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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)

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For th	e 2008 calen	dar year,	or tax year beginning Oct 1	, 2008, a	nd endir	ı g Sep			2009
В	Check if	applicable	Di-	C Name of organization				D Employer I	dentific	ation Number
	Add	fress change	Please use IRS label	KILTIES DRUM AND BUGI	LE CORPS, INC			39-18	0520)9
	Nar	ne change	or print or type.	Number and street (or P O box if mail is			uite	E Telephone	number	
	Initi	ial return	See specific	P. O. BOX 085235				(262)	843	3-3899
	r 1	mination	Instruc- tions.	City, town or country	State Z	IP code + 4		<u>-</u>		
	1 1	ended return		RACINE	WI !	53408-	-5235	G Gross recei	ots \$	248,580.
	<u></u>	olication pending	F Name a	and address of principal officer				group return fo		
		oncomon ponang		FREITAG 24418 75TH STREET, STE B PA	ADDOCK LAKE WT	53168		affiliates include		Yes No
$\overline{}$	Tax.	exempt statu			4947(a)(1) or	527	If 'No,'	attach a list (se	e instru	ctions)
<u>:</u>		···		CIES.COM	13 17 (4)(1) 61		H(c) Group (exemption numb	er ►	
K		of organization	X Corpora		ner► L Yea	ar of Forma	tion 1992			il domicile WI
_	art I	Summa		<u></u>						
				ganization's mission or most signif	icant activities OPE	RATIO	N OF A	DRUM &	BUGI	E CORPS FOR
4.				ON AND DEVELOPMENT OF					= 1-1	3
Activities & Governance	-			PERFORMANCE.						
Пa	-									
ove	2 7	Check this bo	ox ► 🗍	if the organization discontinued its	operations or dispos	sed of mo	re than 2	5% of its ass	ets	
Ŏ				nbers of the governing body (Part \				1	3 9	
S	4 1	Number of in	depender	nt voting members of the governing	g body (Part VI, line 1	b)			4 0	
įį				yees (Part V. line 2a)					5	
Ę				teers (estimate if necessary)					6 12	
⋖	1	•		ousiness revenue from Part VIII, lir				 -	7a 7b	0.
_	b	Net unrelated	business	s taxable income from Form 990-T,	, line 34				/ D	
	_	_					P	rior Year	_	Current Year
ē				nts (Part VIII, line 1h)				48,893		30,316.
ē				nue (Part VIII, line 2g)	174			14,250		16,548.
Revenue				art VIII, column (A), lines 3, 4, and				3,030		1,150.
ľ				m, column (A), lines 5, 6d, 8c, 9c,		. 10\		68,255		76,021.
⊢				nes 8 through 11 (must equal Part		12)		134,428		124,035.
	11		117	unts paid (Part IX, column (A), lir			ļ).	0.
77.1	14A1	E Rue Transfer	piffor ipc	members (Part IX, column (A), lin	e 4)		ļ). _	<u>0.</u>
	11	Salaries, othe	er comben	sation, employee benefits (Part I)	K, column (A), lines 5	-10)) <u>. </u> _	0.
xpenses				d fees (Part IX, column (A), line 1				().	0.
ă X	UBC	Dola Lindras	surg expe	nses (Part IX, column (D), line 25)	• 1	,168.				
-Hi-				IX, column (A), lines 11a-11d, 11f-				116,93	1.	116,346.
	1	-		nes 13-17 (must equal Part IX, col				116,934	1.	116,346.
		•		s Subtract line 18 from line 12	,,,			17,494		7,689.
h 8							Regir	ning of Yea		End of Year
\$ G	20	Total assets	(Part X II	ne 16)			Degii	176,38		144,294.
8.0	21	Total liabilitie						110,680		70,898.
Net Assets or Fund Balances	~ .		•	· · · · · · · · · · · · · · · · · · ·			<u> </u>	65,70		73,396.
	│ 22 । art		ure Blo	ances Subtract line 21 from line 20				65, 10	<i>'</i> •	13,390.
	artn			· · · · · · · · · · · · · · · · · · ·						
		true, correct, a	es of perjury, and complete	I declare that I have examined this return, inc Declaration of preparer (other than officer) is	based on all information of	which prepa	tements, and arer has any l	to the best of m	y Knowii	eage and belief, it is
c:	gn	 	$\setminus \circ$	ance E. Fren	-+c 4		1	41	10	110
He	ere	Signature	of office			-	1 Da			
			$\overline{}$	EDETEAC			TREAS	HIDED		
		JOANI Type or pr	NE E.	FRELPAG			IKEAS	OKEK		
—		7,	-(Y 1// 1	Dat	le.	Ic	and of	Prepa	arer's identifying number instructions)
Pa	id			'- 41/1/M			se		(seé	instructions)
Pr		Preparer's signature	► 7			1 /1 0 /1		nployed -	1 1	?øø\$8490
	rer's	1	-/_/		104	1/10/1	<u> </u>		1	PPPOIN
Üs	se	Firm's name (/—	RISH & FREITAG LTD				. 21		207 8011
Or		employed), address, and	≥ 2/4 4			0555	EI			387904
		ZIP + 4	SAL		WI 53168	<u>-9703</u>	Ph	none no 🕨 (2	262)	843-3899
				with the preparer shown above? (s						X Yes No
BA	A For	Privacy Act a	and Pape	rwork Reduction Act Notice, see tl	he separate instruction	ons.		TEEA0101 0	4/23/09	Form 990 (2008)

Form 990 (2008) KILTIES DRUM AND BUGLE CORPS, INC.	39-1	80520	9	.	Page 2
Part III Statement of Program Service Accomplishments (see instructions)					
1 Briefly describe the organization's mission					
OPERATION OF A DRUM & BUGLE CORPS FOR THE INSTRUCTION AND					
DEVELOPMENT OF ADULTS AND YOUTH THROUGH MUSICAL					
DRILL PERFORMANCE.					
2 Did the organization undertake any significant program services during the year which were not listed	d on the prior				
Form 990 or 990-EZ?	• •		Yes	X	No
If 'Yes,' describe these new services on Schedule O.					
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	services?		Yes	X	No
If 'Yes,' describe these changes on Schedule O					
4 Describe the exempt purpose achievements for each of the organization's three largest program servand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	rices by expense	s Section	on 501	(c)(3)	
expenses, and revenue, if any, for each program service reported	and anocations	io otrici	3, 1110	totai	
4. (Code) (Funerage \$ 110 P24 unallyting greats of \$	0.) (Revenue	ė			0.)
	 : :				
OPERATION OF A DRUM & BUGLE CORPS FOR THE INSTRUCTION					
AND DEVELOPMENT OF ADULTS AND YOUTH THROUGH MUSICAL DRILL PERFORMANCE					
MUSICAL DRILL PERFORMANCE					
4b (Code) (Expenses \$ including grants of \$) (Revenue	\$)
		_			
					
					
4c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
, (2000, (2.poi.000 + mattering grants or -		· 			
					- -
	-				
					- -
4d Other program services (Describe in Schedule O)					
(Expenses \$ including grants of \$) (Reven	ue \$)	
4e Total program service expenses ► \$ 110,824. (Must equal Part IX, Line 25, colu					

	`		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1_	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part I	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7_		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	<u> </u>	X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17		17		X
18		18	Х	
19		19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 22		X
22		22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ł	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part Iti	27		<u>x</u>
D A A			- 000	(2008)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
,	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	Х	
	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
1	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^{9}$ If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
D A /		Form	agn /	(วกกร

Form 990 (2008) KILTIES DRUM AND BUGLE CORPS, INC.	39-1805209	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance		<u>-</u>	age t
,		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	ortable gaming	x	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? 2b		-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see in	nstructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other at financial account in a foreign country (such as a bank account, securities account, or other financial account	uthority over, a count)? 4a		Х
b 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 Ba Financial Accounts	nk and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ion? 5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re Prohibited Tax Shelter Transaction?	egarding 5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions deductible?	s or gifts were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).		-	.; ·
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more th	nan \$75? 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	required to file 7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?			х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as required? 7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 50 supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organ excess business holdings at any time during the year?	09(a)(3) nization, have	-	X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			ı
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			-
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	17 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990 ((2008)

Form 990 (2008) KILTIES DRUM AND BUGLE CORPS, INC.

| Part VI | Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing E	Body and	Managem	ent								
	For each processes	'Yes' response i s, or changes in	to lines 2-76 Schedule (below, and See instru	for a 'No' r ctions.	respons	e to lines t	3 or 9b below,	describe	the circumstan	ces,	Yes	No
1 a	Enter the	number of votin	g members	of the gove	rning body			•	1a 9				
t	Enter the	number of votin	g members	that are ind	ependent				1b 0				
2	Did any o officer, di	officer, director, t irector, trustee o	rustee, or k r key emplo	ey employee	have a far	mily rela	ationship o	r a business r	elationsh	ip with any othe	er 2		X
3	Did the or of officers	rganization deleg s, directors or tru	gate contro ustees, or k	over manag ey employee	ement duties to a man	es custo agemen	omarily per of company	formed by or or other pers	under the	direct supervis	3 3		Х
4	Did the or	rganization make	e any signif	icant change	s to its org	anızatıo	nal docum	ents			4		X
	since the	prior Form 990	was filed?							•			
5		rganization beco				erial div	ersion of	he organization	on's asse	ts?	5	ļ	X
6		organization hav									6	X	
	governing					•					7 a	+	
t	Are any o	decisions of the g	governing b	ody subject	to approval	by men	nbers, sto	kholders, or o	other pers	ions?	71	<u>'</u>	X
8	Did the or the follow	rganization conte ving	emporaneo	usly docume	nt the meet	ings he	ld or writte	n actions und	lertaken d	luring the year l	by 		1
	_	rning body?									8 a	+	
		nmittee with auth	•		-	-	ly?				81		<u> </u>
		organization hav									9 8	1	X
t	If 'Yes,' d and brand	loes the organiza ches to ensure t	ation have v heir operati	vritten policions ons are cons	es and prod sistent with	edures those o	governing f the orgai	the activities ization?	of such o	hapters, affiliati	es, 9 t	,	
10	Was a co describe	py of the Form 9 in Schedule O th	990 provide ne process,	d to the orga if any, the o	nization's g rganization	overnin uses to	g body be review th	fore it was file e Form 990	ed? All or	ganizations mus	10_	х	
11	organızat	any officer, direct	tor or truste dress? <i>If 'Y</i>	e, or key em es,' <i>provide</i>	ployee liste the names	ed in Pa and add	rt VII, Sed Iresses in	tion A, who ca Schedule O	annot be	reached at the	11		Х
Sec	tion B.	Policies										Γ.	
12 a	a Does the	organization hav	ve a written	conflict of in	nterest polic	cy? If 'N	lo,' go to li	ne 13			12 a	Yes	No X
	to conflict							-		_	121	,	
C	Does the Schedule	organization reg O how this is de	jularly and one	consistently	monitor and	d enforc	e compliai	nce with the p	olicy? If	Yes,' describe i	n 12 c		
13	Does the	organization hav	ve a written	whistleblow	er policy?						13		X
14	Does the	organization hav	ve a written	document re	etention and	d destru	action polic	y?			14	ļ	X
15	Did the property persons,	rocess for deterr comparability da	nining com ita, and cor	pensation of itemporaneo	the followirus substant	ng perso tiation o	ons include of the delib	e a review and eration and de	d approva ecision	I by independer	nt		,
ā	The organ	nization's CEO, I	Executive D	irector, or to	p managen	nent off	ıcıal?				15 a	X	
t		icers of key emp	-	=							15 t	X	ļ,
	Describe	the process in S	chedule O	(see instruc	tions)								1
16 a		rganization investing the year?	st in, contri	oute assets t	o, or partic	ipate in	a joint ver	nture or simila	ir arrange	ment with a tax	able 16 a		<u>X</u>
t	in joint ve	nas the organizat enture arrangem th respect to suc	ents under	applicable fe	olicy or pro deral tax la	cedure i sw, and	requiring t taken ster	ne organizations to safeguar	n to eval d the org	uate its particip anization's exer	ation npt 16 t		- ·
Sec	tion C.	Disclosures									-· 		
17	List the s	tates with which	a copy of t	hıs Form 990) is required	d to be t	filed ► <u>W</u> i	sconsin_		-	 .		
18	Section 6	5104 requires an Indicate how y	organizatio ou make th	n to make it nese availabl	s Forms 102 e Check al	23 (or 1 II that a	024 if app pply	ıcable), 990, a	and 990-	(501(c)(3)s on	ly) avaılat	ole for	public
	∐ Own	website	X Anoth	er's website		X Upo	n request						
	statemen	in Schedule O wits available to th	ne public										ancial
		name, physical E E FREITA						ossesses the K LAKE, V			e organiza (262)		3899
BAA												n 990	
	•										. 511		(/

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Form 990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if the organization did no	t compen	sate a	ny (offic	er, (directo	or, tr	ustee, or key employ	ee	
(A)	(D)	(E)	(F)							
Name and Title	Average hours		tion ((checi	k all t	that app		Reportable compensation from	Reportable	Estimated amount of other
	per week	ndivid al toissee or director	anstitutional trustee	Officer	Key employee	Higt est compensated employee	FLACTOR	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BILL ROETZER										
PRESIDENT	55.00			Х				0.	0.	0.
SHARON ALLEN										
SECRETARY	10.00			Х				0.	0.	0.
JOANNE FREITAG										
TREASURER	25.00			Х	<u> </u>			0.	0.	0.
BETH LANDBO										
VICE PRESIDENT	15.00			Х	_			0.	0.	0.
JOHN CASPERS										
DIRECTOR AT LARGE	10.00	Х						0.	0.	0.
JOE FAZZARI										
DIRECTOR AT LARGE	10.00	Х	ļ.,	L		<u> </u>		0.	0.	0.
KATHY STREGE										
DIRECTOR AT LARGE	15.00	Х	<u> </u>		ļ		<u> </u>	0.	0.	0.
JOHN MARTINOFF									_	
DIRECTOR AT LARGE	10.00	Х			-		_	0.	0.	0.
RAYMOND JOHNSON										•
DIRECTOR AT LARGE	15.00	X	ļ	ļ	-			0.	0.	0.

TEEA0107 04/24/09

3	Q,	 1	B	n	5	2	n	a	

' (A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer		Mighest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		, to	tee			sated				
	-									
	-									
	-									
	-									
	-									
	-								-	
	•									
	-									
1 b Total							•	0.	0.	0.
2 Total number of individuals (including those in 1a) v organization	who rece	eive	d me	ore t	than	\$10	00,00	00 in reportable o	ompensation from	the
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust	ee, k Il	кеу	emp	loye	ee, c	or hi	ghest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable han \$15	cor 50,00	npe)07	nsat If 'Y	tion es'	and com	oth plet	er compensation e Schedule J for s	from such	4 . X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	compens	atio	n fro	om a	any erso	unre n	elate	ed organization for	services	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization.	ted inde	pend	dent	cor	ntrac	tors	tha	it received more th	nan \$100,000 of	
(A) Name and business addres	ss		_					(B) Description (of Services	(C) Compensation
	<u> </u>									
2 Total number of independent contractors (including compensation from the organization ►	those in	n 1)	who	rec	eive	d m	ore	than \$100,000 in		

Statement of Revenue

Part VIII

(B) (D) (A) (C) Unrelated Total revenue Related or Revenue exempt excluded from tax business function under sections revenue 512, 513, or 514 revenue 0 1 a 1a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 20,292. **b** Membership dues 1 b c Fundraising events 1 c 0. 1 d 0. d Related organizations 1 e 0. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 10,024 **1**f 0. Q Noncash contribus included in lns 1a-1f: \$ h Total. Add lines 1a-1f 30,316. PROGRAM SERVICE REVENUE **Business Code** 16,548 0. 0. 16,548. 2a APPEARANCE FEES f All other program service revenue g Total. Add lines 2a-2f 16,548 Investment income (including dividends, interest and Ο. 0 0. 0 other similar amounts) 0. 0. 0. 0. Income from investment of tax-exempt bond proceeds 0 0. 0 . 0. Royalties (ı) Real (II) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) 0 0 0 0. d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of 1,150 assets other than inventory **b** Less: cost or other basis 0 and sales expenses 1,150 c Gain or (loss) 1,150 0. 0. 1,150. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 190,828. of contributions reported on line 1c). See Part IV, line 18 190,828 123,242. **b** Less direct expenses 0 0 67,586 67,586. c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 0 0. b Less direct expenses • 0 0 0. 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns 3,470. and allowances 1,303. **b** Less: cost of goods sold c Net income or (loss) from sales of inventory 2,167 0. 0 2,167. Miscellaneous Revenue **Business Code** 0 32 0 32. 11a SALES TAX DISCOUNT 0. 0. 6,236. **b** REIMBURSED EXPENSES 6,236 d All other revenue 6,268 e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 124,035 0. 0. <u>93,719</u>. 10c, and 11e

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.	0.	3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.	0.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	0.	0.	0.	0.
10	Payroll taxes	0.	0.	0.	0.
11	Fees for services (non-employees)				
a	Management	0.	0.	0.	0.
t	Legal	314.	0.	314.	0.
c	: Accounting	1,050.	0.	1,050.	0.
C	l Lobbying	0.	0.	0.	
e	Prof fundraising svcs See Part IV, In 17	0.			0.
f	Investment management fees	0.	0.	0.	0.
ç	Other .				
12	Advertising and promotion	78.	_78.	0.	0.
13	Office expenses	424.	0.	424.	0.
14	Information technology	0.	0.	0.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	9,137.	9,137.	0.	0.
17	Travel	29,301.	29,301.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	0.	0.	0.	0.
20	Interest	699.	699.	0.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	25,521.	25,521.	0.	0.
	Insurance	2,050.	2,050.	0.	0.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		,		·
a	RECRUITMENT EXPENSES	1,328.	1,328.	0.	0.
	CREDIT CARD FEES	274.	274.	0.	0.
	BANK SERVICE FEES	110.	110.	0.	0.
	BAD DEBT EXPENSE	1,168.	0.	0.	1,168.
	FUNERAL/FLORAL_ARRANGEMENTS_	408.	0.	408.	0.
	All other expenses	44,484.	42,326.	2,158.	0.
	Total functional expenses. Add lines 1 through 24f	116,346.	110,824.	4,354.	1,168.
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0.	0.	0.	0.
BAA					Form 990 (2008)

Form 990 (2008)

Balance Sheet

Part X

BAA

(A) Beginning of year (B) End of year 1 125,053 108,858. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 10,886 4 4,579. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 3,793 8 3,763. Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a 219,108 10a Land, buildings, and equipment cost basis **b** Less accumulated depreciation. Complete Part VI of 192,014 36,655 10 c 27,094. Schedule D 10b Investments - publicly-traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 Total assets Add lines 1 through 15 (must equal line 34) 176,387. 16 144,294. 16 87,137. 17 70,898. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II * 22 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 24 25 Other liabilities Complete Part X of Schedule D 23,543. 25 0. 110,680. 26 70,898. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets R X and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds 65,707. 32 73,396. 32 65,707. 33 73,396. 33 Total net assets or fund balances. Total liabilities and net assets/fund balances 176,387. 34 144,294. 34 Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990 X Accrual 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х b Were the organization's financial statements audited by an independent accountant? 2b Х c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133 3а Х 3ь b If 'Yes,' did the organization undergo the required audit or audits?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

Name of the organization 39-1805209 KILTIES DRUM AND BUGLE CORPS, INC. Part I | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III- Other Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above?. 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of (i) Name of Supported (ii) EIN (vi) Is the (vii) Amount of Support organization in col organizátion in col Organization (i) listed in your governing document? (i) organized in the your support? Yes No Yes No Yes No Total

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						- (/ (,, ,,	• •		
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t1)						
Cale	ndar year (or fiscal year nning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')									
	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	l								
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		*		2 *	* *				
Sec	tion B. Total Support				·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income form unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	rities, etc. (see in:	structions)		,	Ţ	12			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 5	01(c)	(3)		
	tion C. Computation of Pu						1			
	Public support percentage for 20 Public support percentage for 20					-	14 15	<u>%</u>		
	a 33-1/3 support test – 2008. If the	e organization did	I not check the bo	ox on line 13, an	d the line 14 is 33	ـا 1/3 % or mo-		-		
	and stop here. The organization qualifies as a publicly supported organization.									
1	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.									
17 <i>a</i>	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.									
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	s box and stop he r s a publicly suppo	re. Explain in rted organiza	Part ation	IV how the		
	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17						
BAA					So	:negule A (F	orm 9	90 or 990-EZ) 2008		

Schedule A (Form 990 or 990-EZ) 2008 KILTIES DRUM AND BUGLE CORPS, INC.

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

•	(Complete only if you ched	cked the box on li	ne 9 of Part I)				
Sec	tion A. Public Support						
Cale	ndar 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')	49,390.	66,336.	23,496.	48,893.	30,316.	218,431.
•	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.	132,915.	143,576.	200,622.	223,547.	207,580.	908,240.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons	182,305.	209,912.	224,118.	272,440.	237,896.	1,126,671.
	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						
c	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)			da .			1,126,671.
<u>Sec</u>	tion B. Total Support	·					
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 6	182,305.	209,912.	224,118.	272,440.	237,896.	1,126,671.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	7.	1.	0.	0.	0.	8.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	7.	1,	0.	0.	0.	8.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)						1,126,679.
14	organization, check this box and			d, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul			o 12 column (6)		15	100 00%
	Public support percentage for 20					16	100.00%
	Public support percentage from 2 tion D. Computation of Inv					10	100.00%
					(f)	17	0.00%
17	Investment income percentage for					10	0.00%
18 19 a	Investment income percentage fine 33-1/3 support tests — 2008. If the more than 33-1/3%, check this be	he organization di lox and stop here .	d not check the bo The organization	ox on line 14, an qualifies as a bu	d line 15 is more	than 33-1/3%, an organization	d line 17 is not
	33-1/3 support tests - 2007. If the is not more than 33-1/3%, check						
	Private foundation. If the organi						▶ 🗍

Schedule #	(Form 990 or s	190-EZ) 2008	KILTIE	S DRUM F	AND BOGTE	CORPS,	INC.	39-10032	U9 Page 4
Part IV	Supplement Part II, line	tal Informa 17a or 17b	ition. Com ; or Part I	plete this l	part to prov Provide an	vide the exity other add	planation red ditional infor	quired by Part mation. (see	: II, line 10; instructions)
						 .			
									
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number KILTIES DRUM AND BUGLE CORPS, INC. 39-1805209 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Schedule D (Form 990) 2008 KILT				INC.	39-180		Page 2	
Part III Organizations Mainta	ining Collec	tions of Art	, Historica	al Treasures, o	r Other Similar Ass	ets (continu	ıed)	
3 Using the organization's accession that apply)	on and other re	cords, check a	ny of the fol	lowing that are a s	ignificant use of its colle	ection items (c	:heck all	
a Public exhibition		d _	Loan or ex	change programs				
b Scholarly research		e _	Other					
c Preservation for future gener	rations							
4 Provide a description of the orga Part XIV		·				se in		
5 During the year, did the organiza assets to be sold to raise funds r	rather than to b	e maintained a	as part of the	e organization's co	llection?	Yes	No	
Part IV Trust, Escrow and Cu IV, line 9, or reported	istodial Arra an amount	ingements (on Form 990	Complete Complete Complete	if organization line 21.	answered 'Yes' to F	orm 990, P	art	
1 a Is the organization an agent, trus included on Form 990, Part X?					ner assets not	Yes	No	
b If 'Yes,' explain the arrangement	in Part XIV an	d complete the	e following ta	able				
						Amount		
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a	amount on Forn	n 990, Part X,	line 21?			Yes[No	
b If 'Yes,' explain the arrangement	ın Part XIV						 	
Part V Endowment Funds Co	mplete if org	ganization a	<u>nswered '`</u>	Yes' to Form 99	00, Part IV, line 10.			
	(a) Current y	ear (b)	Prior year	(c) Two years bac	k (d) Three years back	(e) Four year	rs back	
1 a Beginning of year balance		* *						
b Contributions		3	ji?		/ 8 \			
c Investment earnings or losses			3,45		· · · · · · · · · · · · · · · · · · ·			
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses			.\$	*	. C.			
g End of year balance		**		*				
2 Provide the estimated percentage	e of the year e	nd balance hel	d as.			•		
a Board designated or quasi-endov	wment -	*						
b Permanent endowment ►	8							
c Term endowment ▶	<u> </u>							
3a Are there endowment funds not organization by	ın the possessı	on of the organ	nization that	are held and admi	nistered for the	Yes	No	
(i) unrelated organizations						3a(i)	1	
(ii) related organizations						. 3a(ii)	† · · · · ·	
b If 'Yes' to 3a(ii), are the related	organizations li	stad as require	nd on Sched	ula B2	•	3b	+	
4 Describe in Part XIV the intender	-					<u> </u>	<u> </u>	
Part VI Investments—Land, B					line 10			
Description of investmen		(investmer	er basis (I	b) Cost or other basis (other)	(c) Depreciation	(d) Book V	/alue	
1a Land	- :	(iiivestille)	0.	0.			0.	
b Buildings	-		0.	0.	0.		0.	
c Leasehold improvements	F		0.	0.	0.		0.	
d Equipment	F	210		0. 192,014. 27,094.				
e Other								
Fotal. Add lines 1a-1e (Column (d) sh	ould sauct Ess	n 990 Part V	column /P\	line 10(c))		27	,094.	
RAA	odiu equal FOII	u ээ∪, r dit ∧,	colullii (D),	IIIIG 10(b))	School	dule D (Form 9		

Schedule D (Form 990) 2008 KILTIES DRUM AND BUGLE CORPS,

39-1805209

Page 3

	XI Reconciliation of Change in Net Assets from Form 99			raye 4
	otal revenue (Form 990, Part VIII,column (A), line 12)	o to i mandiai otateme		
	otal expenses (Form 990, Part IX, column (A), line 25)			
	Excess or (deficit) for the year. Subtract line 2 from line 1			
	let unrealized gains (losses) on investments	•		
	Onated services and use of facilities			
	nvestment expenses .			
	•	•		
	Prior period adjustments	, ,		
	Other (Describe in Part XIV)	•	 	
	otal adjustments (net). Add lines 4-8			
	excess or (deficit) for the year per financial statements. Combine lines 3		nor Dotum	
	XII Reconciliation of Revenue per Audited Financial Stat	ements with Revenue	per Keturn	
	otal revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
	let unrealized gains on investments	2 a		
	Conated services and use of facilities	2 b		
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV)	2 d		
	add lines 2a through 2d		2e	
	Subtract line 2e from line 1	1 1	3	
	amounts included on Form 990, Part VIII, line 12, but not on line 1			
	nvestments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4 b		
	dd lines 4a and 4b		4c	
	otal revenue Add lines 3 and 4c. (This should equal Form 990, Part I, li		5	
	XIII Reconciliation of Expenses per Audited Financial Sta	atements With Expens	es per Return	
	otal expenses and losses per audited financial statements		1	
	mounts included on line 1 but not on Form 990, Part IX, line 25.	1 . 1		
	Conated services and use of facilities	2 a		
	Prior year adjustments	2 b		
	osses reported on Form 990, Part IX, line 25	2c		
	Other (Describe in Part XIV)	2d		
	dd lines 2a through 2d		2e	
	subtract line 2e from line 1 .	1 1	3	
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
	nvestments expenses not included on Form 990, Part VIII, line 7b	4a		
b (Other (Describe in Part XIV)	4b		
	dd lines 4a and 4b	•	. 4c	
	otal expenses Add lines 3 and 4c (This should equal Form 990, Part I,	line 18)	5	
Part	XIV Supplemental Information			
Ine 4,	ele this part to provide the descriptions required for Part II, lines 3, 5, an Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d a	and 4b.		
·		·		
BAA	TEEA3304 12/23/0	08	Schedule D (Form	990) 2008

Schedule D	(Form 990) 2008	KILTIES	DRUM AND	BUGLE CORPS	INC.	39-1805209	Page 5
Part XIV	Supplementa	l Informatio	n (continue	d)			
•							
	 _			. _			
							
 _				. 			
 -							
							
						<u> </u>	
-							
							
			 -	· -			
							
							
 _			 _				
							-
							
	-						
			 -				
							

SCHEDÙLE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization Employer identification number 39-1805209 KILTIES DRUM AND BUGLE CORPS, INC. Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have 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? No Yes **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. Form 990EZ filers are not required to complete this table (v) Amount paid to (III) Did fundraiser (i) Name of individual (ii) Activity (or retained by) (vi) Amount paid to (iv) Gross receipts or entity (fundraiser) have custody or control from activity fundraiser listed in (or retained by) of contributions? col (ı) organization Yes No 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

		reported more than \$15,000 on F	Offit 330°LZ, fille 0	a. LIST EVELITS WITH	gross receipts gree	atter triair	Ψο,υ	, ,,,
			(a) Event #1 BREW FEST	(b) Event #2	(c) Other Events	(d) Tota (Add col.	(a) thr	nts ough
R			(event type)	(event type)	(total number)	COI	(c))	
mCZm <m2< td=""><td>_</td><td></td><td>100 00.</td><td></td><td></td><td>_</td><td></td><td></td></m2<>	_		100 00.			_		
N	1	Gross receipts	189,874.			1	89,8	174.
Ĕ	2	Less. Charitable contributions .						
	3	Gross revenue (line 1 minus line 2)	189,874.			1	89,8	74.
	4	Cash prizes						
D-RECF	5	Non-cash prizes						
	6	Rent/facility costs .				 -		
EXPEZSES	7	Other direct expenses	123,000.			1	23,0	00.
E S	8	Direct expense summary Add lines 4- th	nrough 7 in column (d)		•	1	23,0	00.
		Net income summary Combine lines 3 a	nd 8 in column (d)		•		66,8	74.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pai	rt IV, line 19, or rep	oorted mo	re th	an
		\$15,000 off Form 990-E2, fille 6a						
#CZ#<			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	l gamı (a) thr (c))	ng ough
Ü	1	Gross revenue						
	<u> </u>	Gross revenue		_,				
_	2	Cash prizes						
DIRECT	3	Non-cash prizes						
C S T E S	4	Rent/facility costs .						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary. Combine I	nes 1 and 7 in column	(d)	•			
				,			YES	NO
		er the state(s) in which the organization of				_ _		
		le organization licensed to operate gaming o,' Explain	activities in each of th	ese states?		9a		
		o, Explain						
		-						
		e any of the organization's gaming license es,' Explain	s revoked, suspended (or terminated during the	e tax year?	10a		
11	 Doe	s the organization operate gaming activities	es with nonmembers?			11		
12	Is th	e organization a grantor, beneficiary or truinister charitable gaming?	ustee of a trust or a me	mber of a partnership o	or other entity formed to	12		

Schedule G (Form 990 or 990-EZ) 2008 KILTIES DRUM AND BUGLE CORPS, INC.	<u> 89-1805209</u>	Pa	age 3
		YES	
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	8		
b An outside facility	8		
14 Provide the name and address of the person who prepares the organization's gaming/special events books	and records:		
Name: ▶			
Name· ►		i	
Address· ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue	ue? 1	5a	
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:			
			i
Name			
Address. N		•	
Address:			
16 Gaming manager information			
Name· •			
	:	i i	,
Gaming manager compensation \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor		ا ا	ŀ
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to re state gaming license?	tain the	7a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spen	it in the		
organization's own exempt activities during the tax year ► \$			
0.1	a C (Farm 000 a	- 000 = 7	- 000

Schedule **G** (Form 990 or 990-EZ) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open to Public

Schedule L (Form 990 or 990-EZ) 2008

Department of Internal Reven	the freasury	or	Form 990-	EZ, Par	t V, line 38a c	or 40b.	D, UI 20C,			`		ection	IC.
Name of the o	rganization					_	Em	ployer	dentifica	ation nu	ımber		
KILTIES	S DRUM AND BUGLE CORP	S, INC	•				39	9-18	0520	9			
Part I	Excess Benefit Transaction To be completed by organizations	ns (sect	tion 501(d	c)(3) a on Form	and section 1990, Part IV,	501(c)(line 25a o	4) organiza r 25b, or Forr	ations n 990-	s only EZ, Pa	/). irt V, I	ine 40	b.	
										<u> </u>		-	rected?
1	(a) Name of disqualified person		(b) Description of transaction								Yes	No	
		<u>,</u>											
									-				
												<u> </u>	
section	r the amount of tax imposed on the on 4958	_		_			ring the year	under	► \$				
	the amount of tax, if any, on line			d by the	organization	1			▶ \$				
Part II	Loans to and/or From Inte To be completed by organi Part V, line 38a.	rested F zations	ersons. that ansv	wered	'Yes' on Fo	•		,		orm	990	-EZ,	
(a)	Name of interested person and purpose		to or from anization?	(c) princi	(c) Original (d) Balance of incipal amount		(d) Balance due		default?	by bo	proved ard or nittee?	(g) W	ritten ment?
	·	То	From					Yes	No	Yes	No	Yes	No
									ļ				
						<u> </u>		1	1			-	
		_	 							-			
Total		•		-	▶ \$	·		 				1	·
Part III	Grants or Assistance Bendary To be completed by organi	efitting l zations	Intereste that ansv	d Pers wered	ons. 'Yes' on Fo	orm 990	, Part IV, I	ine 2	7.				
	(a) Name of interested person		(b) Relationship	p between the organ	interested person	and	(c) A	mount of	f grant o	r type o	f assist	ance	
								-					
			 										
	<u> </u>												
Part IV	Business Transactions Inv To be completed by organi	volving l zations	Intereste that answ	d Pers	sons. 'Yes' on Fo	orm 990	, Part IV, I	ine 28	Ba, 2	8b, c	r 28	 	
	(a) Name of interested person	(b) R intere	(b) Relationship between interested person and the organization		(c) Amount of transaction \$		(d) Des	(d) Description of transaction				organi	aring of zation's nues?
PARRISI	H & FREITAG, LTD	J FPE	ITAG - 50%	LOWNER		1,570.	CPA SERVICE	S BY J	OHN PA	RRIS	L CPA	Yes	No X
		J. I.K.		an		_, _ ,					-,		
		- 			-	<u></u>						<u> </u>	
											·		

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

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
FOND DU LAC AREA FOUNDATION	3,260.
FOND DU LAC WINTERGUARD	
OTHER DONATIONS - RESTRICTED INCOME	2,817.
UNRESTRICED CHARITABLE DONATIONS	1,799.
ROUNDY'S DONATION	148.
Total	10,024.

Supporting Statement of:

Form 990 p 9/Gross Income from Line 1C

Description	Amount
BREW FEST PRETZEL FUNDRAISER	189,874. 839.
BOSTON STORE FUNDRAISER	115.
Total	190,828.

Supporting Statement of:

Form 990 p 9/Line 8b Direct Expenses

Description	Amount
BREW FEST EXPENSES PRETZEL FUNDRAISER EXPENSES	123,000. 242.
Total	123,242.

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
ACCOUNTS PAYABLE	80,342.
ACCRUED SALES TAXES PAYABLE	6,496.
PREPAID MEMBERSHIP SHARES	300.
ROUNDING	-1.

Total <u>87,137.</u>

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
ACCOUNTS PAYABLE	61,446.
ACCRUED SALES TAXES PAYABLE	8,978.
UNEARNED REVENUE	474.
Total	70,898.

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2008

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

KILTIES DRUM AND BUGLE CORPS, INC.

Identifying number 39-1805209

Busine	ess or activity to which this form rela-	tes						-				
	m 990 / Form 990	EZ										
Par	t I Election To Exp Note: If you have a	pense Certain I	Property Under Sec complete Part V before	tion 179 you complete F	Part I.							
1	Maximum amount See the	e instructions for a	a higher limit for certain t	businesses .			1		\$250,000.			
2	Total cost of section 179 p		2	2								
3	Threshold cost of section	179 property befor	re reduction in limitation	(see instruction	ıs)		3	3	\$800,000.			
4	Reduction in limitation Su	btract line 3 from	line 2 If zero or less, er	nter -0-			4	1				
5	Dollar limitation for tax ye	ar. Subtract line 4	from line 1. If zero or le	ss, enter -0- If	married	filing						
	separately, see instruction	is		T			5	<u>;</u>				
6	(a)	Description of property		(b) Cost (business	s use only)	(C) Elected	cost	_				
		.		ļ				_				
				<u> </u>				_				
_	Listed property Enter the				7_			_ -				
8	Total elected cost of section			c), lines 6 and a	/		<u> </u>					
9	Tentative deduction Enter						10		 			
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs											
11 12						5 (See 1115115)	11					
13			•		▶ 13	-	, 12	+				
	: Do not use Part II or Part					!						
Par			ce and Other Depre		ot include	a listed property	/) (Se	e inst	ructions)			
								70 11130	ructions y			
14	Special depreciation allow tax year (see instructions)	ance for qualified	property (other than liste	ed property) pla	iced in se	ervice during th	e 14	,	6,856.			
15	• • •		_				15	-+-	0,030.			
	15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS)											
16 Par			antida listad arabatu X (S	Saa instructions			16	, ,				
Pai	t iii MACKO Debie	CIACIOTI (DO NOCII	nclude listed property) (S		·)							
17	MACRS deductions for ass	ata alaaad sa aari	Section				17	,	17,220.			
	If you are electing to grou asset accounts, check her	e general	\$		17,220.							
			in Service During 2008	Tax Year Using	the Gen	eral Depreciati	on Sv	stem				
	Section B — Assets Placed in Service During 2008 Tax Year Using the General Deprecial (a) Classification of property (b) Month and year placed in service (c) Basis for depreciation (business/investment use only — see instructions) (d) (e) Convention Me)		(g) Depreciation deduction			
19 a	3-year property											
b 5-year property			6,854.	5.0 yrs	H	200	200DB		1,370.			
	7-year property											
C	110-year property	1 .			ĺ							
е	15-year property	1										
	20-year property	,										
	25-year property			25 yrs		S/	L					
	Residential rental	<u> </u>		27.5 yrs	MN							
•	property			27.5 yrs	MN	1		\top				
i	Nonresidential real		-	39 yrs	MN			\top				
•	property	-			MN							
	Section C -	– Assets Placed i	n Service During 2008 Ta	ax Year Using t		· · · · · · · · · · · · · · · · · · ·		System				
20 =	Class life	A33Ct3 Flaced II	li dei vice barring 2000 in	ax rear osing t	T	S/		1	·			
	b 12-year 12 yrs S/								 			
c 40-year 40 yrs MM S/								+-				
Par		nstructions \	<u>!</u>	TO ATS	1 171	. 1 57						
21	Listed property Enter amo						21		75.			
	Total Add amounts from line 12.	lines 14 through 17. li	nes 19 and 20 in column (a) ar	nd line 21. Enter her	re and on		- -	 				
	the appropriate lines of your retu	rn Partnerships and S	corporations — see instructions	s _			22	<u> </u>	25,521.			
	For assets shown above a	tributable to section	on 2634 costs	,	23			1				

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

		(a) through (c)														
	Section	n A – Deprecia	ation and Othe	er Inform	ation (C		_		-					_		
248	Do you have eviden	1	usiness/investmer	nt use claim	ned?	<u> </u> 2	X Yes		No	24b If 'Ye					Yes	No
(a) (b) (c) Type of property (list vehicles first) Date placed in service use percentage		(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		Recovery Met		g) hod/ ention	d/ Depreciation		Elected section 179 cost					
					sted property placed in service during the tax year aruse (see instructions)				ar and	25						
26 Property used more than 50% in a qualified business use:												,				
ORANGE VAN 05/20/06 100.00					650.	650.		5.00 200D		B/HY	3/HY 75		<u> </u>			
								_	<u> </u>							
27	Property used !	50% or less in a	qualified bus	iness use	e				I						<u> </u>	
																ŧ
										J .	1			4		
28	Add amounts in		_				ine 21,	page	9]			28	· · · · · · · · · · · · · · · · · · ·			
29	Add amounts in	n column (ı), lin	e 26 Enter he	re and o				4	\/ - l= :	:-I				29		
	plete this section			proprieto	r, partne	er, or ot	her 'mo	re th	an 5	% owner						ehicles
30	Total business/investment miles driven during the year (do not include		1	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3 Ve		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6		
31	commuting miles) Total commuting miles driven during the year									<u> </u>						
	Total other personal (noncommuting) miles driven															
33	Total miles driv lines 30 throug															
				Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?							ļ								
35	Was the vehicle used primarily by a more than 5% owner or related person?															
36	personal use?							<u> </u>								
			C – Question								-	•	-			
Ansv 5% (wer these questions or related	ons to determin d persons (see	ie if you meet instructions)	an excep	otion to d	completi	ing Sec	tion I	B for	r vehicles	used I	by emp	loyees v	who are r		
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?										-	Yes	No			
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
39	Do you treat all use of vehicles by employees as personal use?															
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?															
41	Do you meet the Note: If your ar													-		
Pai	t VI Amort	ization														
	Des	(a) (b) escription of costs Date amortization begins		Amortizable ((d) Cod secti	ode Amortization			(f) Amortization for this year					
42	Amortization of	f costs that beg	ıns durıng you	r 2008 ta	x year (see inst	ructions	s).								
]												
43 44										44	<u></u>					