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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 (see instructions) 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

2011

OMB No 1545-1150

Open to Public Inspection

For the 2011 calendar year, or tax year beginning 2011, and ending 2012 Oct 1 Sep 30 C Name of organization D Employer identification number Check if applicable Address change ALPINE KIWANIS CHARITIES FUND, INC 51-0238382 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return (815) 885-3964 PO BOX 5132 Terminated City or town, state or country, and ZIP + 4 Amended return Group Exemption Application pending ROCKFORD IL 61125 Number Accounting Method: X Cash Accrual Other (specify) ▶ X if the organization is not н Check ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Website: ► N/A **X** 501(c)(3) 527 Tax-exempt status (ck only one) -501(c) ( 4947(a)(1) or (insert no ) 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. 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 ▶\$ 175,600. 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 X Contributions, gifts, grants, and similar amounts received 1 21,880. Program service revenue including government fees and contracts 2 153,659. Membership dues and assessments 3 Investment income 4 61. 5a 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5 b SCALERE JAN c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c 6 Gaming and fundraising events ÷ 6a a Gross income from gaming (attach Schedule G if greater than \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum - -: of such gross income and contributions exceeds \$15,000) 6 b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 <u>a</u> 7a Gross sales of inventory, less returns and allowances 7b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 175,600. Grants and similar amounts paid (list in Schedule O) 10 107,014. L=10, Stmt Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits Ó Professional fees and other payments to independent contractors. 9 2013 13 210. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 70,012. Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 177,236. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,636. 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) 19 229,930. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 .. See L-20 Stmt 372. 21 Net assets or fund balances at end of year Combine lines 18 through 20 228,666.

Form 990-EZ (2011)

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

Form 990	-EZ (2011) ALPIN	NE KIWANIS	CHARITIES FUND, IN	NC	51	-0238	3382 Page 2
Part II	Balance Sheets	s. (see the ins	tructions for Part II.)				
	Check if the organi	zation used Sche	dule O to respond to any que	estion in this Part II	(A) December of the	T	(D) Fod of work
				<u> </u> -	(A) Beginning of ye		(B) End of year
	sh, savings, and inve	estments .	• • •	·· · · <u> </u> -	229,930		228,666.
	d and buildings			<u></u>		. 23	0.
<b>24</b> Oth	er assets (describe	ın Schedule O)			0		0.
	al assets			Ĺ	229,930		228,666.
26 Tot	al liabilities (describ	e in Schedule O)			0		0.
27 Net	assets or fund bala	inces (line 27 of c	column (B) must agree with	line 21)	229,930	. 27	228,666.
Part III	Statement of	Program Sen	vice Accomplishments	(see the instrs for Pa	t III.)		Expenses
			hedule O to respond to any o		´	(Requ	ired for section
What is the	organization's primary ex	emnt nurnose? FTI	NOTICE RAISING FOR	CHARITIES			(3) and 501(c)(4)
Describe	the organization's p	rogram service ac	ccomplishments for each of i	ts three largest progra	n services, as		zations and section a)(1) trusts; optional
measured	d by expenses in a	clear and concise	ccomplishments for each of it manner, describe the service ach program title	ces provided, the numb	er of persons	for oth	
28 GR	ANTER TO COMM	INTER CHAPT	TABLE ORGANIZATIO	NG	<del></del> ,	├	<del></del>
20 <u>GR</u>	WILT TO COME	OUTIT CHEVI	TABLE ONGANIZATIO	<u> </u>	<del>-</del>		
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29 SC	HOLARSHIPS F	OR COLLEGE	GIVEN TO 20 INDIV	IDUALS			
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(Gr	ants \$	24.000.) If th	nis amount includes foreign g	rants, check here	╌╌╌╌╒┰┐	29 a	24,000.
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	ants \$		nis amount includes foreign g	rants, check here		30 a	
	er program services	•	•			1 1	
	ants \$		nis amount includes foreign g	rants, check here .		31 a	
32 Tot	al program service	expenses (add lir	nes 28a through 31a)			1 34	176,638.
Part IV	List of Office	rs, Directors,	Trustees, and Key Em	ployees. List each one	even if not compensated	(see the	instructions for Part IV)
	Check if the orga	anization used Sc	hedule O to respond to any o	question in this Part IV	·		
			(b) Title and average	(c) Reportable compensati			(e) Estimated amount of
	(a) Name and addr	ress	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to em		other compensation
			across to position	(ii iiot paila, ciiasi oʻ)	benefit plans, a deferred compens		
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	the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			1 1
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		х
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		x
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		x
	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	35 b		
(	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
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		x
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-POL for this year?	37 b		X
	a 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?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total	30 a		
39	amount involved Section 501(c)(7) organizations. Enter	1	;;	
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities . 39b			
		<del> </del>		<u> </u>
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ►, section 4912 ►, section 4955 ►			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	12	,	
	managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	,		,
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	Ţ	<u> </u>	
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	J	X
41	List the states with which a copy of this return is filed   Illinois			
42	a The organization's books are in care of ► JAMES_COFFEY  Located at ► 6659 LAUREL CHERRY DR  ROCKFORD  IL ZIP + 4 ► 61108		-91 <i>6</i> Yes	8
42	a The organization's books are in care of ► JAMES COFFEY  Located at ► 6659 LAUREL CHERRY DR  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)?			58
42	a The organization's books are in care of ► JAMES COFFEY  Located at ► 6659 LAUREL CHERRY DR  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 ►			8
42	a The organization's books are in care of ► JAMES COFFEY Telephone no. ► (815)  Located at ► 6659 LAUREL CHERRY DR ROCKFORD IL ZIP + 4 ► 61108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42 b		No X
42	a The organization's books are in care of ► JAMES COFFEY  Located at ► 6659 LAUREL CHERRY DR  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 ►	42 b		8
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42	a The organization's books are in care of ► JAMES COFFEY  Located at ► 6659 LAUREL CHERRY DR  ROCKFORD  IL ZIP + 4 ► 61108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. ►  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	42 b		No X
42	a The organization's books are in care of > JAMES COFFEY	42 b	Yes	No x
42	a The organization's books are in care of > JAMES_COFFEY Telephone no. > (815) Located at > 6659 LAUREL CHERRY DR ROCKFORD IL ZIP + 4 > 61108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. > 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  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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	42b 42c 44a 44a	Yes	No X X
42	a The organization's books are in care of ▶ JAMES COFFEY Telephone no. ▶ (815) Located at ▶ 6659 LAUREL CHERRY DR ROCKFORD IL ZIP + 4 ▶ 61108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. ▶  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  ■ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  D Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?	42b 42c	Yes	No X
42	a The organization's books are in care of > JAMES_COFFEY Telephone no. > (815) Located at > 6659 LAUREL CHERRY DR ROCKFORD IL ZIP + 4 > 61108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. > 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  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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	42b 42c 44a 44a	Yes	No X X
42	a The organization's books are in care of ► JAMES COFFEY  Located at ► 6659 LAUREL CHERRY DR  ROCKFORD  IL ZIP + 4 ► 61108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country. ►  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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	42b 42c 44a 44b 44c	Yes	No X X
42 43 44	a The organization's books are in care of   JAMES COFFEY  Telephone no.  (815)  Located at  6659 LAUREL CHERRY DR  ROCKFORD  IL ZIP + 4  61108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country.  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  Build the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Duid the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  If 'No,' provide an explanation in Schedule O	42b 42c 44a 44b 44c	Yes	No X

As Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to default and activities of public office? If Yes, complete Schedule C, Part I and Complete that 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 47-49) and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule C for respond to any question in this Part VI.  47 Did the organization negage in lobbying activities or have a section 501(n) election in effect during the tax year? If Yes, complete Schedule C, Part II and 48 is the organization activities on seven promote that tables for lines 50 and 51.  48 is the organization section section 170(b)(1)(A)(a); If Yes, complete Schedule E.  48 is the organization activities and seven promote section 52 organization?  49 is Yes, No.  40 complete Schedule C, Part II and the organization of the promote section 52 organization?  49 is Yes, No.  40 complete the stable for the organization for the promote of the promote of the organization of the promote	Form 2990-E	EZ (2011) ALPINE KIWANIS CHAR	ITIES FUND, IN	C	51-023	8382	_ <u>P</u>	age <b>4</b>
## Total number of other employees paid over \$100,000  ## Total nu							Yes	No
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  17	46 Did th	he organization engage, directly or indirec	tly, in political campaig	n activities on behalf of	or in opposition to		· ·	
Check if the organization used Schedule Q to respond to any question in this Part VI  47 Dut the organization appage in libbitying activities or have a section 501(ft) election in effect during the tax year? If Yes, No. 47 X X 48 Is the organization as school as described in section 170(0)(1)(A)(0)? If Yes, complete Schedule C, Fall X 49 a Did the organization as school as described in section 170(0)(1)(A)(0)? If Yes, complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization as section 527 organization?  60 Name and address of each opplying an organization of the properties of the prope		Section 501(c)(3) organizations 501(c)(3) organizations and sec	and section 4947	nexempt charitable	haritable trusts on trusts must answe	ly. All sed	tion is	<u> </u>
A7 Did the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If Yes, Yes No complete Schedule C, Part III 48 Is the organization and shoot as described in section 170(b)(1)(A)(n)? If Yes, complete Schedule E 48 IX 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a IX bit Yes, with the related organization of section 527 organization? 49b IX 11 Yes, which is the related organization of section 527 organization? 49b IX 11 Yes, which is the related organization of the remainded organization of the remainded organization of the reference of the remainded organization of the remainded organization organization. If there is none, enter None organization or the resistance organization or the remainded organization or the remainded organization organization. If there is none, enter None organization organiz		•						
A7   Dut the organization engage in lobbying activities of have a section 50 (b) election in effect during the tax year? If "Yes," complete Schedule C, Part 48   X   48   IX   49   Dut the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   48   X   49   Dut the organization as expression as exempt non-character declared organization. If there is no expression from the organization. If there is notice, is the stable for the organization of the product per weeks paid more than \$100,000 of compensation from the organization. If there is none, enter None   (c) Name and address of each employee paid over \$100,000   (c) First and arrange (c) Programs with 2 (1994-MISC)   (c) Mistalth braiding contributions to entiplying beautiful plans, and deferred compensation of expression of the organization in the organization of the organization. If there is none, enter None   (c) Schedule C, Part Mistalth and deferred compensation of expression of the organization of the organization of the organization. If there is none, enter None   (c) Schedule C, Part Mistalth and deferred compensation of expression of the organization of the organization. If there is none, enter None   (c) Name and address of each independent contractors and mark and deferred compensation of expression of the organization. If there is none, enter None   (c) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None   (c) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None   (c) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization of the product of the product of the organization of the product of t		<u> </u>	o to to point to drift q	doddon m dao' dre r	<u></u>	·	Yes	No
49a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization's twe 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'  60 Name and address of each employee devoted to position  60 Name and address of each employee devoted to position  60 Name and address of each employee devoted to position  60 Name and address of each employee goald more than \$100,000 of compensation from the organization. If there is none, enter 'None'  61 Complete this table for the organization's five highest compensated employees deferred compensation from the organization. If there is none, enter 'None'  62 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'  63 Name and address of each enopendent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter 'None'  64 Name and address of each enopendent contractors enter than \$100,000 of compensation from the organization. If there is none, enter 'None'  64 Total number of other independent contractors enter than \$100,000 of compensation from the organization in the organization. If there is none, enter 'None'  65 Total number of other independent contractors each received more than \$100,000 of compensation from the organization from the organiz	47 Did the comp	he organization engage in lobbying activiti plete Schedule C, Part II	es or have a section 50	11(h) election in effect di	uring the tax year? If 'Ye	es, <b>47</b>		
b If Yes, was the related organization a section 527 organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, inusiess and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None*  (i) Name and address of each printogree	48 Is the	e organization a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete Schedu	ule E	48		X
So Complete this table for the organization's five highest compensated employees (other than officers, directors, fuelces and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, earlier None!  (a) Name and address of each molloyee of the padd when the padd more than \$100,000 of compensation of chief to position of the padd more than \$100,000 of compensation of chief to position of the padd when the padd		,	•	related organization?		<del></del>		X
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21 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  NONE   e Total number of other independent contractors each receiving over \$100,000  to a compensation of 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  Under penalties of perjunt, I decire that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is sugnified or officer that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is sugnified or officer that I have exampled this return.  Sign  Here  DIANIN R GRIFFIS  Prim's name Diann R. Griffis & Co., P.C.  Firm's sides Policy I person of the person o	NONE							
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e 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  Under penalties of periup: I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (pdfer than officier) is based on all information of which preparer has any knowledge  Sign Here  JAMES COFFEY Treasure  PrintType preparer's name DIANN R GRIFFIS DIANN R GRIFFIS  Firm's ander > Diann R. Griffis & Co., P.C.  Firm's didess > 129 South Phelps Ave., Suite 1003B  Rockford IL 61108 Phone no (815) 398-6557  May the IRS discuss this return with the preparer shown above? See instructions  > Yes No	51 Comp	piete this table for the organization's five i bensation from the organization. If there is	nignest compensated in 5 none, enter 'None '	dependent contractors w	no each received more	than \$100,0	JUU OT	
e 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  Under penalties of perium, I deciare that I have example this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete pectoration of preparer (eigher than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  DIANN R GRIFFIS  Firm's name P Diann R. Griffis & Co., P.C.  Firm's address P 129 South Phelps Ave., Suite 1003B  Rockford  IL 61108  Phone no (815) 398-6557  May the IRS discuss this return with the preparer shown above? See instructions  P Yes No	(a) !	Name and address of each independent contractor paid	more than \$100,000	<b>(b)</b> Type	of service	(c) Com	ensatio	'n
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Charitable trusts must attach a completed Schedule A  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 (after than officer) is based on all information of which preparer has any knowledge  Sign Here  JAMES COFFEY Type or print name and title  Print/Type preparer's name Preparer Use Only  DIANN R GRIFFIS Firm's name Diann R. Griffis & Co., P.C.  Firm's address Diann R. Griffis & Co., P.C.  May the IRS discuss this return with the preparer shown above? See instructions  No  No  X Yes No  No  No  X Yes No	e Total	number of other independent contractors	each receiving over \$1	00,000 .	<b>&gt;</b>			
Sign Here  JAMES COFFEY Type or print name and title  Print/Type preparer's name  Preparer Use Only  Diann R. Griffis & Co., P.C.  Firm's name Diann R. Griffis & Co., P.C.  Firm's address Diann R. Griffis & Co., P.C.  Firm's ElN Diann R. Griffis Diann				) organizations and 494	7(a)(1) nonexempt	► X Yes		☐ No_
Sign Here  JAMES COFFEY Type or print name and title  Print/Type preparer's name  Preparer Use Only  Diann R. Griffis & Co., P.C.  Firm's name Diann R. Griffis & Co., P.C.  Firm's address Diann R. Griffis & Co., P.C.  Firm's ElN Diann R. Griffis Diann	Under penaltie true, correct, a	es of perjury, I declare that I have examined this return and complete Declaration of preparer (differ than office	including accompanying sche	dules and statements, and to the	e best of my knowledge and bel	ief, it is		
Here  JAMES COFFEY Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  DIANN R GRIFFIS  Firm's name  Diann R. Griffis & Co., P.C.  Firm's address  Diann R. Griffis & Co., P.C.  Firm's address  Rockford  IL 61108  Phone no (815) 398-6557  May the IRS discuss this return with the preparer shown above? See instructions		James A litter						
Paid Preparer Use Only   Diann R. Griffis & Co., P.C.		JAMES COFFEY TREAS	urer		Date			
Paid Preparer Use Only   DIANN R GRIFFIS   Diann R. Griffis & Co., P.C.   Pirm's name   Diann R. Griffis & Co., P.C.		Print/Type preparer's name	Preparer's signature	Date	Check of P	TIN		
Use Only Firm's address $\rightarrow$ 129 South Phelps Ave., Suite 1003B Firm's EIN $\rightarrow$ 46-0510181 Rockford IL 61108 Phone no (815) 398-6557 May the IRS discuss this return with the preparer shown above? See instructions $\rightarrow$ Yes No	Paid	DIANN R GRIFFIS	Means & Du	HuCPA01/01/1		0017114	5	
Rockford IL 61108 Phone no (815) 398-6557  May the IRS discuss this return with the preparer shown above? See instructions . Yes No		Firm's name Diann R. Griffi	s & Co., P.C.					
May the IRS discuss this return with the preparer shown above? See instructions . Yes No	Use Unly		s Ave., Suite					
	Maria	<del></del>			Phone no (81			
	way the IR	s discuss this return with the preparer sh	own above? See instruc	ctions .				

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**(D)** 

(E)

Total

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 51-0238382 ALPINE KIWANIS CHARITIES FUND, INC Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(bX1XAXv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after X 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Type II Type III — Functionally integrated Type III - Other e 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 is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  $\dots$ **(i)** 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (vi) Is the organization in column (i) (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of (i) Name of supported organization (ii) EIN (iv) Is the organization in (vii) Amount of support column (i) listed in organized in the (see instructions)) your support? No Yes No Yes No Yes (A) (B) (C)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<del></del>			<del></del>
Cale	ndar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
-	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 through 3		<u> </u>				
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			ļ			
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
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 activi	ties, etc (see ins	tructions) .		•	12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ ∏
	tion C. Computation of Pu						<del></del>
	Public support percentage for 20	=	· · ·	e 11, column (f))	•	14	<u>%</u>
	Public support percentage from 2	·	•			15	<u>%</u>
16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	33-1/3% support test — 2010. If to and stop here. The organization of	ne organization d qualifies as a pub	id not check a box licly supported or	on line 13 or 16a ganization	i, and line 15 is 33	3-1/3% or more, ch	eck this box ►
17 a	17a 10%-facts-and-circumstances test − 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	<b>b 10%-facts-and-circumstances test</b> — <b>2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a, (	or 17b, check this	box and see instru	ictions .

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support		- complete i art ii	<u>′</u>			
	dar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
	Gifts grants contributions	<b>(4)</b>		(3) 2003	<b>(4)</b> = 3 × 3	(0) 20	
	and membership fees received (Do not include any 'unusual grants ')	27,483.	20,225.	17,168.	17,302.	21,880.	104,058.
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	104,770.	118,503.	124,685.	148,058.	153,659.	649,675.
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	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 through 5	132,253.	138,728.	141,853.	165,360.	175,539.	753,733.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	5.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	0.	0.	<u> </u>			
	7c from line 6 )			<u> </u>		ج ج	753,733.
	dar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6	132,253.	138,728.	141,853.	165,360.	175,539.	753,733.
10 a	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ourselated business taxable income (less section 511 taxes) from businesses	737.	379.	180.	91.	61.	1,448.
	acquired after June 30, 1975 Add lines 10a and 10b	737.	379.	180.	91.	61.	1,448.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	, , , , , ,	3/9.	160.	91.	01.	1,440.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add ins 9, 10c, 11, and 12)	132,990.	139,107.	142,033.	165,451.	175,600.	755,181.
	First five years. If the Form 990 organization, check this box and		tion's first, second				▶ □
	tion C. Computation of Pul						
	Public support percentage for 20			: 13, column (f))		15	99.81 %
	Public support percentage from 2			<u>.                                </u>		16	99.68 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for	r <b>2011</b> (line 10c, d	column (f) divided	by line 13, colum	ın (f))	. 17	0.19 %
18	18 Investment income percentage from 2010 Schedule A, Part III, line 17						
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ted organization	<b>►</b> [X]
h	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	1/3%, and ation
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A	(Form 990 o	or 990-EZ) :	2011 🔏	LPINE	KIWANIS	CHAR	ITIES	FUND,	INC.	51-0238382	Page 4
Partiva	Supplem Part II, III (See Inst	ental Info	ormatio	n. Comp nd Part	olete this p III, line 12	part to 2. Also	provide comple	the exete this	planations part for ar	required by Part II, li ny additional information	ne 10; on.
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	I, Line 16 Other Expenses				
Other expenses (c OFFICE/ADMIN	escribe in Schedule O)	388.			
EVENT FOOD &		48,419.			
EVENT SUPPLIE	<del></del>	8,429.			
EVENT SITE EX	(PESNES	12,776.			
Total		70,012.			
Schedule O (Form	990 or 990-EZ), Supplemental Information to	Form 990 or 990 F7			
	t I, Line 10 Grants and Similar Amounts Paid				
Purpose of Payme	ent <u>CAPITAL IMPROVEMENTS</u>				
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given		
YOUTH ACTIVITES/SUPO	Business X Person  Boy's & Girl's Club of Rockford  1040 n 2nd st	NONE			
	ROCKFORD IL 61107		6,000.		
Book Value	How Book Value				
FMV	How FMV De	termined			
Purpose of Payme	ent SUPPORT FOR GOOD				
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given		
ALL OTHER	Business Person				
			101,014.		
lf property other to Description of Pro Date of Gift	nan cash was given, the following additional in perty	nformation needs to be p	provided:		
Book Value	Book Value How Book Value Determined				
FMV	How FMV Determined				
	990 or 990-EZ), Supplemental Information to e 1, Part I, Line 20	o Form 990 or 990-EZ	<del></del>		
	Amount				
INVESTMENT PI	PEODMANCE	<del></del>	372		

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ALPINE	VIMMIN	CHARILLES	EUNIJ.	HING.

51-0238382

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  Form 990-EZ, Page 1, Part I, Line 20  Cont				
	Description	Amount		
Total		372.		