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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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2011**Open to Public  
Inspection**A** For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012****B** Check if applicable

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

**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**

Room/suite

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 ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 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 ▶ \$ **86,799.****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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<b>13,094.</b>
	4	Investment income	4	<b>117.</b>
	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	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	<b>1,046.</b>
6b	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	<b>71,478.</b>	
6c	Less: direct expenses from gaming and fundraising events	6c	<b>41,641.</b>	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<b>30,883.</b>	
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 in Schedule O)	8	<b>1,064.</b>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>45,158.</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<b>31,573.</b>
	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	<b>161.</b>
	16	Other expenses (describe in Schedule O)	16	<b>15,770.</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>47,504.</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>&lt;2,346.&gt;</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A) of Form 990) (must agree with end-of-year figure reported on prior year's return)	19	<b>47,787.</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<b>0.</b>
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>45,441.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)132171  
02-06-12

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	47,787.	22	45,441.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	47,787.	25	45,441.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,787.	27	45,441.

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

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

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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 <b>COMMUNITY SERVICES: BOYS AND GIRLS CLUB OF FOND DU LAC</b> <b>(CASH DONATION FOR VAN PURCHASE TO TRANSPORT CHILDREN</b> <b>SERVED BY THE BOYS AND GIRLS CLUB)</b>		
(Grants \$ 5,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 <b>PATIENT &amp; FAMILY SUPPORT PROGRAMS: ST. AGNES HOSPITAL</b> <b>FOUNDATION (900 FAMILIES)</b>		
(Grants \$ 4,052.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 <b>SCHOLARSHIP PROGRAMS: COLLEGE SCHOLARSHIPS (8 STUDENTS)</b>		
(Grants \$ 3,800.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	0.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY RING	PRESIDENT			
19 WOODVUE CT, FOND DU LAC, WI 54935	5.00	0.	0.	0.
MARLIN TOWNE, N4038 TOWNE LANE, FOND DU LAC, WI 54937	PRESIDENT ELECT	0.	0.	0.
2.00				
KATHY SCHREIBER, PO BOX 628, FOND DU LAC, WI 54936-0628	VICE PRESIDENT	0.	0.	0.
1.00				
GLEN TREML, N5184 SUMMIT COURT, FOND DU LAC, WI 54937	SECRETARY	0.	0.	0.
10.00				
GREG BRUNETTE, W5049 TAKODAH DR, FOND DU LAC, WI 54935	TREASURER	0.	0.	0.
5.00				
JOHN COOPER, 14 CHAMPION AVE, FOND DU LAC, WI 54935	DIRECTOR	0.	0.	0.
1.00				
DAVE KRUG, 491 WAKEFIELD AVE, FOND DU LAC, WI 54935	DIRECTOR	0.	0.	0.
1.00				
DAVE TWOHIG	DIRECTOR			
84 S MAIN, FOND DU LAC, WI 54935	1.00	0.	0.	0.
DEL WALDSCHMIDT	DIRECTOR			
36 OAKLAWN AVE, FOND DU LAC, WI 54935	1.00	0.	0.	0.
SHARON KOLLMAN	DIRECTOR			
PO BOX 464, OAKFIELD, WI 53065	1.00	0.	0.	0.
PETER VERCOUTEREN, N8336 DEADWOOD POINT BEACH RD, FOND DU LAC, WI	DIRECTOR			
1.00				
JAN KRUG	DIRECTOR			
412 MAPLE AVE, FOND DU LAC, WI 54935	1.00	0.	0.	0.

132172  
02-06-12

Form **990-EZ** (2011)

**KIWANIS INTERNATIONAL INC**

Form 990-EZ (2011)

**K07184 FABULOUS FOND DU LAC**

**23-7351031**

Page **3**

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

		Yes	No
<b>33</b> 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	<b>33</b>		<b>X</b>
<b>34</b> 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)	<b>34</b>		<b>X</b>
<b>35a</b> 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)?	<b>35a</b>		<b>X</b>
<b>b</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	<b>35b</b>	<b>N/A</b>	
<b>c</b> 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	<b>35c</b>		<b>X</b>
<b>36</b> 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	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right;">▶ <b>37a</b> 0.</span>			
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		<b>X</b>
<b>38a</b> 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?	<b>38a</b>		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right;">▶ <b>38b</b> N/A</span>			
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right;">▶ <b>39a</b> N/A</span>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right;">▶ <b>39b</b> N/A</span>			
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <b>N/A</b> ; section 4912 ▶ <b>N/A</b> ; section 4955 ▶ <b>N/A</b>			
<b>b</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	<b>40b</b>		<b>X</b>
<b>c</b> 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 <span style="float:right;">▶ 0.</span>			
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right;">▶ 0.</span>			
<b>e</b> 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	<b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>NONE</b>			
<b>42a</b> The organization's books are in care of ▶ <b>CHRIS SERRES</b> Telephone no. ▶ <b>920-907-8682</b>			
Located at ▶ <b>51 E FIRST ST, FOND DU LAC, WI</b> ZIP + 4 ▶ <b>54935</b>			
<b>b</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)?	<b>42b</b>		<b>X</b>
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.			
<b>c</b> 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: ▶	<b>42c</b>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right;">▶ <b>43</b> N/A</span>			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>		<b>X</b>
<b>b</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	<b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>		<b>X</b>
<b>45b</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)	<b>45b</b>		

<b>46</b> 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	<b>46</b>	<b>Yes</b>	<b>No</b>
			<b>X</b>

**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, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

**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 ▶

**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** Date 2/12/13  
 Signature of officer Chris Serres  
**CHRIS SERRES, TREASURER**  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>SELF PREPARED</b>				
	Firm's address ▶ <span style="float: right;">Firm's EIN ▶ Phone no.</span>				

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

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.**

OMB No 1545-0047

2011

## Open To Public Inspection

**Employer identification number**  
23-7351031

## Part I

**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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

[illegible]

**KIWANIS INTERNATIONAL INC**

Schedule G (Form 990 or 990-EZ) 2011 **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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PORK CHOP DINNER FUNDRAISER (event type)	WALLEYE WEEKEND FOOD (event type)	4 (total number)	
Revenue	1 Gross receipts	7,234.	58,229.	6,014.	71,477.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	7,234.	58,229.	6,014.	71,477.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,429.	36,919.	3,117.	41,465.
	10 Direct expense summary Add lines 4 through 9 in column (d)				( 41,465 )
	11 Net income summary Combine line 3, column (d), and line 10				30,012.

**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			1,046.	1,046.
	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 checked="" type="checkbox"/> Yes 100 % <input 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				871.

9 Enter the state(s) in which the organization operates gaming activities WI

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 \_\_\_\_\_





**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

KIWANIS INTERNATIONAL INC  
K07184 FABULOUS FOND DU LAC

Employer identification number  
23-7351031

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME

117.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

MISCELLANEOUS

1,064.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION: YOUTH BASEBALL**

**GRANTEE NAME: FOND DU LAC BASEBALL, INC.**

**GRANTEE ADDRESS: FOURTH STREET ROAD FOND DU LAC, WI 54935**

**GRANTEE RELATIONSHIP: N/A**

**PROPERTY DESCRIPTION: CASH DONATION**

**DATE OF GIFT: 01/20/12**

**AMOUNT GIVEN:**

500.

**ACTIVITY CLASSIFICATION: COMMUNITY SERVICES**

**GRANTEE NAME: VARIOUS COMMUNITY ORGANIZATIONS**

**GRANTEE ADDRESS: VARIOUS LOCATIONS**

**GRANTEE RELATIONSHIP: N/A**

**PROPERTY DESCRIPTION: CASH DONATION**

**DATE OF GIFT: VARIOUS**

**AMOUNT GIVEN:**

3,706.

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

KIWANIS INTERNATIONAL INC  
K07184 FABULOUS FOND DU LAC

Employer identification number  
23-7351031

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: ALZHEIMERS ASSOCIATION

GRANTEE ADDRESS: FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 09/05/12

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: AMERICAN CANCER SOCIETY

GRANTEE ADDRESS: FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 08/07/12

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: CHEGWIN ELEMENTARY SCHOOL

GRANTEE ADDRESS: 109 E MERRILL AVE FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 04/14/12

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: FAMILY RESOURCE CENTER

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
132211  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

**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 990-EZ or to provide any additional information.  
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OMB No 1545-0047

**2011**

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Inspection

Name of the organization

KIWANIS INTERNATIONAL INC  
K07184 FABULOUS FOND DU LAC

Employer identification number  
23-7351031

GRANTEE ADDRESS: 104 S MAIN #301 FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: KIWANIS DISTRICT & INTERNATIONAL

GRANTEE NAME: KIWANIS STATE & INTERNATIONAL ORGANIZATIONS

GRANTEE ADDRESS: 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268-3196

GRANTEE RELATIONSHIP: KIWANIS GOVERNING ORGANIZATIONS

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 11/09/11

AMOUNT GIVEN: 400.

ACTIVITY CLASSIFICATION: HUMAN & SPIRITUAL NEEDS

GRANTEE NAME: VARIOUS COMMUNITY ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 675.

ACTIVITY CLASSIFICATION: SPONSORED YOUTH

GRANTEE NAME: KEY CLUB SPONSORSHIPS

GRANTEE ADDRESS: VARIOUS LOCATIONS

GRANTEE RELATIONSHIP: SPONSORED KEY CLUBS

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PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 1,655.

ACTIVITY CLASSIFICATION: WORLDWIDE SERVICE PROJECT

GRANTEE NAME: KIWANIS INTERNATIONAL ELIMINATE PROJECT

GRANTEE ADDRESS: 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268-3196

GRANTEE RELATIONSHIP: KIWANIS GOVERNING ORGANIZATIONS

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: YOUNG CHILDREN-PRIORITY ONE

GRANTEE NAME: CHILDREN'S MUSEUM OF FOND DU LAC

GRANTEE ADDRESS: 51 SHEBOYGAN FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 05/03/12

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: YOUNG CHILDREN-PRIORITY ONE

GRANTEE NAME: FOND DU LAC COUNTY SAVE A SMILE

GRANTEE ADDRESS: 160 S MACY FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 09/07/12

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AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: YOUTH SERVICES

GRANTEE NAME: VARIOUS COMMUNITY ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS LOCATIONS

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN:

3,885.

ACTIVITY CLASSIFICATION: SPONSORED YOUTH

GRANTEE NAME: KEY CLUB STUDENT SCHOLARSHIPS

GRANTEE ADDRESS: VARIOUS LOCATIONS

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 06/27/12

AMOUNT GIVEN:

3,800.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: BOYS AND GIRLS CLUB OF FOND DU LAC

GRANTEE ADDRESS: 90 W 2ND STREET FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN:

5,000.

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ACTIVITY CLASSIFICATION: YOUNG CHILDREN-PRIORITY ONE

GRANTEE NAME: AGNESIAN HEALTHCARE - WOMAN & INFANTS

GRANTEE ADDRESS: 430 E DIVISION FOND DU LAC, WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 4,052.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 31,573.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETING AND BANQUET COSTS	7,629.
CONVENTION COSTS	323.
MEMORIALS	69.
INSURANCE	644.
DUES ASSESSMENTS	4,164.
SUPPLIES	250.
DUES AND FEES	10.
MISCELLANEOUS	1,007.
MEMBERSHIP	1,674.
TOTAL TO FORM 990-EZ, LINE 16	15,770.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THIS ORGANIZATION IS  
ORGANIZED EXCLUSIVELY TO PROVIDE MONETARY DONATIONS TO CHARITABLE  
ORGANIZATIONS THAT SERVE PRIMARILY THE YOUTH AND FAMILIES OF OUR  
COMMUNITY.

**SCHEDULE O**  
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FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

KIWANIS INTERNATIONAL INC  
 K07184 FABULOUS FOND DU LAC

**Employer identification number**  
23-7351031

## Part IV List of Officers, Directors, Trustees, and Key Employees.

[illegible]