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Short Form Return of Organization Exempt From Income Tax

2014

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning October 1, 2013 2014 and ending

•	Or are	2014 Calcindar year, or tax year beginning October 1, 2015 , 2014, and entiring	Septem	, 20 17
В	Check if ap	oplicable C Name of organization D	Employe	r identification number
	Address c	Fond du Lac Evening Optimist 09070		39-6075881
⊒	Name cha		Telephon	e number
	Initial retur	IPO Box 1422		920-517-2739
_		City or town, state or province, country, and ZIP or foreign postal code	Group E	xemption
=	Amended Application	recuiti	Number	•
			ck >	If the organization is not
	Nebsite			attach Schedule B
				990-EZ, or 990-PF).
		, , <u> </u>	111 330,	556-E2, 01 556-1 1 J.
		organization. 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as:		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	beis •	•
			·	\$
۲	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
		Check if the organization used Schedule O to respond to any question in this Part I.	· · ·	<u>· · · ·</u>
	1	Contributions, gifts, grants, and similar amounts received	$\cdot \mid \frac{1}{1}$	
	2	Program service revenue including government fees and contracts	. 2	
	3	Membership dues and assessments	. 3	
	4	Investment income	. 4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses].	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 50	s
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than		
ne	[\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
è		from fundraising events reported on line 1) (attach Schedule G if the		
_		sum of such gross income and contributions exceeds \$15,000) 6b 59	651	
	С	·	251	
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra		
	-	line 6c)	. 60	23400
	7a	Gross sales of inventory, less returns and allowances	-	23400
	b	Less: cost of goods sold	- 1	
	ì	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	
	8 8	Other revenue (describe in Schedule O)	 1	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	
	10	County and similar and similar and (list in Calculute C)	. 10	
2 :}	11		1 1	
î		Benefits paid to or for members	12	
Şe:	12	Salaries, other compensation, and employee benefits	· -	
ē	13	Professional fees and other payments to independent contractors. OGDEN: 117.	ئا (
χ	14	observation, rolling attraction of a real real real real real real real re	<u>۔</u> اِ	
щ	15	Printing, publications, postage, and shipping		===
<u></u>	16	Other expenses (describe in Schedule O)		
<u>.</u>	17	Total expenses. Add lines 10 through 16	▶ 17	
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	3424
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)		9
Net AssetsJ ₫∀∤∤Expensest,	20	Other changes in net assets or fund balances (explain in Schedule O))
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 2	
				5 000 E7 (004.0)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

Forni	990-EZ (2014)					Page 2
Pa	rt II Balance Sheets (see the instructions to	for Part II)		<u></u>		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[19768	22	23192
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[19768	25	23192
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree witl	n line 21)	19768	27	23192
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		·
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲		Expenses
Wha	t is the organization's primary exempt purpose?	Fund raising for you	th and community or	ganizations		quired for section
	cribe the organization's program service accompli			<u> </u>		I(c)(3) and 501(c)(4) anizations, optional for
	neasured by expenses. In a clear and concise m				_	ers)
	ons benefited, and other relevant information for ea		c dervices provided	, the number of		
28	National Dictionary project-Provide dictionaries to ev		schools in the Fond	du lac area		
	approx over 320 students	cit sid diader for all	30110013 111 1116 1 0114	uu Lac arca		
	approx over 320 students	••••				
	(Grants \$) If this amount	includes foreign gra	ente chack hara		28	a 1584
29	· · · · · · · · · · · · · · · · · · ·				200	1304
23	Provide Boys and Girls Club Christmas party involving	ig girts and goodle b	ags to over 2/5 area	youth		
	(Cronto C) If the amount	includes foreign ave	nto obsolehano		20	
20		includes foreign gra			29	a 1383
30	Fond du Lac Children's Musuem - direct support for	membership for need	ly families in support	ot		
	a direct donation			•••••		
•		includes foreign gra			30	a 500
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ∐</u>	31	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Key				nstru	ictions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u>. </u>	· · . · · · · · · · · · · · · · · · · ·
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee fe) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	Ι,	other compensation
		Toronson to position	(if not paid, enter -0-)	deferred compensation	1	·
Tricia	Bonlander, President					
Lynn	Nickel, Secretary/Treasurer	3				
Tım F	roh, Board member	ļ			-	
Irene	Fails, Board member	2				
Dean	Kranig , Board member				T	
	reland, Board member	2				
Marie	Scannell, board Member				\top	
Tom	Scannel , Board member	2			1	
Gerry	/ Bonlander, Past President					
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
			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		1
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		✓
С	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		1
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		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	ł		ŀ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40.		١,
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed ► Wisconsin			
42a	The organization's books are in care of ▶ Marianne Bugni Telephone no. ▶	920-51	7-273	9
	Located at ► W6857 Edgewater Drive, Fond du Lac, WI ZIP + 4 ►	54	937	
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:	42b		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ì	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	•	▶ ☑
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	1	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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		/

						ŀ	Page 4
						Yes	No
Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	r in opposit	ion		
o candidates for public office? If "Yes,"		, Part I			. 46		<u> </u>
Section 501(c)(3) organizations		47 401 1	50 l				
	is must answer que	stions 47-49b and	52, and co	mplete the	e tables t	or lin	es
	h a dula O 4 a ma a a a a		bia Dani M				
Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI			· .	
hid the organization engage in labbuing	activitica or have a	naction EO1(b) alastic	n in offeet	durina tha	.	Yes	No
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mproyecs, wire sacrification more than	T	ī	· · · · · · · · · · · · · · · · · · ·		5, 5,11,5, 1		
(a) Name and title of each employee			contributions to employee		(e) Estimated amount of		
.,	devoted to position	(Forms W-2/1099-MISC)			other con	npensa	tion
•	<u>.</u>		· · · · · · · · · · · · · · · · · · ·				
	1						
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		• •					
Complete this table for the organization	's five highest comp	ensated independent	contractors	who each	received	more	thar
(1/1/) (1()() of companeation from the oras							
100,000 or compensation from the orga	anization. If there is no	one, enter "None."					
(a) Name and business address of each independ		one, enter "None." (b) Type of serv	rice		Compensati		
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(a) Name and business address of each independent	dent contractor	(b) Type of serv	>	(c)	Compensati		
(a) Name and business address of each independent contraction of other independent contraction the organization complete Schedu	actors each receiving	(b) Type of serv	► nızations m	(c)	Compensati	on	No
(a) Name and business address of each independent contraction of other independent contraction of the organization complete Schedule A	actors each receiving	(b) Type of serv	► nızations m	ust attach	Compensati	on I	No
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(a) Name and business address of each independent contraction of the organization complete. Schedulompleted Schedule A	actors each receiving	(b) Type of serv	nızations m	nust attach best of my kn	Compensati	on I	No
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(a) Name and business address of each independent contraction of the organization complete. Schedulompleted Schedule A	actors each receiving ule A? Note. All sereturn, including accompan officer) is based on all info	over \$100,000	ents, and to the has any knowle	best of my kndge	Compensation a	on I	No
(a) Name and business address of each independent contraction of the organization complete. Schedulompleted Schedule A	actors each receiving ule A? Note. All services is based on all info	over \$100,000	ents, and to the has any knowle	thust attach best of my kndge Check self-employ	Compensation a	on	No
	All section 501(c)(3) organization 50 and 51. Check if the organization used Scool of the organization engage in lobbying rear? If "Yes," complete Schedule C, Pars the organization a school as described in the organization make any transfers of "Yes," was the related organization a scomplete this table for the organization's employees) who each received more that (a) Name and title of each employee	All section 501(c)(3) organizations must answer que 50 and 51. Check if the organization used Schedule O to respond to the organization engage in lobbying activities or have a sear? If "Yes," complete Schedule C, Part II	All section 501(c)(3) organizations must answer questions 47–49b and 50 and 51. Check if the organization used Schedule O to respond to any question in the Old the organization engage in lobbying activities or have a section 501(h) election rear? If "Yes," complete Schedule C, Part II	All section 501(c)(3) organizations must answer questions 47–49b and 52, and co 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect or the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E olid the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensation from the organization. If the imployees who each received more than \$100,000 of compensation from the organization. If the imployees who each employee hours per week devoted to position (a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable contributions benefit plans, compensation (Forms W-2/1099-MISC) (d) Health contributions benefit plans, compensation of the organization of the compensation of the plans, compensation the plans of the plans	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the rear? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? Complete this table for the organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, direct imployees) who each received more than \$100,000 of compensation from the organization. If there is none (a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation from the organization?	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables f 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II State organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Old the organization make any transfers to an exempt non-charitable related organization? 49a 49b Other than officers, directors, trusted in section 1527 organization? Complete this table for the organization's five highest compensation from the organization. If there is none, enter "Nemployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Nemployees) who each received more than \$100,000 of compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee hours per week devoted to position (d) Health benefits, contributions to employee compensation (e) Estimate of the organization of	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lin 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes Old the organization engage in lobbying activities or have a section 501(h) election in effect during the tax rear? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees are imployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None. (a) Name and title of each employee (b) Average hours per week devoted to position (b) Average hours per week devoted to position (c) Reportable compensation. (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amo other compensation (forms W-2/1099-MISC) Fortil number of other employees paid over \$100,000 Fortil number of oth