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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2008

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 9/01, 2008, and ending 8/31, 2009

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Please use IRS label or print or type. See Specific Instructions. WAUKESHA EXPRESS SWIM TEAM, INC. P.O. BOX 1874 WAUKESHA, WI 53187 | D Employer identification number 39-1368110 |
| | | E Telephone number 262-970-0641 |
| | | F Group Exemption Number |
| | | G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ |

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

I Website: ▶ SWIM-EXPRESS.COM WWW.Waukeshaexpress.org

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

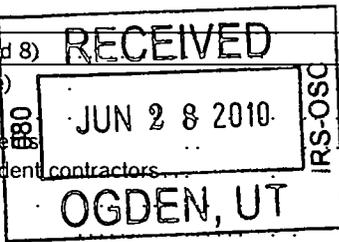
J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

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.

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 ▶ \$ **901,876.**

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 | 4,080. |
| 2 | Program service revenue including government fees and contracts | 2 | 772,442. |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| 5b | Less: cost or other basis and sales expenses | 5b | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) | 5c | |
| 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 119,479. |
| 6b | Less: direct expenses other than fundraising expenses | 6b | 105,709. |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 13,770. |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| 7b | Less: cost of goods sold | 7b | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe ▶ <u>SEE STATEMENT 1</u>) | 8 | 5,875. |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 796,167. |
| 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 462,393. |
| 13 | Professional fees and other payments to independent contractors | 13 | 2,850. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 50,824. |
| 15 | Printing, publications, postage, and shipping | 15 | 4,901. |
| 16 | Other expenses (describe ▶ <u>SEE STATEMENT 2</u>) | 16 | 250,466. |
| 17 | Total expenses (add lines 10 through 16) | 17 | 771,434. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 24,733. |
| 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 | 5,498. |
| 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 | 30,231. |



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 |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 34,508. | 12,954. |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>) | 40,890. | 49,679. |
| 25 Total assets | 75,398. | 62,633. |
| 26 Total liabilities (describe ▶ <u>SEE STATEMENT 4</u>) | 69,900. | 32,402. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 5,498. | 30,231. |

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

Form 990-EZ (2008)

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| Part III Statement of Program Service Accomplishments (See the instructions.) | | Expenses | |
|---|---|---|-----------------|
| What is the organization's primary exempt purpose? SEE STATEMENT 5 | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others) | |
| 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 | SWIM LESSONS - PRESCHOOL AND SCHOOL AGE SWIM LESSONS OFFERED FOR CHILDREN AGE 3 AND UP. ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 316,008. |
| 29 | SWIM CLUB - PROVIDES YEAR-ROUND COACHING, TRAINING, AND COMPETITION TO CHILDREN OF ALL SWIMMING ABILITIES. ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 400,980. |
| 30 | ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | 716,988. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.) | | | | |
|---|--|---|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
| ANDREW SCHASER ----- 0 | BOARD MEMBER | 0. | 0. | 0. |
| JEFF WIESNER ----- 0 | PRESIDENT | 0. | 0. | 0. |
| LAURA CARLSON ----- 0 | TREASURER | 83,550. | 0. | 0. |
| BLAINE CARLSON ----- 0 | CEO/ HEAD COACH | 133,408. | 0. | 0. |
| KARA GORENC ----- 0 | SECRETARY | 0. | 0. | 0. |
| PAT STREATER ----- 0 | PRESIDENT | 0. | 0. | 0. |
| MORGAN HAMM ----- 0 | BOARD MEMBER | 0. | 0. | 0. |
| KEITH MADDEN ----- 0 | BOARD MEMBER | 0. | 0. | 0. |
| DANNI CALDWELL ----- 0 | BOARD MEMBER | 0. | 0. | 0. |
| JANE FARRELL ----- 0 | BOARD MEMBER | 0. | 0. | 0. |
| GAIL BALSON ----- 0 | BOARD MEMBER | 0. | 0. | 0. |
| PEGGY BUTT ----- 0 | BOARD MEMBER | 0. | 0. | 0. |

Part V Other Information (Note the statement requirement in General Instruction 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 | | X |
| 34 | 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 | | X |
| 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 your reason for not reporting the income on Form 990-T. | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | X |
| 35b | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | |
| 37b | b Did the organization file Form 1120-POL for this year? | | X |
| 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 unpaid at the start of the period covered by this return? | | X |
| 38b | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved | | |
| 39 | 501(c)(7) organizations. Enter: | | |
| 39a | a Initiation fees and capital contributions included on line 9 | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | |
| | section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0. | | |
| 40b | b 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 | | X |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization | | |
| 40e | 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. | | X |
| 41 | List the states with which a copy of this return is filed <input type="checkbox"/> NONE | | |

42a The books are in care of LAURA CARLSON Telephone no. 262-970-0641
 Located at W237 S4372 BIG BEND ROAD WAUKESHA WI ZIP + 4 53189

| | | Yes | No |
|-----|--|-----|----|
| 42b | 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: <input type="checkbox"/> | | X |
| 42c | 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: <input type="checkbox"/> | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

| | | Yes | No |
|----|--|-----|----|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | X |
| 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. | | X |

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. SEE STATEMENT 6

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

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 and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors receiving over \$100,000 | | |

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.

Sign Here
 Signature of officer: Laurie Carlson Date: 6/21/10
 Type or print name and title: Laurie Carlson, Treasurer

Paid Preparer's Use Only
 Preparer's signature: Paul Amyer CPA Date: 5/26/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: WINTER KLOMAN MOTER & REPP SC
235 N EXECUTIVE DR STE 160
BROOKFIELD, WI 53005-6064
 Check if self-employed:
 Preparer's Identifying Number (See instructions): N/A
 EIN: N/A
 Phone no: 262-797-9050

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 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. | | | | | | |
| 4 Total. Add lines 1-3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) | 14 | % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') | 434,958. | 611,534. | 701,116. | 713,164. | 776,522. | 3,237,294. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | 99,583. | 78,845. | 144,738. | 163,215. | 119,479. | 605,860. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 Total. Add lines 1-5. | 534,541. | 690,379. | 845,854. | 876,379. | 896,001. | 3,843,154. |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 3,843,154. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 9 Amounts from line 6 | 534,541. | 690,379. | 845,854. | 876,379. | 896,001. | 3,843,154. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV | | | | | 5,875. | 5,875. |
| 13 Total support. (add lns 9, 10c, 11, and 12) | | | | | | 3,849,029. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.9% |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 100.0% |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.0% |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | 0.0% |

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

PART III, LINE 12 - OTHER INCOME

| NATURE AND SOURCE | 2008 | 2007 | 2006 | 2005 | 2004 |
|-------------------|---------------|-----------|-----------|-----------|-----------|
| MISC. INCOME | | | | | |
| TOTAL | <u>5,875.</u> | <u>0.</u> | <u>0.</u> | <u>0.</u> | <u>0.</u> |

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.

| REVENUE | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|---|--|------------------|---------------------------------|
| | VARIOUS EVENTS (event type) | (event type) | (total number) | (Add col. (a) through col. (c)) |
| 1 | Gross receipts | 119,479. | | 119,479. |
| 2 | Less Charitable contributions | | | |
| 3 | Gross revenue (line 1 minus line 2) | 119,479. | | 119,479. |
| DIRECT EXPENSES | 4 | Cash prizes | | |
| | 5 | Non-cash prizes | | |
| | 6 | Rent/facility costs | | |
| | 7 | Other direct expenses | 105,709. | 105,709. |
| | 8 | Direct expense summary. Add lines 4- through 7 in column (d) | | 105,709. |
| 9 | Net income summary. Combine lines 3 and 8 in column (d) | | 13,770. | |

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.

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

| | YES | NO |
|--|-----|----|
| 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? _____ | 9a | |
| b If 'No,' Explain: ----- | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ | 10a | |
| b If 'Yes,' Explain: ----- | | |
| 11 Does the organization operate gaming activities with nonmembers? _____ | 11 | |
| 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? _____ | 12 | |

WAUKESHA EXPRESS SWIM TEAM, INC.

39-1368110

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

| | |
|----------------------|------------------|
| MISCELLANEOUS INCOME | \$ 5,875. |
| TOTAL | <u>\$ 5,875.</u> |

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | |
|------------------------------|--------------------|
| BANK CHARGES | \$ 1,537. |
| COACHES ENRICHEMENT EXPENSE | 6,479. |
| CREDIT CARD FEES | 7,526. |
| FUNDRAISING CREDITS FOR FEES | 251. |
| HOME MEET EXPENSES | 62,175. |
| INSURANCE | 6,913. |
| INTEREST | 22,980. |
| MASTERS EXPENSES | 30. |
| MEET ENTRY EXPENSES | 43,956. |
| POOL PAYMENTS TO FOUNDATION | 11,195. |
| SUPPLIES | 52,577. |
| SWIM AMERICA EXPENSES | 5,234. |
| TELEPHONE | 5,825. |
| TRAVEL | 5,429. |
| USS REG. EXPENSE | 16,885. |
| WEB SITE | 1,474. |
| TOTAL | <u>\$ 250,466.</u> |

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | <u>ENDING</u> |
|---------------------------------------|-------------------|-------------------|
| ACCOUNTS RECEIVABLE | \$ 40,864. | \$ 48,005. |
| PREPAID EXPENSES AND DEFERRED CHARGES | 26. | 1,674. |
| TOTAL | <u>\$ 40,890.</u> | <u>\$ 49,679.</u> |

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

| | <u>BEGINNING</u> | <u>ENDING</u> |
|---------------------------------------|-------------------|-------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 40,783. | \$ 17,083. |
| BANK LINE OF CREDIT | 29,117. | 15,319. |
| TOTAL | <u>\$ 69,900.</u> | <u>\$ 32,402.</u> |

WAUKESHA EXPRESS SWIM TEAM, INC.

39-1368110

**STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROVIDE SWIM LESSONS TO PRESCHOOL AND SCHOOL AGE CHILDREN AND TO MANAGE A COMPETITIVE SWIM TEAM.

**STATEMENT 6
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

• 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 <small>File by the extended due date for filing the return. See instructions.</small> | Name of Exempt Organization WAUKESHA EXPRESS SWIM TEAM, INC. | Employer identification number 39-1368110 <small>For IRS use only</small> |
| | Number, street, and room or suite number. If a P O box, see instructions WINTER KLOMAN MOTER & REPP SC 235 N EXECUTIVE DR STE 160 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions BROOKFIELD, WI 53005-6064 | |

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 (section 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 care of. ▶ **LAURA CARLSON**
Telephone No. ▶ **262-970-0641** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 7/15, 20 10.
- For calendar year _____, or other tax year beginning 9/01, 20 08, and ending 8/31, 20 09.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

| | |
|--|--------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. | 8c \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Synn Braden Title ▶ CPA Date ▶ 4-9-10