEMENT 4

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, or other relevant information for each program title.

28 CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS IN THE  
COMMUNITY.

(Grants \$ **21,335**) If this amount includes foreign grants, check here

28a

**21,335**

29 SUPPORT ELEMENTARY SCHOOL RECREATIONAL & EDUCATION  
ACTIVITIES.

(Grants \$ **5,389**) If this amount includes foreign grants, check here

**29a**

**5,389**

30 PROVIDE SCHOLARSHIPS TO DESERVING AREA STUDENTS TO ADVANCE  
THEIR EDUCATION.

(Grants \$ **1,000**) If this amount includes foreign grants, check here

**30a**

**1,000**

**31** Other program services (attach schedule) **SEE STATEMENT 5**

(Grants \$ **10,873**) If this amount includes foreign grants, check here

31a

**10,873**

**32 Total program service expenses** (add lines 28a through 31a)

32

**38,597**

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

DAA

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> 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 unpaid at the start of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 491, section 4912, section 4958		
<b>b</b> Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I		<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>42a</b> The books are in care of <b>ANN FREUND</b> Telephone no <b>920-923-4173</b> <b>778 GLENWOOD DR.</b> Located at <b>FOND DU LAC, WI</b> ZIP + 4 <b>54935</b>		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> 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		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>45</b> 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		<b>X</b>

Form 990-EZ (2008)

**FOND DU LAC MORNING ROTARY CLUB****39-1681044**Page **4****Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the 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 & account and deferred compensation	(e) Expense allowances

Total number of other employees paid over \$100,000 **▶****51** Complete this table for the 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

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: Ann B. Freund Date: 5/12/10

Type or print name and title: Ann B. Freund Treasurer

**Paid Preparer's Use Only**

Preparer's signature: Christine Plummer Date: 5/12/10 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: HUBERTY & ASSOCIATES, S.C.  
145 S MARR ST  
FOND DU LAC, WI 54935-4434

Preparer's Identifying Number (See instructions): **P00509727**

EIN: **39-1392227**

Phone no: **920-923-8400**

May the IRS discuss this return with the preparer shown above? See instructions **▶****Yes** **No**Form **990-EZ** (2008)



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

		(a) Event #1 <b>WALLEY WEEKEND</b>	(b) Event #2 <b>WINE AROUND THE</b>	(c) Other Events <b>1</b>	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts	<b>35,048</b>	<b>34,450</b>	<b>7,848</b>	<b>77,346</b>
	<b>2</b> Less Charitable contributions				
	<b>3</b> Gross revenue (line 1 minus line 2)	<b>35,048</b>	<b>34,450</b>	<b>7,848</b>	<b>77,346</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Non-cash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Other direct expenses	<b>5,955</b>	<b>14,057</b>	<b>4,860</b>	<b>24,872</b>
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d)				<b>24,872</b>
	<b>9</b> Net income summary Combine lines 3 and 8 in column (d)				<b>52,474</b>

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

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

**9** Enter the state(s) in which the organization operates gaming activities**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
<b>9a</b>		<input checked="" type="checkbox"/>
<b>10a</b>		<input checked="" type="checkbox"/>
<b>11</b>		<input checked="" type="checkbox"/>
<b>12</b>		<input checked="" type="checkbox"/>

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**13a** %**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ♦ **ANN FREUND****778 GLENWOOD DR.**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 ♦ \$  
amount of gaming revenue retained by the third party ♦ \$

and the

**c** If "Yes," enter name and address

Name ♦

Address ♦

**16** Gaming manager information

Name ♦

Gaming manager compensation ♦ \$

Description of services provided ♦

☐ 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?**17a****X****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ♦ \$



39-1681044

**Federal Statements**

FYE: 6/30/2009

**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
\$ 36,732	
TOTAL	\$ 36,732

# Federal Statements

## Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Description of Property	Relationship to Organization		Class of Activity		Date of Gift		Purpose
		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	FMV	
BOOKS TO ELEMENTARY SCHOOL		5,389						
	COMMUNITY	21,335						
	TOTAL	26,724						

39-1681044

**Federal Statements**

FYE: 6/30/2009

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
MEALS FOR MEETINGS	19,773
SOCIAL GATHERINGS	597
CLUB BADGES AND BANNERS	2,248
CONFERENCES	600
TOTAL	\$ 23,218

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

PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD.

**Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

OTHER PROGRAMS CONSISTENT WITH EXEMPT PURPOSE INCLUDING POLIO PLUS, ROTARY FOUNDATION, DISTRICT

Form 8868 (Rev 4-2009)

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	<b>FOND DU LAC MORNING ROTARY CLUB</b>	<b>39-1681044</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>PO BOX 1356</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FOND DU LAC WI 54936-1356</b>	

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

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input 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 checked="" 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 **ANN FREUND**

Telephone No **920-923-8400**

FAX No **920-923-8410**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **5/15/10**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **7/01/08**, and ending **6/30/09**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPILE COMPLETE AND ACCURATE INFORMATION FOR THE FILING OF THE RETURN**

<b>8a</b> 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	<b>8a</b>	\$
<b>b</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	<b>8b</b>	\$
<b>c Balance Due.</b> 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	<b>8c</b>	\$

**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 "

*Ann B. Freund*

Title " **CPA**

Date "

Form **8868** (Rev 4-2009)