



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



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning 11/01, 2008, and ending 10/31, 2009**B** Check if applicable:

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

Please use IRS label or print or type See Specific Instructions

C

RIVERFEST, INC.
P.O. BOX 1745
LA CROSSE, WI 54601

D Employer identification number

39-1458523

E Telephone number

(608) 782-6000

F Group Exemption Number

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► WWW.RIVERFESTLACROSSE.COM**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) (4) (insert no) 4947(a)(1) or 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 401,735.**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,356.
	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	398,379.
6b	Less: direct expenses other than fundraising expenses	6b	403,332.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-4,953.	
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 ► _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	-1,597.	
EXPENSES	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	
	13	Professional fees and other payments to independent contractors	13	1,271.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	411.
	16	Other expense (describe ► SEE STATEMENT 1)	16	14,241.
	17	Total expenses (add lines 10 through 16)	17	15,923.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,520.
	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	171,484.
	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	153,964.

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	156,870.	144,075.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 2)	14,614.	9,889.
25 Total assets	171,484.	153,964.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	171,484.	153,964.

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

SCANNED JUL 29 2010

95
14

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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities N/A		
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
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
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
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 WI		

42 a The books are in care of GILLETTE & ASSOCIATES Telephone no 608-784-8355
 Located at P.O. BOX 3129 LA CROSSE, WI ZIP + 4 54602-3129

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

	Yes	No
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country

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

43 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		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

	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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	


(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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Signature of officer: Michael Schieber Date: 6-10-2010

Type or print name and title: President

Preparer's signature	 FRANK GILLETTE CPA	Date	6/1/10	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
Firm's name (or yours if self-employed), address, and ZIP + 4	GILLETTE & ASSOCIATES, LLC CPA 2028 ROSE CT LACROSSE, WI 54603	EIN	N/A				
		Phone no	(608) 784-8355				

Form 990-EZ (2008)

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.

2008

Open to Public Inspection

39-1458523

<input type="checkbox"/>	Solicitation of non-government grants
<input type="checkbox"/>	Solicitation of government grants
<input type="checkbox"/>	Special fundraising events

☐ Yes ☐ No

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

Total

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

[illegible]

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 FOURTH OF JULY (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	398,379.			398,379.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	398,379.			398,379.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	403,332.			403,332.
	8 Direct expense summary Add lines 4- through 7 in column (d)				403,332.
	9 Net income summary Combine lines 3 and 8 in column (d)				-4,953.

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))
DIRECT EXPENSES	1 Gross revenue				
	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	<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)				

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

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

b If 'No,' Explain

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

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

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

	YES	NO
9 a		
10 a		
11		
12		

		YES	NO				
13 Indicate the percentage of gaming activity operated in							
a The organization's facility	<table border="1"> <tr> <td>13a</td> <td>%</td> </tr> <tr> <td>13b</td> <td>%</td> </tr> </table>	13a	%	13b	%		
13a	%						
13b	%						
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records							
Name ▶ _____ Address ▶ _____							
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		15a					
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							
Name ▶ _____ Address ▶ _____							
16 Gaming manager information							
Name ▶ _____							
Gaming manager compensation ▶ \$ _____							
Description of services provided ▶ _____							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17 Mandatory distributions							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a					
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____							

2008

FEDERAL STATEMENTS

PAGE 1

CLIENT 995

RIVERFEST, INC.

39-1458523

5/27/10

02 07PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

INSURANCE	\$	8,400.
MISCELLANEOUS		1,136.
PROPERTY TAXES		518.
SUPPLIES		1,452.
TELEPHONE		2,735.
TOTAL	\$	14,241.

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 10,755.	\$ 7,280.
PREPAID EXPENSES AND DEFERRED CHARGES	3,859.	2,609.
TOTAL	\$ 14,614.	\$ 9,889.

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CREATE AND HOLD A 4TH OF JULY FAMILY FESTIVAL WITH "SOMETHING FOR EVERYONE".
 ENCOURAGE CITIZENS OF THE LA CROSSE AREA TO CELEBRATE THE HOLIDAY AT HOME AND
 INVITE VISITORS FROM OUTSIDE THE AREA TO JOIN FOR FIREWORKS, ENTERTAINMENT, FOOD
 AND FESTIVITIES.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MIKE SCHIEBER 718 24TH ST N LA CROSSE, WI 54601	PRESIDENT ELECT 0	\$ 0.	\$ 0.	\$ 0.
JENNIFER STALSBERG 2837 21ST TERRACE LA CROSSE, WI 54601	PRESIDENT 0	0.	0.	0.
KIRA PETERS 812 6TH STEET SOUTH #3 LA CROSSE, WI 54601	SECRETARY 0	0.	0.	0.

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT 995

RIVERFEST, INC.

39-1458523

5/27/10

02 07PM

STATEMENT 4 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DIANE KIMBALL 3512 LEVY LANE LA CROSSE, WI 54601	TREASURER 0	\$ 0.	\$ 0.	\$ 0.
CHRISTINE ALLEN 1419 GEORGE STREET LA CROSSE, WI 54601	DIRECTOR 0	0.	0.	0.
TODD BLANK 812 6TH STREET #10 LA CROSSE, WI 54601	DIRECTOR 0	0.	0.	0.
MARION BYERSON N5952 CTY RD XX ONALASKA, WI 54650	DIRECTOR 0	0.	0.	0.
DAN COX 2707 HARVEY STREET LA CROSSE, WI 54603	DIRECTOR 0	0.	0.	0.
BARB FRAHM 203 DEPOT ST CHASEBURG, WI 54621	DIRECTOR 0	0.	0.	0.
DAVID PETERSON 203 DEPOT ST CHASEBURG, WI 54601	DIRECTOR 0	0.	0.	0.
MIKE HAYES 304 12TH AVE S ONALASKA, WI 54650	DIRECTOR 0	0.	0.	0.
CHRISTOPHER HELLESEN PO BOX 2583 LA CROSSE, WI 54601	DIRECTOR 0	0.	0.	0.
DAVID PETERSON 203 DEPOT ST CHASEBURG, WI 54601	DIRECTOR 0	0.	0.	0.
ARDIE SCHOCK 3714 CLIFFSIDE PLACE LA CROSSE, WI 54601	DIRECTOR 0	0.	0.	0.
JEREMY KENNEDY 1317 WOOD ST LA CROSSE, WI 54601	DIRECTOR 0	0.	0.	0.

2008

FEDERAL STATEMENTS

PAGE 3

CLIENT 995

RIVERFEST, INC.

39-1458523

5/27/10

02 07PM

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
TAMM KLEIN 2510 RIVERSIDE DR LA CROSSE, WI 54601	DIRECTOR \$ 0	0.	\$ 0.	\$ 0.
JOHN KOCKLER 647 22ND ST N LA CROSSE, WI 54601	DIRECTOR 0	0.	0.	0.
KAREN LOCY W6325 WINESP DR ONALASKA, WI 54650	DIRECTOR 0	0.	0.	0.
MAUREEN MORRISON 2617 CRESTLINE PLACE LA CROSSE, WI 54601	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	RIVERFEST, INC.	39-1458523
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 1745	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LA CROSSE, WI 54601	

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► GILLETTE & ASSOCIATES

Telephone No. ► 608-784-8355 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 will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 6/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ☐ calendar year 20__ or
► ☒ tax year beginning 11/01, 20 08, and ending 10/31, 20 09

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 4-2009)