



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



A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012					
B Check if applicable	C Name of organization FOND DU LAC MORNING ROTARY CLUB				
☐ Address change	<table border="1"> <tr> <td>Number and street (or P O box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>PO BOX 1356</td> <td></td> </tr> </table>	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	PO BOX 1356	
Number and street (or P O box, if mail is not delivered to street address)		Room/suite			
PO BOX 1356					
☐ Name change					
☐ Initial return					
☐ Terminated					
☐ Amended return	City or town, state or country, and ZIP + 4 FOND DU LAC, WI 549361356				
☐ Application pending					
	D Employer identification number 39-1681044				
	E Telephone number				
	F Group Exemption Number 				

G Accounting method ☒ Cash ☐ Accrual Other (specify) ☐ _____

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

I Website: ☒ N/A

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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. **\$ 117,478**

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	3,388	
	2	Program service revenue including government fees and contracts		2	1,841	
	3	Membership dues and assessments		3	46,149	
	4	Investment income		4	126	
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	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)				
	6	Gaming and fundraising events		6d	27,367	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ 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			64,721
c	Less direct expenses from gaming and fundraising events	6c	37,354			
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)					
Expenses	7a	Gross sales of inventory, less returns and allowances	7a		7c	
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
	8	Other revenue (describe in Schedule O)		8	1,253	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	80,124	
Net Assets	10	Grants and similar amounts paid (list in Schedule O)		10	42,681	
	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	221	
	16	Other expenses (describe in Schedule O)		16	42,359	
	17	Total expenses. Add lines 10 through 16		17	85,261	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,137	
	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	70,497	
	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	65,360	

Part II

Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	70,497	22	65,360
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	70,497	25	65,360
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	70,497	27	65,360

Part III

Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose?
PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS,
AND HELP BUILD GOODWILL AND PEACE IN THE WORLD

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

28 See Additional Data Table		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
(Grants \$)	If this amount includes foreign grants, check here	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	42,681

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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	No
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	No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	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	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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	40b	No
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		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ ANN FREUND Telephone no ▶ (920) 923-4173 778 GLENWOOD DR Located at ▶ FOND DU LAC, WI ZIP + 4 ▶ 54935		
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 .	42b	No
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 ▶	42c	No
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	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-05-02 Date				
	ANN FREUND TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	CHRISTINA PLUMMER CPA	Date 2013-05-02	Check if self-employed	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	HUBERTY & ASSOCIATES SC 145 S MARR ST FOND DU LAC, WI 549354434			EIN	
					Phone no (920) 923-8400	
May the IRS discuss this return with the preparer shown above? See instructions						Yes No

Open to Public Inspection

39-1681044

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		WALLEY WEEKEND (event type)	WINE AROUND THE (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	35,102	29,619	64,721
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	35,102	29,619	64,721
Direct Expenses	4	Cash prizes	2,818		2,818
	5	Non-cash prizes			
	6	Rent/facility costs	8,686	900	9,586
	7	Food and beverages	13,781	8,931	22,712
	8	Entertainment			
	9	Other direct expenses	2,238		2,238
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(37,354)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			27,367

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 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

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	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 contract with a third party from whom the organization receives gaming revenue?

Yes

No

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

Director/officer

Employee

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?

Yes

No

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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 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
FOND DU LAC MORNING ROTARY CLUB**Employer identification number**

39-1681044

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	OTHER REVENUE 713 INSURANCE REIMBURSEMENT 540 TOTAL 1,253
GRANTS AND SIMILAR AMTS PAID TO INDIVIDUALS	FORM 990-EZ, PART I, LINE 10	0 5,732 0 20,134 0 0
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	ROTARY INTERNATIONAL 14255 COLLECTIONS CENTER DR CHICAGO, IL 60693 5,043 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES MEALS FOR MEETINGS 34,882 SOCIAL GATHERINGS 2,214 CLUB BADGES AND BANNERS 959 CONFERENCES 1,422 WORLD AFFAIRS SEMINAR 1,950 WEBSITE AND SOFTWARE 752 MISCELLANEOUS 180 TOTAL 42,359
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	OTHER PROGRAMS CONSISTENT WITH EXEMPT PURPOSE INCLUDING POLIO PLUS, ROTARY FOUNDATION, DISTRICT

TY 2011 Compensation Explanation**Name:** FOND DU LAC MORNING ROTARY CLUB**EIN:** 39-1681044

Person Name	Explanation
MATT DOLL	
BARB SENN	
DUANE JOHNSON	
ANN FREUND	
BRENDAN STORMO	

Additional Data

Software ID:
Software Version:
EIN: 39-1681044
Name: FOND DU LAC MORNING ROTARY CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS IN THE COMMUNITY (Grants \$ 20,134) If this amount includes foreign grants, check here . . . ☐		28a	20,134
29 SUPPORT ELEMENTARY SCHOOL RECREATIONAL & EDUCATION ACTIVITIES (Grants \$ 5,732) If this amount includes foreign grants, check here . . . ☐		29a	5,732
30 PROVIDE SCHOLARSHIPS TO DESERVING AREA STUDENTS TO ADVANCE THEIR EDUCATION (Grants \$ 500) If this amount includes foreign grants, check here . . . ☐		30a	500
OTHER PROGRAMS CONSISTENT WITH EXEMPT PURPOSE INCLUDING POLIO PLUS, ROTARY FOUNDATION, DISTRICT (Grants \$ 16,315) If this amount includes foreign grants, check here . . . ☐			16,315

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MATT DOLL  PO BOX 1356 FOND DU LAC, WI 549361356	PAST PRESIDE 2 00	0		
BARB SENN  PO BOX 1356 FOND DU LAC, WI 549361356	PRESIDENT 2 00	0		
DUANE JOHNSON  PO BOX 1356 FOND DU LAC, WI 549361356	VICE PRESIDE 2 00	0		
ANN FREUND  PO BOX 1356 FOND DU LAC, WI 549361356	TREASURER 2 00	0		
BRENDAN STORMO  PO BOX 1356 FOND DU LAC, WI 549351356	SECRETARY 2 00	0		