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Amended Return See LAST PAGE FOR EXPLONATION Short Form OMB NO. 1545-1150

Return of Organization Exempt From Income Tax

rom		U	ĺ	(except bla	ick lung benefit trust or pri	vate foundation)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			000
			▶ 9	Sponsonng organizations of dor (b)(13) must file Form 990 All of assets less than \$	nor advised funds and contro	olling organizations as	s defined in s	ection d total	0	pen to Public
		the Treasury	J 312	assets less than \$	2,500,000 at the end of the	year may use this for	m			Inspection
_		ue Service		The organization may have to						
_				, or tax year beginning	October 1, 2007	, 2008, and end		Septemb		
_	Check If a Address o		Picase use IRS	C Name of organization		~ \Q	101		er ide	entification number
==	Name cha	•	label or	Waukesha Kiwanis Fo		<u></u>		39		0980077
==	Initial retu	-	print or type.	1	box, if mail is not delivered	to street address) F	Room/suite	E Telepho		
Ī.	Terminatio	on	See	PO Box 1072				(262)	677-4412
Z)	Amended	return	Specific Instruc-	City or town, state or coun	-			F Group 6	Exem	ption
<u>]</u>	Applicatio	n pending	tions.	Waukesha, WI 53187-1	072			Number	<u> </u>	<u>. </u>
•	Section	on 501(c)(3)	_	ations and 4947(a)(1) none npleted Schedule A (Form		s must attach	G Account	nting meth specify) >		☑ Cash ☐ Accrual
· V	V ebsit	te: http:	//wauk	eshakiwanis.wauknet.c	om					organization is not hedule B (Form 990,
J	Organia	cation type (c	check or	nly one) — 🛛 501(c) (3) ◀	(insert no.))(1) or	990-EZ	, or 990-F	PF).	
K	Check >	If the org	ganizatio	on is not a section 509(a)(3) sization chooses to file a retu	supporting organization a	nd its gross receip	ts are norm	ally not m	ore th	nan \$25,000. A return is
				ne 9 to determine gross recei			ad of Form	990-F7	▶ \$	72,068
	rt I			nses, and Changes i						
Ť						ila maiailes (COO LITO II	1311 40110	4	1,284
-	1			s, grants, and similar amou				· · -	2	1,207
- 1	2	Program S	rvice ا	revenue including govern	iment tees and contra	STATUTE U		· · -	3	
	3 4	Investment	•	s and assessments .		RECEIVE	u	· · · [-	4	12,861
- [5a			Otal	
-	5a			m sale of assets other th	-	A A A CO	777			
	b			er basis and sales expen			<u> </u>		5c	
۱ پ	C	Gain or (los	s) from	sale of assets other than in	nventory (Subtract line)	COUNTS MANAGE	πach sche	oule) .		
5	6	Special events	s and acu	ivities icomplete applicable dans	of Schedule GI. If any among		ONTION -			
Revenue	а			ot including \$		mons		4 556		
۱ء	_	reported o		•				4,556 2.749	可開榜	
	b			nses other than fundraisi			- 0-1		اءم	1,807
-	_ C			ss) from special events a				* * 145	6c	1,807
j	7a			ventory, less returns and				53,367 35,130		
-	b	Less: cost	_						70	40 22
	C			oss) from sales of invento	ory (Subtract line 7b fr	om line 7a) .		· ;	7c	18,237
	8	Other reve			- 7d C	OICITE	NEN	}} ├	8	24401
-	9			dd lines 1, 2, 3, 4, 5c, 6d				761	9	34,189
	10			r amounts paid (attach s				1 400 8 -	10	21,947
	11	Benefits pa	aid to c	or for members		8	თ აი+ა.	11. 2 x +	11	
3	12					II W	9 2012	11.00	12	
5	13			and other payments to i			سبہ دینے مام مام	• % -	13	<u> </u>
Expenses	14	Occupancy	y, rent,	utilities, and maintenand	е		1, M. M.	· ·// —	14	
u	15	Printing, po	ublicati	ons, postage, and shippi describe ► \$13.00 Eng	ing			· · ⊢	15	2,913
	16	Other expe	enses (d	describe ► \$13.00 Eng					16	78
4	17			Add lines 10 through 16					17	24,93
ន	18	Excess or	(deficit)) for the year (Subtract li	ne 17 from line 9)				18	9,25
Se	19			nd balances at beginning						
8		end-of-yea	r figure	e reported on prior year'	's return).	v // v			19	191,799
Net Assets	20	Other char	nges in	net assets or fund balar	nces (attach explanatio	on)			20	(48,716
Z	21	Net assets	or fun	d balances at end of year	ar. Combine lines 18 tl	hrough 20		. ▶	21	152,334
Pa	rt II	Balance	Sheets	s. If Total assets on line	25, column (B) are \$2	,500,000 or more	e, file Forn	n 990 ins	tead	of Form 990-EZ.
			(S	See the Instructions for P	art II.)		(A) Begi	nning of yea	ar]	(B) End of year
22	Casi	h, savings, a	•					191,90	6 22	2 152,227
 23				Sumonia ;				·····	23	
24	Othe	er assets (de	escribe	► Accounts Receivab	le	· · · · · ·	·	(107	_	· · · · · · · · · · · · · · · · · · ·
25		assets .				·		191,79		*
26			 'descrit	ne >					26	
27 27	Net	assets or f	und ba	pe ► alances (line 27 of colum	n (B) must agree with	line 21)		191,79		
					1-7					

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

152,334

Form 990-EZ (2008)

Cat No. 106421

FORTH 990-EZ (2008)					Page 4
Part III Statement of Program Service Accom]	Expenses
What is the organization's primary exempt purpose? F	(Rec	quired for 501(c)(3) (4) organizations			
Describe what was achieved in carrying out the organiz		4947(a)(1) trusts;			
describe the services provided, the number of persons be	nefited, or other relevant info	ormation for each p	rogram title.	opti	onal for others.)
28					
Grants to local charitable organizations Boy S	couts, Girl Scouts, Salvat	ion Army, Wauke	sha	1	
Fair Association , Waukesha Backpack coalition	, Waukesha Foster care, e	tc.			
(Grants \$ 8,709.00) If this amount incl	udes foreign grants, check	here	. ▶ □	28a	8,709
29 Support of organizations sponsored by or affilia	ted with Kiwanis Internati	onal - Kiwanis Int	ernational		
Foundation, Kiwanis District Foundation, Circle	K Club, Easter Seals Cam	p Wawbeek			
(Grants \$ 250.00) If this amount incl			, ▶ □	29a	250
30 Foundation's own charitable activities - colleghe					-
Christmas shopping, community memorial gifts,		aukesha Food Pa	ntry,	Ì	
Waukesha Women's Center, Waukesha, commu				1	
(Grants \$ 12,988.00) If this amount incl	udes foreign grants, check	here	. ▶ □	30a	12,988
31 Other program services (attach schedule)					
(Grants \$) If this amount incl	udes foreign grants, check	here	, ▶ □	31a	-0-
32 Total program service expenses (add lines 28a th	rough 31a)		>	32	21,947
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	truction	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expense account and
(a) Haillo alid address	devoted to position	enter -0)	deferred comper		other allowances
Andrew Harrison	President and Director				
201 N Porter Ave., Waukesha, WI 53186	- 2hr's	-0-		-0-	-0-
Kristin Hansen	Vice President and				1
1510 Cabriel Dr. #4, Waukesha, WI 53188	Director - 2hr's	-0-		-0-	0-
Judy Mudlitz	Secretary and Director				
237 E. Park Ave., Waukesha, WI 53186	- 2hr's	-0-		-0-	-0-
William C Johnston	Treasurer - 2hr's				
2649 Oak Knoll Drive, Jackson, WI 53037	Troudator - Zim S	-0-		-0-	-0-
Paul Bonneson	Director - 1hr				
2255 Northardt Drive, Brookfield, WI 53045	Birector - IIII	-0-		-0-	-0-
Susan Bonthof	Director - 1hr				
433 Park Ave., Pewaukee, WI 53072		-0-		-0-	- 0-
Bruce Prange	Director - 1hr		1		
315 N 167th St., Brookfield, WI 53005		-0-		-0-	-0-
Patrick Haughney	Director - 1hr				
2317 Pendleton PI, Waukesha, Wi 53188		-0-		-0-	- 0-
Tammy Tritz	Director - 1hr				
2124 Delafield St., Waukesha, WI 53188		-0-		-0-	-0-
Brad Tegge	Director - 1hr				
770Calico Ct., Waukesha, WI 53186		-0-		-0-	٠0-
Lee Brisk	Director - 1hr				
1110 S. Grand Ave., Waukesha, WI 53186		-0-		-0-	-0-
William Humphreys	Director - 1hr				
234 E. Reservoir Ave., #101, Milwaukee, WI 53207	2	-0-		-0-	-20-
					
	-				
					
					<u> </u>
					· · · · · · · · · · · · · · · · · · ·
	i		1		

Pai	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	1775.20	√
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37b		
	Did the organization file Form 1120-POL for this year?	3/0	(Vine 1/2)	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		**************************************
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39				
	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		√
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
d	Enter amount of tax on line 40c reimbursed by the organization ▶	- 医 数		
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		√
41	List the states with which a copy of this return is filed.			
42a	The books are in care of ► William C Johnston Located at ► 2649 Oak Knoll Drive, Jackson, WI ZIP + 4 ►	2) 67 53037-		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	(34	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	NO
	account)?	42b		
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	$ldsymbol{\sqcup}$	
	if "Yes," enter the name of the foreign country: ▶			. –
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	22.0	Yes	
	Form 990-EZ	44	-	√
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
		Form 99 ()-EZ	(2008)

Page	4

Form	oon.E	Z (2008)	
rom	95U-E	Z 12UU01	ŀ

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Par	t VI	and complete the tables for lines 50 a		organiza	tions mu	ist answer quest	ons 4	6-49)
46		e organization engage in direct or indirect	political campaign activiti	es on bet	alf of or i	n opposition to		Yes	No
	candi	dates for public office? If "Yes," complete S	Schedule C, Part I				46	↓	1
47		e organization engage in lobbying activities					47		1
48		organization operating a school as describ				ete Schedule E .	48	 	1
		e organization make any transfers to an ex		ed organi	zation?		49a	├ ──	1
b		s," was the related organization(s) a section	-				49b		<u> </u>
50		lete this table for the five highest compens received more than \$100,000 of compensate					y empl	oyees	s) who
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Cor	npensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expension a allowa	ind
			-	_					
			-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
				+					
						ļ			
lota		er of other employees paid over \$100,000				<u> </u>			
51	comp	lete this table for the five highest compensensation from the organization. If there is no	one, enter "None."						
		(a) Name and address of each independent contractor	paid more than \$100,000		(b) Ty	pe of service	(c) Co	npensa	ition
- 									
									
			· · · · · · · · · · · · · · · · · · ·						
Total	numb	er of other independent contractors each re	eceiving over \$100,000	. ▶					
		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declarate	ned this return, including accomion of preparer (other than offic	panying sc er) is based	hedules and on all infor	statements, and to the nation of which prepare	best of r	ny knov ny knov	wledge wledge.
Sign Here		Signature of officer	~			/2/3//2。 Date	//		
		William C Johnston, Treasurer							
		Type or print name and title							
Paid		Preparer's signature	Date		Check if self- employed	Preparer's Identifying	Number (See inst	ructions)
Prepa Use (Firm's name (or yours if self-employed),		\ 		EIN Þ :			
		address, and ZIP + 4			!	Phone no 🕨 ()			
мау	tne IR	S discuss this return with the preparer show	vn above? See instruction	ns		<u></u> .▶		es	<u>No</u>
						F	om 99	0-EZ	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047
2008
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer Identification number 39 0980077 Waukesha Kiwanis Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % 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 33/4 % 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), (see instructions) 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 D 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (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? . 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see Instructions)) U S.? support? Yes Yes Yes

Par	Support Schedule for Org (Complete only if you ched					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support					•	
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3	or the old "Harapathing and and	25 VV (25				
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.		To Company	ACTIVAÇÃO SO			
	tion B. Total Support	E10. 40 . 4 110. 10 . 11 . 200. 10 . 10 . 10 . 10 .	The state of the s	the Course for Age and the 10th annual	Mary State Control of State Control	No.	
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Totai
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.	c. (see instructio	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth	•		
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line		•	1, column (f))		14	%
15	Public support percentage from 2007 Sc	•	•			15	<u>%</u>
16a	33% % support test - 2008. If the organ					•	ck this box
	and stop here. The organization qualifies	s as a publicly s	supported organ	nization			▶ [
b	33% % support test—2007. If the organization quality and stop here. The organization quality and stop here.					331/3 % or more,	check this
17a	10%-facts-and-circumstances test — 20	•		•		16h and line 1	 4 is 10% or
	more, and if the organization meets the "i organization meets the "facts-and-circum	facts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "racts-and-circumst private foundation, if the organization did	facts-and-circum ances" test. The	istances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	n line 9 of Pa	rt I.)			
	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	102	848	560	1,284		2,794
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.	74,021	75,776	65,320	57,923		273,040
3	Gross receipts from activities that are not an unrelated trade or business under section 513			·			
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 1-5	74,123	76,624	65,880	59,207		275,834
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						*
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						275,834
Sec	tion B. Total Support			MARCHAIL PROBABIL		Production and Production of the Control of the Con	213,034
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	74,123	76,624	65,880	59,207		275,834
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,883	5,571	7,394	12,861		30,709
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	4,883	5,571	7,394	12,861		30,709
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.)						306,543
14	First five years. If the Form 990 is for to organization, check this box and stop	here .	<u>.</u>		i, or fifth tax y	ear as a sectio	n 501(c)(3) ► □
	tion C. Computation of Public Su			*		· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2008 (lin				f))	15	90 %
16 Sec	Public support percentage from 2007 Stion D. Computation of Investmen			g .	<u></u>	16	93 %
							10 0
17 10	Investment income percentage for 2008			-	olumn (f)) .	17	10 % 7 %
18 19a	Investment income percentage from 20 33% % support tests—2008. If the organization						
	17 is not more than 331/3 %, check this be	ox and <mark>stop he</mark>	re. The organiz	zation qualifies	as a publicly s	upported orga	nization 🕨 🗹
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	box and stop i	h ere. The organ	nization qualifies	s as a publicly s	supported organ	nization 🕨 🗌
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see inst	ructions 🕨 🔲

∴ Waukesha Kiwanis Foundation, Inc. 2008 Form 990-EZ (FYE 9/30/2007)

Part 1, Line 10 - Grants

Boy Scouts	\$	1,500.00
Eagle Scouts Award		1,000.00
High School and Key Club Awards		6,000.00
Christmas Shopping		1,711.00
Easter Seals Camp Wawbeek		250.00
Elmbrook Golden K Spelling Bee		500.00
Girl Scouts		1,700.00
LaCasa de Esperanza		1,000.00
Salvation Army		1,500.00
Waukesha Foster Care		584.00
National Fire Safty		240.00
Wisconsin University of Milwaukee		600.00
Waukesha Backpack Coalition		250.00
Waukesha County Fair Ass'n - Fairest of the Fair Progr		1,050.00
Waukesha Summer Camp		1,500.00
Waukesha Church Directories		137.00
Wauikesha North High School Youth Committe		700.00
Waukesha Food Pantry		150.00
Waukesha Symphonic		81.00
Waukesha Women's Center		1,125.00
Miscellaneous Community gifts		89.00
Easter Baskets		280.00
	\$:	21,947.00

Part 1, Line 20 - Other changes in Net Assets

Decrease in market value of investment funds

\$ 48,716.00

Waukesha Kiwanis Foundation, Inc. EI # 39-0980077 2008 Amended Form 990-EZ (FYE 9/30/2008)

While preparing the 990-EZ for 2011 it was determined that dividend income and capital gain distributions earned by the Foundations mutual fund, were not separately listed on the 2008 Form 990-EZ.

The dividend income and capital gain distributions were inadvertently included in line 20, other changes in net assets. This line item reported the net decrease in market value of investments. The amount listed of (36,048.00) should have been (48,716.00)

CHANGES BY AMENDED RETURN:

PAGE 1 FORM 990-EZ	AMOUNT PER ORIGINAL RETURN	REQUIRED ADJUSTMENTS	AMOUNT PER AMENDED RETURN
LINE # 4 INVESTMENT INCOME	193.00	12,668.00	12,861.00
LINE # 20 OTHER CHANGES IN NET ASSETS	(36,048.00)	12,668.00	(48,716.00)

SCHEDULE A CORRECTIONS:

SCHEDULE A, PART 111, SECTION B LINE 10a. 10c, AND LINES 13, 15, 16, 17, AND 18 HAVE BEEN REVISED TO REPORT THE CORRECT AMOUNTS AND PERCENTAGES. SUBSEQUENT RETURNS FOR 2009 AND 2010 HAVE BEEN AMENDED TO PROPERLY REPORT THESE CHANGES.