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Form **990-EZ**

SCANNED JUL 26

OMB No 1545-1150 2009

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	A	For the	e 2009 calend	dar year,	or tax year b	eginning		, and ending						
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Description		Termina	ation		815 S.	MAIN	STREET		•				92	0-602-2267
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e Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). I Website: ♦ N/A I Tax-exempt status (check only one 25 501(c) (3) ♦ (Insert no.) 4947(a)(1) or 527 I Tax-exempt status (check only one 25 501(c) (3) ♦ (Insert no.) 4947(a)(1) or 527 I Tax-exempt status (check only one 25 501(c) (3) ♦ (Insert no.) 4947(a)(1) or 527 I Tax-exempt status (check only one 25 501(c) (3) ♦ (Insert no.) 4947(a)(1) or 527 I Tax-exempt status (check only one 25 501(c) (3) ♦ (Insert no.) 4947(a)(1) or 527 I Check ♦ 1 the organization is not a section 509(a)(3) supporting organization and its gross receipts are noticed by the organization of the organization and its gross receipts are noticed by the organization and its gross series by the organization of the organization and its gross series by the organization and its gross series of series by organization and its gross series of series and series series and seri		Applicat	tion pending		•	-		WI 549	935					
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17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 27, 605 23 Land and buildings 24 Other assets (describe (B) End of year 25 Total assets 18,370 25 27, 605 26 Total liabilities (describe (D) 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,370 27 27, 605	û	15	Printing, pub	olications	, postage, and	d shipping							15	42
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 605 22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year		16	Other expen	ses (des	cribe ▶ <u>SI</u>	EE STAT	PEMENT					_)	16	125
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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 23 Land and buildings 24 Other assets (describe 25 Total assets 26 Total liabilities (describe 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18 , 370 27 27 , 605		17	Total expen	ses. Add	l lines 10 thro	ugh 16						•	17	34,607
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 605		18	Excess or (d	leficit) for	the year (Su	btract line 17	from line 9)						18	9,235
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 605	šets	19	Net assets of	or fund ba	lances at beg	jinning of ye	ar (from line 27, c	olumn (A)) (must	agree	with				
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 605	Ase		end-of-year	figure rep	orted on prio	r year's retur	n)						19	18,370
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 605	let	20	Other chang	es in net	assets or fun	id balances (attach explanation	n)					20	<u> </u>
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ 25 Total assets 26 Total liabilities (describe ▶ 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year (B) End of year 27 27, 605		21	Net assets of	r fund ba	lances at end	i of year Co	mbine lines 18 thr	ough 20				•	21	27,605
22 Cash, savings, and investments 18,370 22 27,605 23 Land and buildings 23 24 Other assets (describe ►) 25 Total assets 18,370 25 27,605 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,370 27 27,605	P	art II	Baland	ce She	ets. If Total a	assets on line	e 25, column (B) a	re \$1,250,000 or	r more	, file For	m 990 instea	d of I	Form 99	00-EZ
23 Land and buildings 24 Other assets (describe ▶) 24 25 Total assets					(See the insti	ructions for F	Part II)			(A) E				(B) End of year
24 Other assets (describe) 24 25 Total assets 18,370 25 27,605 26 Total liabilities (describe) 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,370 27 27,605	22	Cash,	savings, and i	nvestme	nts						18,3	<u> 370</u>	22	27,605
25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,370 25 27,605 0 26 0 27,605	23	Land a	nd buildings										23	
26 Total liabilities (describe ►	24	Other a	assets (descri	be 🕨 _)[24	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,370 27 27,605	25	Total a	ssets						[18,3	<u> 370</u>	25	27,605
	26	Total li	iabilities (des	cnbe 🕨)[26	0
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	27	Net as:	sets or fund l	balances	(line 27 of co	olumn (B) mı	ust agree with line	21)			18,3	<u> 370</u>	27	27,605
	For	Privac	y Act and Pa _l	perwork	Reduction A	ct Notice, se	e the separate in	structions.						Form 990-EZ (2009)

DAA

•						
	U LAC FIRE FIGHTERS LO					Page 2
	ogram Service Accomplishments	(See the instruct	ions for Part III	l.)		penses
What is the organization's primary exer SEE STATEMENT 4	npt purpose?				(Required	or section and 501(c)(4)
	g out the organization's exempt purposes. In	a clear and concise		_		ons and section
· .	d, the number of persons benefited, or other r		r		•	trusts, optional
each program title					for others)
28 SEE STATEMENT 5						
· 3.4 .4.4	0 > 1511		_			34,440
(Grants \$ 34,44 29	0) If this amount includes foreign grants, o	cneck nere		1 2	8a	34,440
					Ì	
(Grants \$) If this amount includes foreign grants, o	check here	>	<u> </u>	9a	 -
30						
(Grants \$) If this amount includes foreign grants, o	check here	•		0a	
31 Other program services (attach sci		SHEEK HEIC			"	
(Grants \$) If this amount includes foreign grants, o	check here	_	<u></u>	1a	
32 Total program service expenses					2	34,440
Part IV List of Officers, Direct	ctors, Trustees, and Key Employees. List e	(b) Title and average	c) Compensation	he instru	ntributions to	Part IV) (e) Expense
(a) 1	Name and address	hours per week	(If not paid,	employee	benefit plans &	account and
KEITH WENDT	FOND DU LAC	devoted to position CHAIRMAN	enter -0)	аетепеа	compensation	other allowances
815 S. MAIN STREET	WI 54935	1.00	0		o	o
BRIAN WINTER	FOND DU LAC	DIRECTOR				
815 S. MAIN STREET	WI 54935	1.00	0	<u> </u>	0	0
JOE MARAMONTE	FOND DU LAC	DIRECTOR				
815 S. MAIN STREET	WI 54935	1.00	°	 	0	0
TODD SHIPPEE 815 S. MAIN STREET	FOND DU LAC WI 54935	DIRECTOR 1.00		J	0	0
SHAWN KNEELAND	FOND DU LAC	DIRECTOR		1		
815 S. MAIN STREET	WI 54935	1.00			0	
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	• •			1		[

"Yes," Form 990 must be completed instead of Form 990-EZ

orm 990-E	Z(2009) FOND DU LAC FIRE FIGHTERS LOC	<u>AL 400 39</u>	-2000710			Page 4
Part VI	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt	charitable trus	ts only. All sec	tion	
	501(c)(3) organizations and section 4947(a)(1) nonex	empt charitable	e trusts must a	nswer questior	s 46-49b	
	and complete the tables for lines 50 and 51.	•		•		
6 Did th	ne organization engage in direct or indirect political campaign activities on b	ehalf of or in opposi	tion to		Yes	No
	dates for public office? If "Yes," complete Schedule C, Part I	опан от от от оррост		!	46	X
	ne organization engage in lobbying activities? If "Yes," complete Schedule C	C Port II			47	X
			bodulo E		48	X
	e organization operating a school as described in section 170(b)(1)(A)(ii)? If	· · · · · · · · · · · · · · · · · · ·	nedule E			X
	ne organization make any transfers to an exempt non-charitable related org	anization?		1	49a	 ^- -
	s," was the related organization a section 527 organization?				49b	L
0 Com	plete this table for the organization's five highest compensated employees (other than officers,	directors, trustees a	and key		
empl	oyees) who each received more than \$100,000 of compensation from the o					
	(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 & deferred compensation	(e) Exper account a other allows	nđ
IONE						_
f Total	number of other employees paid over \$100,000	<u> </u>				
i iotai	number of other employees paid over \$100,000			•		
\$100	plete this table for the organization's five highest compensated independent, 000 of compensation from the organization. If there is none, enter "None"					
(8	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
NONE						
	· · · · · · · · · · · · · · · · · · ·					
		ļ		i		
d Tota	number of other independent contractors each receiving over \$100,000	<u> </u>				
	Hadan and Book of annual Library to the Library to		o and at-ta-sat-	d to the best of l	wlode:	
	Under penalties of penury, I declare that I have examined this return, including a and belief, it is are, correct and complete Declaration of preparer (other than o					
Sign			1	L 10	-3-	
	N Municipal March		_\(\)2/12/	20/0		
lere	Signature of officer		/ Date /			
	VECTO DIVICIE					
	Type or print name and title					
	Preparer's	Date	Check if	Preparer's Iden	tifying Number (S	iee instr)
Paid	signature Com 15	<i> 5/1≥1</i>	self- employed	-□ P0000	8943	
repare	r's Firm's name (or yours HUBERTY & ASSOCIATES,	S.C.	. C. Companyon		9-1392	2227
Jse Onl	145 6 145 6 1			Phone		<u></u>
		5-4434		_	923-8	2400
Ma		J-2234		no > 920		
way the IF	RS discuss this return with the preparer shown above? See instructions				Yes	No
				F	om 990-E2	<u>(2009)</u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I

FOND DU LAC FIRE FIGHTERS LOCAL 400

Employer identification number 39-2000710

The o	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, con	vention of churches, or assoc	ciation of churches described in s	section 1	70(b)(1)(<i>A</i>	۸)(i).						
2		A school desc	cribed in section 170(b)(1)(A)	(ii). (Attach Schedule E.)									
3				organization described in section	on 170(b)	(1)(A)(iii).							
4	П	•	•	n conjunction with a hospital des				(A)(iii). I	Enter th	e hospi	tal's name.		
	<u> </u>	city, and state	•				(/(-/						
5		-		a college or university owned or	operated	by a gove	rnmenta	I unit de	scribed	ın			
	_	section 170(b	o)(1)(A)(iv). (Complete Part II)		-							
6		A federal, stat	te, or local government or gov	ernmental unit described in sect	tion 170(t	o)(1)(A)(v).						
7	X	An organization	on that normally receives a su	ibstantial part of its support from	a governi	mental un	it or from	the ger	neral pu	blic			
		described in s	section 170(b)(1)(A)(vi). (Cor	mplete Part II)									
8		A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II)								
9		An organization	on that normally receives. (1)	more than 33 1/3 % of its suppo	rt from co	ntributions	s, memb	ership fe	es, and	gross			
		receipts from	activities related to its exemp	t functions—subject to certain ex	ceptions,	and (2) n	o more t	han 33 1	/3 % of	its			
		support from (gross investment income and	unrelated business taxable inco	me (less s	section 51	1 tax) fro	om busir	iesses				
		acquired by th	ne organization after June 30,	1975. See section 509(a)(2). (0	Complete I	Part III.)							
10		An organization	on organized and operated ex	clusively to test for public safety	See sec	tion 509(a	a)(4).						
11		An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supported	d organizations described in sect	tion 509(a))(1) or sec	ction 509	(a)(2) S	ee sec	tion			
		509(a)(3). Cho	eck the box that describes the	e type of supporting organization	and comp	plete lines	11e thro	ough 11h	1				
		a Type	<u> </u>	c Type III–Functiona			d [e III–Oth	ner			
е				nization is not controlled directly									
		persons other	than foundation managers a	nd other than one or more public	ly support	ted organi	zations	describe	d in sec	tion			
		509(a)(1) or s	ection 509(a)(2).										
f		_		nination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g			_	
		-	check this box										╛
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the							
		following pers	sons?								- -		_
		(i) A person	who directly or indirectly con	itrols, either alone or together wi	th persons	s describe	d ın (ıi)				<u> </u>	Yes N	No_
			pelow, the governing body of t								11g(ı)		
		(ii) A famıly	member of a person describe	ed in (ı) above?							11g(ii)		
		• •	ontrolled entity of a person de	,, , ,							[11g(iii)]	L	
<u>h</u>		Provide the f	ollowing information about the	supported organization(s)					r				
(i)		e of supported	(ii) EIN	(lii) Type of organization	1 ' '	organization	(v) Did y	ou notify szation in	(vi) I organizat		(vii) Amou suppor		
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?	∞l (i)	of your	(i) organi	zed in the	зарра		
				(see instructions))	ļ.,	r		xort?	t	5?			
					Yes	No	Yes	No	Yes	No			—
					t				<u> </u>			····	_
					<u> </u>								
					 	<u> </u>	<u> </u>						
					 		 		 				_
					<u> </u>		<u></u>						
Tota	1					Ĺ	<u> </u>	Ĺ	1				

				TERS LOCAL		2000710	Page 2
Pa	Support Schedule for Or (Complete only if you che				(A)(iv) and 170)(b)(1)(A)(vi)	
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			1,685	4,893	3,514	10,092
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			1,685	4,893	3,514	10,092
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						10,092
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			1,685	4,893	3,514	10,092
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities; whether or not the business is regularly carned on					0	
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	,					10.003
	Total support. Add lines 7 through 10			<u></u>		T 40	10,092
12	Gross receipts from related activities, etc. (•			t 504/-V0	12	86,465
13	First five years. If the Form 990 is for the	•	secona, tnira, tourti	n, or ππη tax year as	a section 50 I(c)(3)	. □
500	organization, check this box and stop here tion C. Computation of Public Su		000				
		• • • • • • • • • • • • • • • • • • • •				144	
14	Public support percentage for 2009 (line 6,			(1))		14	100.00%
15	Public support percentage from 2008 Sche					<u> </u>	%_
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33 1/	3 % or more, chec	K this dox	► V
	and stop here. The organization qualifies a		_	40 40			► X
b	33 1/3 % support test—2008. If the organ				33 1/3 % or more,	check this	
	box and stop here. The organization qualif	•					
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fac					how the	
_	organization meets the "facts-and-circumst						▶ _
þ	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa					now the	
	organization meets the "facts-and-circumst		-		-		₹ -
18	Private foundation. If the organization did	not check a box of	n line 13, 16a, 16b,	17a, or 17b, check th	nis box and see ins	structions	▶ ∟

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOND DU LAC FIRE FIGHTERS LOCAL 400 39-2000710

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE G (Form 990 or 990-EZ)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions

Open To Public Inspection

Name of the organization FOND DU LAC FIRE	ETCUMEDO I	OCAT	. 1	00	Employer Identif	
Eundraiging Activities Complete						
Part I Form 990-EZ filers are not require						
Indicate whether the organization raised funds through	any of the following	activities	Che	eck all that apply.		
a Mail solicitations	e Solicitation	of non-	gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gove	ernme	ent grants		
c Phone solicitations	g Special fur	ndraising	g eve	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	with any individual (in	cluding o	office nal fu	ers, directors, trustees indraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization		it to agre	eeme	nts under which the fu	ndraiser is	
(i) Name of individual	(ii) Activity	(iii) Did i		(IV) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custod	y or	from activity	(or retained by) fundraiser listed in	(or retained by) organization
		contro contribut			col (I)	Organization
		Yes	No			
		+				
		1	\dashv			
		\bot		- 		
		+				
		-			 	
						_
		+				
-			\neg			
Total			▶			
3 List all states in which the organization is registered or registration or licensing.	r licensed to solicit fui	nds or h	as be	en notified it is exemp	t from	
		•				
						•
				••		•
		•	•	•		
•	•				-	
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Page 2

Р	art i	Fundraising Events More than \$15	vents.	Complete if to Eorm 990-1	the orga	nizat 6a	ion answ	ered "Yes	es" to ross re	Forn ecein	n 990, its are:	Part IV ater tha	, line in \$5 (18, or re 000.	porte	3
		more than wis	,,,,,,,,,,	(a) Event #1	——, IIIO	Ju. L	(b) Eve					er events			al events	
			CON	CESSIONS	WAL	MD	A FILI		во	NO	NE		_	(add col	(a) thro	
nue				(event type)			(event	ype)			(total n	umber)			ol (c))	
Revenue	1	Gross receipts		6	6,987			16,	618						83,	605
	2	Less: Charitable contributions														
	3	Gross revenue (line 1 minus line 2)	 - -	6	6,987			16,	,618						83,	605
						_										
	4	Cash prizes												-		
	5	Noncash prizes			_											
nses	6	Rent/facility costs				_							+			
Direct Expenses	7	Food and beverages														
Direct	8	Entertainment														
	9	Other direct expenses		4	6,137										46,	137
			. And of low	Athrough Our	a column (d						-				46.	. 137\
	10 11	Direct expense summary Net income summary. Co	ombine l	line 3, column (d),	, and line 1	10							•			137 ₎ 468
P	art	Gaming. Com than \$15,000 c				swere	ed "Yes" t	o Form	990, 1	Part	IV, line	e 19, or	repor	ted more	9	
-e				(a) Bingo			(b) Pull tal)		(c) Othe	er gaming		(d) Total		
Revenue	ļ							<u> </u>						<u> </u>		
_	1	Gross revenue										••		•		
ses	2	Cash prizes	-		-	<u> </u>							-			
Expenses	3	Noncash prizes								-		 				
Direct E	4	Rent/facility costs														
Ω	5	Other direct expenses														
				Yes .	<u></u> %	3	Yes		%		Yes No		%			
	6	Volunteer labor	X	No		2	No			<u> • • • • • • • • • </u>	NO					
	7	Direct expense summary	y Add III	nes 2 through 5 ir	n column (d	d)							•			
_	8	Net gaming income sum	mary C	combine line 1, co	lumn d, an	d line	7						•		Ye	. No
9	E	nter the state(s) in which th	ne organ	ıızatıon operates ç	gaming act	tivities								<u> </u>	1 6:	
a t		the organization licensed t "No," Explain	to opera	te gaming activitie	es in each	of thes	se states?			•				9	a	X
	, "	No, Explain														
10a	a V	Vere any of the organization	n's gamı	ng licenses revok	ked, suspe	nded o	r terminated	dunng th	e tax ye	аг?				10)a	x
t	o If	"Yes," Explain														
		•				_										x
11 12		oes the organization opera the organization a grantor,					ber of a par	tnership o	r other e	entity		•			1	
DA.		ormed to administer chantal	ble gam	ing? .								Schedu	le G (F	orm 990 o	2 r 990-E	X Z) 2009

Sche	edule G (Form 990 or 990-EZ) 2009 FOND DU LAC FIRE FIGHTERS LOCAL 400 39-200071	0	P	age 3
13 a b	Indicate the percentage of gaming activity operated in. The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records.		Yes	No
	Name ► KEITH WENDT 815 S. MAIN STREET Address ► FOND DU LAC WI 54935		:	
l5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		x
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			17
b	retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent	17a		X
	in the organization's own exempt activities during the tax year > \$			

240000 FOND DU LAC FIRE FIGHTERS LOCAL 400 39-2000710 Federal Statements

39-2000710

FYE: 12/31/2009

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

	Description	 Amount
MEMBERSHIP	DUES	\$ 2,860
TOTAL		\$ 2,860

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240000 FOND DU LAC FIRE FIGHTERS LOCAL 400 Federal Statements

39-2000710 FYE: 12/31/2009

e 10 - Grants and Similar Amounts Paid to	1000
Statement 2 - Form 990-EZ, Part I, L	

		Organizations	2			
Name and Address		Class of Activity				
Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
MUSCULAR DISTROPHY ASSOC.		24,539				
2670 ASHLAND AVENUE						
GREEN BAY, WI 54304						
TOTAL		24,539				

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24,0000 FOND DU LAC FIRE FIGHTERS LOCAL 400

Federal Statements

FYE: 12/31/2009

39-2000710

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

Description	Amount
EXPENSES	\$
LICENSING	10
SUPPLIES	54
CHECKS	61
TOTAL	\$ 125

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

Description

TO PROVIDE ASSISTANCE TO INDIVIDUALS AND FAMILIES BY DONATING TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service **Accomplishments**

Description

TO MAKE DISTRIBUTIONS OF ASSETS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS. IN 2009 THE ORGANIZATION MADE 22 CONTRIBUTIONS TO SUCH ORGANIZATIONS TOTALING \$34,440.