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EXTENSION GRANTED TO MAY 16, 2011

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009Open to Public
Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2009** calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**KIWANIS INTERNATIONAL INC**
K07184 FABULOUS FOND DU LAC

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

PO BOX 1764

City or town, state or country, and ZIP + 4

FOND DU LAC, WI 54936-1764**D** Employer identification number**23-7351031****E** Telephone number**920-907-2157****F** Group Exemption

Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

I Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☒ 501(c) (**4**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H 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 and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **103,025.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	11,843.
	4	Investment income	4	117.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	90,450.
6b	Less direct expenses other than fundraising expenses	6b	48,380.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	42,070.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ MISCELLANEOUS)	8	615.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	54,645.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2	10	18,648.
	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	267.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	10,844.
	17	Total expenses. Add lines 10 through 16	17	29,759.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,886.
	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	33,602.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	58,488.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,602.	58,488.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	33,602.	58,488.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,602.	58,488.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 4

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

28 YOUTH COMMUNITY SERVICE PROGRAMS: SPONSORED KEY CLUB PROGRAMS (100 KEY CLUB STUDENT MEMBERS)(Grants \$) If this amount includes foreign grants, check here ☐**28a** 1,255.**29 PATIENT & FAMILY SUPPORT PROGRAMS: ST. AGNES HOSPITAL FOUNDATION (900 FAMILIES)**(Grants \$) If this amount includes foreign grants, check here ☐**29a** 2,210.**30 SCHOLARSHIP PROGRAMS: COLLEGE SCHOLARSHIPS (7 STUDENTS)**(Grants \$) If this amount includes foreign grants, check here ☐**30a** 3,500.**31 Other program services (attach schedule) SEE STATEMENT 5**(Grants \$) If this amount includes foreign grants, check here ☐**31a** 11,683.**32 Total program service expenses** (add lines 28a through 31a)**32** 18,648.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for 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
DAN LEEDS, 155 COTTAGE AVE, FOND DU LAC, WI 54935	PRESIDENT 5.00	0.	0.	0.
BONNIE BAERWALD, W4114 PHEASANT RUN, FOND DU LAC, WI 54937	PRESIDENT ELECT 2.00	0.	0.	0.
SHARON KOLLMAN PO BOX 464, OAKFIELD, WI 53065	VICE PRESIDENT 1.00	0.	0.	0.
GLEN TREML, N5184 SUMMIT COURT, FOND DU LAC, WI 54937	SECRETARY 10.00	0.	0.	0.
GREG BRUNETTE, W5049 TAKODAH DRIVE, FOND DU LAC, WI 54935	TREASURER 5.00	0.	0.	0.
JOHN COOPER, 14 CHAMPION AVE, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
RICH TRAXINGER, 1773 CREEK VU DRIVE, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
KATHY SCHREIBER 288 W 9TH ST, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
DEL WALDSCHMIDT 36 OAKLAWN AVE, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
GARY RING 19 WOODVUE CT, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
PETER WETTSTEIN, 581 ASHBURY DRIVE, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
JAN KRUG 412 MAPLE AVE, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
STEVE MILLIN, 437 COUNTY ROAD K, FOND DU LAC, WI 54935	DIRECTOR 1.00	0.	0.	0.
MARLIN TOWNE, N4038 TOWNE LANE, FOND DU LAC, WI 54937	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

	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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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 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 or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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 period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911		N/A
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
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.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
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	X
41 List the states with which a copy of this return is filed		NONE
42a The organization's books are in care of		GREG BRUNETTE
Located at		W5049 TAKODAH DRIVE, FOND DU LAC, WI
Telephone no		920-907-2157
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)?	42b	X
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	X
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	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Form 990-EZ (2009)

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 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as 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?
- b** 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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(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."
- N/A

(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 **►** _____

Sign Here 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.

Signature of officer **GREGORY J. BRUNETTE, TREASURER** Date **5/16/11**

Type or print name and title

Paid Preparer's Use Only Preparer's signature **SELF PREPARED** Date _____ Check if self-employed ☐ Preparer's identifying number (See instr.) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN **►** _____ Phone **►** _____

May the IRS discuss this return with the preparer shown above? See instructions **►** ☐ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
 ► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

2009

Open To Public Inspection

Employer identification number
23-7351031

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐
- Yes
- ☐
- No

- [illegible]

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

KIWANIS INTERNATIONAL INC

Schedule G (Form 990 or 990-EZ) 2009 **K07184 FABULOUS FOND DU LAC**

23-7351031 Page **2**

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
		PORK CHOP DINNER FUNDRAISER (event type)	WALLEYE WEEKEND FOOD (event type)	3 (total number)	(add col (a) through col. (c))
Revenue	1 Gross receipts	27,643.	56,733.	5,374.	89,750.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,643.	56,733.	5,374.	89,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,121.	34,891.	3,193.	48,205.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(48,205)
	11 Net income summary. Combine line 3, column (d), and line 10				41,545.

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			700.	700.
	2 Cash prizes			175.	175.
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(175)
	8 Net gaming income summary. Combine line 1, column (d), and line 7				525.

9 Enter the state(s) in which the organization operates gaming activities: <u>WI</u>	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

KIWANIS INTERNATIONAL INC

Schedule G (Form 990 or 990-EZ) 2009

K07184 FABULOUS FOND DU LAC

23-7351031 Page 3

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a	%
13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ CLUB TREASURER

Address ▶ PO BOX 1764 - FOND DU LAC, WI 54936-1764

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEETING COSTS		5,653.	
CONVENTION COSTS		1,315.	
MEMORIALS		62.	
INSURANCE		570.	
DUES ASSESSMENTS		3,009.	
SUPPLIES		58.	
DUES AND FEES		18.	
MISCELLANEOUS		159.	
TOTAL TO FORM 990-EZ, LINE 16		10,844.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	
HIGH SCHOOL KEY CLUB ACTIVITIES	SPONSORED KEY CLUB	662.	
FOND DU LAC HIGH SCHOOL KEY CLUB 801 CAMPUS DRIVE FOND DU LAC, WI 54935			
HIGH SCHOOL KEY CLUB ACTIVITIES	SPONSORED KEY CLUB	593.	
HORACE MANN HIGH SCHOOL KEY CLUB 325 MCKINLEY STREET NORTH FOND DU LAC, WI 54937			
NEW MOTHER & INFANT NEWSLETTER & DONATIO ST AGNES HOSPITAL FOUNDATION 430 E DIVISION STREET FOND DU LAC, WI 54935	N/A	2,210.	
YOUTH BASEBALL PROGRAM FOND DU LAC BABE RUTH BASEBALL FOND DU LAC, WI 54935	N/A	500.	
RELAY FOR LIFE CANCER FUNDRAISER AMERICAN CANCER SOCIETY FOND DU LAC, WI 54935	N/A	2,000.	

<div> <div> KIWANIS INTERNATIONAL INC K07184 FABULOU</div> </div>		23-7351031
<div> <div> SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS</div> <div>VARIOUS COLLEGES AND UNIVERSITIES</div> </div>	N/A	3,500.
<div> <div>VARIOUS LOCATIONS</div> </div>		
<div> <div> DONATIONS SUPPORTING LOCAL GROUPS</div> <div>VARIOUS COMMUNITY ORGANIZATIONS</div> </div>	N/A	7,864.
<div> <div>VARIOUS LOCATIONS</div> </div>		
<div> <div> KIWANIS DISTRICT & INTERNATIONAL</div> </div>	<div> <div> KIWANIS</div> <div>GOVERNING</div> <div>ORGANIZATIONS</div> </div>	1,319.
<div> <div> KIWANIS STATE & INTERNATIONAL ORGANIZATIONS</div> </div>		
<div> <div>VARIOUS LOCATIONS</div> </div>		
<div> <div>TOTAL INCLUDED ON FORM 990-EZ, LINE 10</div> </div>		18,648.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 4

THIS ORGANIZATION IS ORGANIZED EXCLUSIVELY TO PROVIDE MONETARY DONATIONS TO CHARITABLE ORGANIZATIONS THAT SERVE PRIMARILY THE YOUTH AND FAMILIES OF OUR COMMUNITY.

FORM 990-EZ	OTHER PROGRAM SERVICES	STATEMENT	5
DESCRIPTION	GRANTS	EXPENSES	
YOUTH BASEBALL PROGRAMS: FOND DU LAC BABE RUTH BASEBALL	0.	500.	
CANCER RESEARCH: AMERICAN CANCER SOCIETY	0.	2,000.	
HUMAN SERVICES PROGRAMS, GENERAL/OTHER: VARIOUS COMMUNITY NON-PROFIT GROUPS SUCH AS ADVOCAP, AMERICAN RED CROSS, FAMILY RESOURCE CENTER, BOYS SCOUTS, GIRL SCOUTS, BIG BROTHER/BIG SISTERS, SALVATION ARMY, ETC.	0.	7,864.	
KIWANIS DISTRICT AND INTERNATIONAL LEVEL DONATIONS TO STATEWIDE AND WORLDWIDE PROJECTS	0.	1,319.	
TOTAL TO FORM 990-EZ, LINE 31		11,683.	

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization KIWANIS CLUB OF FABULOUS FOND DU LAC	Employer identification number 23-7351031
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1764	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FOND DU LAC WI 54936-1764	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **GREG BRUNETTE, TREASURER**

Telephone No. ► **920-907-2157** FAX No. ► **920-906-9524**

- If the organization does not have an office or place of business in the United States, check this box ☒
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
- ☒ tax year beginning **OCTOBER 1**, 20 **09**, and ending **SEPTEMBER 30**, 20 **10**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

☐ ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
- ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **TREASURER** Date **2/14/11**