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Short Form
Return of Organization Exempt From Income TaxUnder 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 organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200 000 and total assets less than \$500 000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Fast Club of Oshkosh, Inc

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

1814 Michigan Street

D Employer identification number

39-1701547

E Telephone number

920-858-1772

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►I Website. ► <https://sites.google.com/site/oshkoshfastclub/>J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200 000 or more or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 900
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 37,519
	4 Investment income	4 264
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ 900 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 23,975
	c Less direct expenses from gaming and fundraising events	6c 4,488
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 19,487
	7a Gross sales of inventory, less returns and allowances	7a 12,739
	b Less cost of goods sold	7b 16,490
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c (3,751)
	8 Other revenue (describe in Schedule O)	8 1,750
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c (and 8)	9 56,169
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	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
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16
	17 Total expenses. Add lines 10 through 16	17 56,832
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (663)
	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 40,599
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 39,936

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,599	39,936
23 Land and buildings	22	23
24 Other assets (describe in Schedule O)	24	24
25 Total assets	25	25
26 Total liabilities (describe in Schedule O)	26	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,599	39,936

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part II.

What is the organization's primary exempt purpose? **To teach players teamwork, discipline and a work ethic**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	..... .....
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 28a
29	..... .....
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 29a
30	..... .....
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 30a
31	Other program services (describe in Schedule O)	
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/> 31a
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/> 32

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Kim Bluhm 1814 Michigan Street, Oshkosh, WI 54902		0	0	0
Brian Gauthier 1575 Galway Court, Oshkosh, WI 54904		0	0	0
James Hart 975 Honey Creek Road, Oshkosh, WI 54904		0	0	0
Thomas Patt 1491 Wellington Court, Oshkosh, WI 54904		0	0	0
Thomas Bougie 229 w 16th Ave , Oshkosh, WI 54902		0	0	0
Heidi Supple 4716 Bay View Lane, Oshkosh, WI 54902		0	0	0
Jeff Wettereau 2405 Sheridan St , Oshkosh, WI 54901		0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	✓
b	Did the organization file Form 1120-POL for this year?	38a	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations Enter	39b	
a	Initiation fees and capital contributions included on line 9	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0	40c	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0	40e	✓
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0	41	
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	42a	
41	List the states with which a copy of this return is filed ► Wisconsin	42b	
42a	The organization's books are in care of ► Deanne Miller Telephone no ► Located at ► 1626 Weyerhorst Creek Road, Oshkosh, WI ZIP + 4 ► 54902	42c	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	43	
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ►	44a	
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 ► 43	44b	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44c	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44d	
c	Did the organization receive any payments for indoor tanning services during the year?	45a	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	45b	✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

Public Charity Status and Public Support

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

2011

**Open to Public
Inspection**

Name of the organization

Fast Club of Oshkosh, Inc

Employer identification number

39-1701547

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 (For lines 1 through 11, check only one box)

- 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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 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)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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
 - a Type I b Type II c Type III-Functionally integrated d Type III-Other
- e 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 509(a)(2)**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33$\frac{1}{3}$% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 33$\frac{1}{3}$% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)**Section A. Public Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			31,123	41,395	38,419	110,937
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			39,283	41,791	36,714	117,788
3 Gross receipts from activities that are not an unrelated trade or business under section 513			5,820		1,750	7,570
4 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						
6 Total. Add lines 1 through 5			76,226	83,186	76,883	236,295
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						236,295

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6			76,226	83,186	76,883	236,295
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			150	293	264	707
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			150	293	264	707
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)			76,376	83,479	77,147	237,002
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV **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. Also complete this part for any additional information (See instructions)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information

► Attach to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Fast Club of Oshkosh, Inc

Employer identification number

39-1701547

See Financial Statements Attached

Part III Statement of Program Accomplishments

The organization operated an instructional softball league serving 236 players. In addition, the organization operated 12 competitive travel tournament team serving 96 players. The tournament teams play an average of 5 or 6 tournament each season

The organization hosted the Greater Raider Open Tournament in which 20 teams participated. By participating in these events the players were taught self-discipline, the achievement of goals through practice and hard work, sportsmanship and respect for other players, coaches and umpires, and, teamwork

Name of the organization

Employer identification number

6:30 PM
05/01/14
Cash Basis

**Fast Club of Oshkosh
Profit & Loss
January through December 2011**

	<u>Jan - Dec 11</u>
Ordinary Income/Expense	
Income	
Contributions and Support	900 00
Fundraising Income	
Apparel	4,081 00
Candy Bars Income	1,000 00
Concessions	7,657 71
Fundraising Income - Other	<u>23,975 27</u>
Total Fundraising Income	36,713 98
Interest Earned	263 89
Membership Dues	
Leagues	14,504 00
Travel Team 10U	25 00
Travel Team 14U	2,210 00
Travel Team 18U	1,080 00
Membership Dues - Other	<u>19,700 00</u>
Total Membership Dues	37,519 00
Sponsors	<u>1,750 00</u>
Total Income	77,146 87
Expense	
Advertising	606 15
Board Meeting	1,191 52
Contributions, gifts, grants	3,937 00
Diamond Improvements	10,624 97
Equipment Rental and Maintenance	3,040 03
Fundraising Expense	
Apparel	3,926 00
Candy Bars	1,000 00
Concession Stand	11,563 90
Fundraising Expense - Other	<u>4,488 07</u>
Total Fundraising Expense	20,977 97
Insurance - nonemployee	2,366 00
Other Miscellaneous Expenses	
License and Filing Fees	398 69
Postage and Delivery	<u>132 98</u>
Total Other Miscellaneous Expenses	531 67
Printing and Reproduction	541 79
Professional Services fees	266 37
refund of membership dues	170 00
Supplies and Materials	33 04
Tournament Fees	
Tournament Prizes	3,511 32
Travel 10U	4,325 00
Travel 12U	3,170 00
Travel 14U	3,685 00
Travel 16U	3,950 00
Tournament Fees - Other	<u>-3,725 00</u>
Total Tournament Fees	15,116 32
Umpire Compensation	6,105 00
Uniforms and Equipment	12,162 26
Website Hosting Expense	<u>140 00</u>
Total Expense	<u>77,810 09</u>
Net Ordinary Income	<u>-663 22</u>
Net Income	<u>-663 22</u>

6:33 PM
05/01/14
Cash Basis

**Fast Club of Oshkosh
Balance Sheet
As of December 31, 2011**

	<u>Dec 31, 11</u>
ASSETS	
Current Assets	
Checking/Savings	
CD	20,000 00
FNB Checking	5,151 40
FNB Money Market	<u>14,784 45</u>
Total Checking/Savings	<u>39,935 85</u>
Total Current Assets	<u>39,935 85</u>
TOTAL ASSETS	<u>39,935 85</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	<u>-1,443 90</u>
Total Accounts Payable	<u>-1,443 90</u>
Total Current Liabilities	<u>-1,443 90</u>
Total Liabilities	<u>-1,443 90</u>
Equity	
Retained Earnings	42,042 97
Net Income	<u>-663 22</u>
Total Equity	<u>41,379 75</u>
TOTAL LIABILITIES & EQUITY	<u>39,935 85</u>

Revenue Procedure 2014-11
Retroactive Reinstatement

REASONABLE CAUSE STATEMENT

The Fast Club of Oshkosh, Inc requests that its tax exempt status which was automatically revoked be reinstated retroactive to the date of revocation

The reasons for the request are that the organization, being newly incorporated, had officers who were unfamiliar with the procedures for filing exempt organization returns. The mailings to the officers of the corporation were made to officers at their home addresses and following a change in officers, mailings did not reach new officers. Therefore, the corporation did not timely file its returns. All of the returns for the organization have been filed herewith. The organization has taken steps to ensure that this will not occur again by obtaining a post office box to receive all mail. The organization has also had more continuity in officers and will ensure that future officers take steps to train incoming officers regarding the filing of tax returns.

The organization has filed all of the annual returns for all taxable years from the date of organization to date

I, Kim Bluhm, President, Fast Club of Oshkosh, Inc , declare, under penalty of perjury, that I am authorized to sign this request for retroactive reinstatement on behalf of Fast Club of Oshkosh, Inc , and I further declare that I have examined this request for retroactive reinstatement, including the written explanation of all of the facts of the claim for reasonable cause, and to the best of my knowledge and belief, this request is true, correct and complete.

Dated May 15, 2014



Kim Bluhm, President
Fast Club of Oshkosh, Inc